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. Within clinical settings such as hospitals and community health settings clinical supervision plays an important role in that high quality clinical supervision has been associated with improved patient outcomes, as well as improved staff wellbeing and satisfaction (Winstanley & White, 2003).

A review of the clinical supervision literature has identified gaps in the literature including a lack of agreement regarding methods of determining the quality of the clinical supervision process (Fitzpatrick, Smith & Wilding, 2012); and a lack of high quality trials investigating the quality and effectiveness of clinical supervision provided or received, especially for allied health disciplines (Cox & Araoz, 2009; Gaitskell & Morley, 2008). Minimal research has been conducted to date on the clinical supervision received by occupational therapists (Gaitskell & Morley, 2008; Sweeney, Webley & Treacher, 2001a).

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.

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—MCSS (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.

Results
Occupational therapists who completed the survey were predominantly female (93%). Most occupational therapists in regional, rural and remote areas found their clinical supervision to be effective and of good quality (mean ± SD = 75 ±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.

Comments by the participants on the survey indicated that a range of barriers and facilitators exist in regards to clinical supervision in regional and rural Queensland. Some of the facilitators identified included were a supportive supervisor or environment, having regular supervision sessions, supervisor qualities such as being approachable and available; being able to choose a supervisor, use of feedback in supervision sessions (e.g., supervisor providing supervisee with feedback regarding supervisee’s communication style), use of practice sessions (e.g., practicing a particular clinical assessment or technique like making a splint), using a supervision agreement and supervisee-driven sessions. Some of
the barriers identified included supervisor qualities such as being controlling, lacking commitment and the supervisor being unsure of the supervisory responsibilities; time constraints, distance from the supervisor, difficulty finding a suitable supervisor in regional/rural/remote areas, and confusion between clinical supervision and line management. Stage two of the study has been planned to explore some of these themes further.

References


