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# GUIDELINES

for Remote MHPSS Programming  
in Humanitarian Settings

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**Appendix G: Protocols for  
Remote Supervision**

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# Appendix G: Protocols for Remote Supervision

## Protocol 1: Case Presentations

### Purpose

To build knowledge about common and complex presentations of people with mental, neurological and substance use (MNS) conditions or concerns. Enable supervisees to demonstrate how they translate their knowledge of assessing and managing people with MNS conditions into clinical practice.

### Duration

1 to 1:30 mins hour per presentation

### Delivered

Individually or as a group

### Method

Telephone, video conferencing

- It is the responsibility of the supervisor to choose a supervisee to present a case during the supervision session.
- Supervisor informs the supervisee by text message/phone call of their responsibility to write and present a case at least 3 days before the planned supervision session.
- Supervisee will choose a person from his/her case load.
- Use standardized questions and forms to help the supervisee write up and present the case.
- Presentations can last between 10-20 minutes.
- On the agreed date of the supervision session the supervisor telephones/connects with the supervisee(s) through phone or video conference technology.
- Supervisor begins the session by reminding the supervisee(s) of the aims of the session and hands over to the supervisee to deliver her/his presentation.
- During the presentation, the supervisor (and other supervisees if part of group supervision) make notes on the presentation with any questions/comments and any anomalies with regards demonstrated clinical knowledge and skills.
- Once the supervisee has completed the presentation the supervisor starts the conversation by asking the other supervisees (if relevant) or explaining any questions/comments noted during the presentation.
- The supervisee is given an opportunity to respond to those questions/comments.
- The supervisor manages the discussions and ensures that the supervisee(s) learn from the discussion and can take some practical steps and instructions to improve their clinical competency. Do not exceed 30 minutes for this section.

- In the final 15 minutes of the session the supervisor summarizes the main discussion points. Focusing on the way knowledge about MNS conditions has been applied to practice and the practical steps identified to ensure it is in the future.

### **Strengths**

Case presentations use relatively straightforward technology to build supervisees knowledge about the common presentation of mental, neurological and substance use conditions in primary healthcare settings. They encourage the supervisee to reflect on her/his practice, identify her/his strengths and weakness and create a practical plan of how to improve performance.

### **Weaknesses**

Case presentations require the supervisees to recall the details of a specific case and the actions they took as such it may not be an accurate representation/demonstration of their knowledge or how they have applied their knowledge in practice.

### **Technology considerations**

The strength of the telephone/internet/data connection can be a factor in carrying out case presentations via telephones and video conferencing platforms. Weak telephone/internet and data connections can mean that the discussions are regularly interrupted or lost, which can be frustrating for the participants and lead to confused communication.

## **Protocol 2: Offering Bite Size information through SMS/WhatsApp**

### **Purpose**

To provide new knowledge and build on existing knowledge of common and complex presentations of people with MNS conditions.

### **Duration**

1-2 messages every week

### **Method**

Phone, Smartphone

### **Delivery method**

Individual or as a group

It is the responsibility of the supervisor to identify relevant pieces of evidence-based information that will build on the knowledge of the supervisee(s) to deliver quality care to people with mental, neurological and substance use disorders.

- These could take the form of texting small chunks of information that reinforce the information learnt in training.
- Posing questions that encourage the supervisee(s) to seek new information that can be discussed at a later time.
- Posing reflective questions that encourage the supervisee(s) to think about how they apply their knowledge to clinical practice.

- Using WhatsApp and SMS messaging to pose quiz questions to the supervisee(s).
- Send links to relevant evidence-based articles about caring for people with mental, neurological and substance use conditions.
- Send links to TED Talks, YouTube videos such as the WHO and IMC mhGAP-IG training videos that could be watched on a smartphone.
- Supervisee(s) must commit to reading and/or watching the educational resources within set times.
- If the supervisee(s) work close to one another they can organize times to meet and discuss these resources together.
- Supervisor and supervisee(s) can decide to use telephones or video conferencing to discuss the educational material.
- During these discussions, the supervisor should encourage and support the supervisee to reflect on ways that they can translate that knowledge into their own clinical practice.
- Supervisor can choose to set 'homework' tasks to the supervisee(s) so, they can practice applying that new knowledge in practice.
- It is the supervisor's responsibility to ensure that the supervisee(s) are trained and understand how to use the technology and e-learning platforms.

### **Strengths**

Educational resources shared through WhatsApp or SMS messages can build on or reinforce knowledge gained through initial training programs. They can also ensure that the supervisee(s) knowledge is kept up to date and in line with evidence-based practice. Regular WhatsApp messages and SMS messages can keep supervisee(s) motivated and interested in learning. Sending information to groups of supervisees can enhance learning by opening supervisee (s) to each other's opinions and experiences.

### **Weaknesses**

It can be hard to convey complicated information over messaging services. Therefore, any information sent will need to be followed up with a telephone conversation.

### **Technology considerations**

It can be hard to read a large amount of information on small screens therefore this is best facilitated with a smartphone. Accessing and downloading information from the internet requires a strong internet connect and/or data connection.

## **Protocol 3: Supervisor Support**

### **Purpose**

Decide a regular time where the supervisor can have a telephone call with the supervisee. The supervisee is encouraged to share any challenges and concerns they have with delivering services and caring for people living with MNS conditions.

### **Duration**

As needed for 1 hour per phone call.

## **Delivery**

Individually

## **Method**

Telephone

- The supervisee is encouraged to reflect before the telephone call on the current challenges s/he is facing and to start identifying the sort of support s/he requires from the supervisor.
- Supervisor and supervisee agree upon a time and telephone each other.
- The supervisee starts the conversation by explaining any professional challenges or problems s/he is facing in delivering their work.
- The supervisor listens to the supervisee and asks any questions s/he may have to ensure to have the best grasp possible of the situation.
- The supervisor then takes the lead in supporting the supervisee(s) to solve problems and develop a goal orientated plan of action.
- The supervisor and supervisee agree to another conversation the following week where they can discuss how the supervisee felt implementing those solutions and if the challenges have changed or if they need to find new solutions.

## **Strengths**

Supervisor support telephone calls give the supervisee a sense of confidence as they learn they are not alone and have a support system when needed.

## **Weaknesses**

It can be difficult for the supervisor to manage the contact as the supervisee may wish to contact the supervisor out of working hours (in the case of emergencies) or when it is not convenient. The supervisor must set clear boundaries about the contact.

## **Technology considerations**

If supervisee(s) work in remote areas telephone signals may be weak and thus it can be difficult for the supervisor and supervisee to connect.

## **Protocol 4: Peer Support**

### **Purpose**

Create SMS or MMS peer group discussions and forums that enable the peers to exchange ideas, frustrations, support (problem solving and emotional) and information relevant to their professional work

### **Duration**

Ongoing and ad-hoc

### **Delivery**

Group

## Method

WhatsApp, SMS messages

- Supervisor gathers all the telephone numbers and/or WhatsApp numbers for their supervisees.
- Supervisor sets up a group chat and is responsible for managing and overseeing the content discussed in the group
- The supervisor welcomes the supervisees to the group with an initial ‘welcome message’, which highlights the purpose for the group and explains why it has been set up (for example to provide a safe forum for supervisees to share information, support each other, problem solve together (especially if faced with a complex or emergency case), share tips/problems with logistics, etc.). Supervisor can set time limits on when to use the group—e.g., you can post messages/questions between the hours of 9 a.m. to 5 p.m., Monday to Friday (to ensure that the group remains professional and is not taken over by discussions about social activities and/or disturb people in the middle of the night).
- Within those parameters the supervisees are free to use the group as they need.
- The supervisor can guide group discussions by posing questions and or giving discussion topics or motivational statements, depending on the needs of the supervisees decided in the introductory meeting.
- If a supervisee requires individual assistance (for example with requiring more private emotional support, or support with a complex case) it is the responsibility of the supervisor to contact that person individually.
- If supervisees flag up logistical problems with service delivery in this group, then it is the responsibility of the supervisor to work with the program management team to address those problems and find ways to resolve them.

## Strengths

These forums can enable peers to support and encourage each other. Problem solving discussions can show the supervisor the kinds of problems that the supervisees face and through reading and watching the discussions the supervisor can learn and understand the sort of motivation/attitudes that the supervisees have towards the work. The supervisor can also identify any gaps in knowledge and skills which they can address in more knowledge/skills-based supervision.

## Weaknesses

Using social media platforms such as WhatsApp can mean that the discussion is hijacked by more social activities rather than remaining professional. Some members of the group may remain quiet, and discussions may be dominated by a few.

## Technological considerations

Supervisees need to be reminded to respect confidentiality at all times and not share intimate details through SMS or MMS.

## Protocol 5: Reflective Discussion

### Purpose

Encourage the supervisee to reflect on their strengths and weaknesses, identify areas they want to prioritize and work on, examine their attitudes and beliefs, and improve their clinical care.

### Duration

40 minutes

### Delivery

Individually

### Method

Telephone, video conference

- It is the responsibility of the supervisor to organize a time for the reflective discussion and remind the supervisee at least 3 days before.
- Supervisor sends the reflective discussion form and/or informs the supervisee of the standardized headings they can use to encourage self-reflection.
- It is the responsibility of the supervisee to spend some time before the session answering the questions in the reflective discussion form and thinking about their own practice.
- Supervisor and supervisee(s) telephone and/or sign on to video conference platform at the same time.
- The supervisor starts the sessions by reminding the supervisee about the aims of the session (for example this is an opportunity for the supervisee to think about her/his own practice, identify where s/he is proud of the work delivered and where s/he feels s/he needs some more support).
- The supervisee then begins the session by briefly explaining the areas s/he has reflected upon (from the standardized forms) and why.
- The supervisor can help the supervisee reflect further if required by asking “why” and seeking further explanations and clarifications and specific examples.
- By the end of the discussion the supervisee will have created a list of specific skills/tasks that the supervisee agrees to try into their practice.
- Supervisor needs to arrange another discussion time to follow up on the supervisee(s) progress and discuss how the supervisee felt implementing the new skills/tasks.

### Strengths

Reflective discussions help the supervisees build self-awareness, this is particularly important when delivering clinical care as it helps the supervisees understand their role within their clinical interactions, what they do well and what their weaknesses are, what they need help in and where they need to gain more knowledge or practice skills.

## **Weaknesses**

Self-reflection is not easy, and many supervisees may feel too overwhelmed or busy to engage in the discussions. Reflective discussions require the supervisees to think about their own practice, therefore the accuracy of their reflections is subjective. The supervisor is not able to observe the person in clinical practice to support or refute these reflections. It can be time-consuming for the supervisor as the session needs to be delivered individually.

## **Technology considerations**

If supervisee(s) work in remote areas telephone signals may be weak and thus may be difficult for the supervisor and supervisee to connect.

## **Protocol 6: Live Observed Sessions**

### **Purpose**

Observe and build the clinical skills of supervisee particularly in learning how the supervisees are using what they have learned and how they apply this in practice

### **Duration**

1 hour

### **Delivery method**

Individual

### **Method**

Video conference platform such Skype or WhatsApp on smartphone, table, laptop or computer

- It is the responsibility of the supervisee to identify and have an open discussion with a beneficiary and explain the reasons for wanting to live stream the assessment or management intervention. The supervisee must not live stream the session without consent from the beneficiary. The supervisee can explain that the client is not the focus of the session, and their face does not need to be included in the live streaming only their voice, the focus of the live streaming is the supervisee.
- If they are given consent, then it is the responsibility of the supervisee to set a time and communicate that time to the supervisor
- At that time the supervisee and supervisor sign onto Skype or WhatsApp and set up their line of communication.
- It is the responsibility of the supervisee to set up the smartphone/tablet/computer in a way that ensures the confidentiality of the client and enables the supervisor to hear and/or watch the interaction.
- The supervisor remains silent throughout the session and simply observes the supervisee and client.
- At the end of the session the supervisor and supervisee should take at least 30 minutes to discuss the session.

- The supervisor should start the conversation by allowing the supervisee to reflect on the session, think about the strengths or the interaction (what went well) and think about where the supervisee felt like they were struggling.
- The supervisor should then share their reflections on the session and facilitate a discussion about areas where the supervisee may need more help.
- By the end of the conversation the supervisor and supervisee should have a plan about what is required to build on those areas of weakness.

### **Strengths**

This method enables the supervisor to observe and see with their own eyes how the supervisee is applying their training in practice. It also shows the supervisor the problems and constraints that the supervisee may be facing—it enables them to walk in the shoes of the supervisee.

### **Weaknesses**

Confidentiality of the client must be prioritized. It can be difficult to encourage clients to agree to be live streamed.

### **Technology considerations**

Live streaming requires a strong internet connection.

## **Protocol 7: Recorded Role Plays**

### **Purpose**

Observe and build the clinical skills of the supervisee by watching how they translate their training into their practice.

### **Duration**

1 hour

### **Delivery method**

Individual

### **Method**

Video conference platform like Skype or WhatsApp on smartphone, table, laptop or computer

- It is the responsibility of the supervisor to identify supervisees who can meet and record a role play. One of the supervisees plays the role of the healthcare provider and the other plays the role of the client. They pair record themselves conducting a routine assessment/management intervention (they can use real life scenarios to inform the role play)
- It is the responsibility of the supervisees to send that recording to the supervisor at least 3 days before the supervision session.
- It is the responsibility of the supervisor to ensure that the supervisees know how to use the technology and share the recordings through email, WhatsApp, Skype.
- It is the responsibility of the supervisor to review the role play and make notes on the skills used by the healthcare provider in the session. Based on the audio/video recording the

supervisor should assess the competency of the supervisee and highlight areas where they think they may need more support. The supervisor should use their expertise to decide if they want to use the session for any further teaching based on the audio/video. Or if they want to use the recorded session as a way to promote reflective thinking amongst the supervisee(s).

- The supervisor and supervisees meet online via telephone/or video conference technology at the agreed upon time.
- The supervisor starts the session by playing the recorded role play (or if it is too long) the most relevant parts of the role play. They then give the pair who recorded the role play an opportunity to reflect on what they felt went well and where they felt they needed more support.
- The supervisor then directs the subsequent discussion to focus on skills development (which could include communication skills, assessment skills, management skills etc.)
- It is the responsibility of the supervisor to ensure that the feedback remains constructive.
- The supervisor can set the supervisee(s) practical tasks to improve their clinical skills and ask that they also record themselves using these new skills.

### **Strengths**

This method enables the supervisor to view the skills of the supervisee without having to consider the consent of an actual client. Although the inspiration for the role play may come from a client all information will be anonymous therefore respecting confidentiality at all times.

### **Weaknesses**

As the supervisees will be pretending and working with another healthcare provider the interaction might not be as realistic as if they were with an actual client.

### **Technology considerations**

The recordings must be shared with the supervisee through a secure web sharing site to ensure confidentiality.