Clinical supervision for rural Queensland occupational therapists—is the future looking bright?

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Introduction: Clinical supervision provides an opportunity to engage in guided reflection on current practice in ways designed to develop and enhance future practice, within the context of an ongoing professional relationship.

The quality of clinical supervision received by occupational therapists is fundamental to professional development, professional competence and the safety of occupational therapists and clients. Clinical supervision has also been linked to staff retention and patient outcomes by a number of disciplines. It has been acknowledged in the literature that the quality and effectiveness of clinical supervision received by occupational therapists has not been addressed sufficiently.

Aims

• To determine the effectiveness of clinical supervision received by regional, rural and remote supervisee occupational therapists in Queensland.

• To explore the barriers and facilitators of clinical supervision received by regional, rural and remote occupational therapy supervisees.

Methods: A survey regarding clinical supervision practices and the Manchester Clinical Supervision Scale (measuring the quality and effectiveness of clinical supervision) were completed by 88 regional, rural and remote Queensland Health occupational therapists. Opportunity was also provided to the participants to comment on their current supervision arrangement.

Relevance: In Australia, allied health professionals in rural settings have identified a lack of clinical supervision opportunities from colleagues in close proximity as an impediment to clinical practice (The Superguide—a handbook for supervising AH professionals, April 2012). The effectiveness of different modes of delivery of clinical supervision has been inadequately examined as a means of addressing this issue. The results of this study provide a unique perspective on clinical supervision in rural Queensland.

Results: Occupational therapists who completed the survey were predominantly female (93%). Most occupational therapists in regional, rural and remote areas find their clinical supervision to be effective and of good quality (mean 75, SD 13.95). The MCSS scores can range from 0 to 104, with a score of 72.8 or more indicative of effective and good-quality clinical supervision. The barriers and facilitators of clinical supervision faced by regional and rural practitioners will be presented along with the characteristics of occupational therapists who consider their supervision to be most effective.
Conclusions: The findings will be of interest to managers and supervisors in regional, rural and remote areas, especially in those areas where retention of staff has been an issue. There is potential for this research to be expanded across other allied health disciplines.