Embedding clinical supervision in rural and remote contexts—is it worth the effort?

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Clinical supervision is defined as ‘a working alliance between practitioners in which they aim to enhance clinical practice, fulfil the goals of the employing organisation and the profession and meet ethical, professional and best practice standards of the organisation and the profession, while providing personal support and encouragement in relation to professional practice’ (Kavanagh et al. 2002).

Clinical supervision (CS) is attributed with the ability to reduce burnout, improve job satisfaction and retention of clinicians, to safeguard professional values and standards, and to support quality clinical practice.

An Allied Health Professional (AHP) Clinical Support Framework and Policy were developed and endorsed by Country Health SA Local Health Network (CHSALHN) Executive in 2009, and the requirement for clinical supervision was then written into all AHP job descriptions. These structural changes were not sufficient to bring about the cultural and practice changes necessary to embed CS. Clinical leadership roles with designated responsibility and quarantined time for CS, plus training, were also needed. A significant investment by CHSALHN saw the implementation of these roles and an extensive training program during 2011–12.

Informed by the literature, the CS model was designed in consultation with key stakeholders to accommodate the unique challenges of the context, including dispersed workforce and predominance of ‘rural generalist’ roles. It fosters reflective practice, is profession specific but not content rich, delivered within a matrix structure (separate line manager and clinical supervisor roles) and the majority occurs remotely (via telephone).

An iterative, realist evaluation of the CS structures, processes and outcomes was undertaken in 2012–13, including a combination of qualitative and quantitative methodologies.

The authors will assert that embedding effective CS in rural and remote contexts requires resource investment, strong and persistent leadership, and extensive stakeholder engagement, to enable development and sustainable implementation of ‘fit for context’ structures and processes.

Evaluation results will be presented, and drawn on to answer the questions, ‘Is clinical supervision really worth the effort?’ and ‘Could clinical supervision be one of the keys to a bright future for rural and remote health services?’