



Health

Hunter New England
Local Health District

Clinical Supervision and Allied Health practice: *What are we doing? And does it make a difference?*

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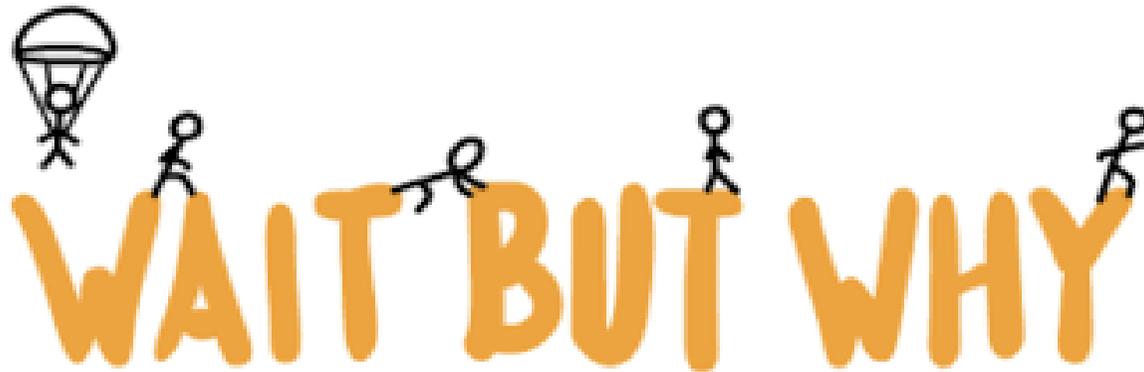
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National Allied Health Conference

Brisbane

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Rationale



WAIT BUT WHY

The text 'WAIT BUT WHY' is written in a bold, orange, sans-serif font. Above the letters, there are five black stick figures. The first figure is on top of the 'W' in 'WAIT', holding a parachute. The second figure is on top of the 'I' in 'WAIT'. The third figure is on top of the 'B' in 'BUT', pointing towards the right. The fourth figure is on top of the 'T' in 'BUT'. The fifth figure is on top of the 'Y' in 'WHY', holding a small object.

Background

Essential
component of
clinical governance

Commenced in
HNE in early
2000's – for
therapy professions

2010 – AH
Professional Practice
Supervision policy
developed

Current research
Effect of CS on employee
What constitutes CS
Benefits to organisation
employee

Skill development
Staff recruitment
Staff retention

Gaps
Links between CS
and pt safety

BACKGROUND

- Definition: “... a distinct professional activity in which education and training aimed at developing science informed practice are facilitated through a collaborative interpersonal process (www.heti.nsw.gov.au).
- involves observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modelling, and mutual problem-solving.

Aims

1. Investigate current Allied Health practice in clinical supervision (CS) at HNE Health in the professions of Dietetics, Occupational Therapy, Physiotherapy, Podiatry and Speech Pathology
2. Explore the perceptions of these Allied Health staff on the impact CS made to patient outcomes.

Hypothesis: We proposed that understanding current CS practice and perceptions would support the development of practice-informed research recommendations for CS policy at HNE Health.

Methods

- Mixed methods
 - Survey
 - Face to face interview



On-line survey

- Customised questions
- Manchester Clinical Supervision Scale-26 (MCSS-26)
 - Validated questionnaire
 - Determines effectiveness of CS from supervisee's perspective.
 - Total scores range from 0-104
 - Six subscales grouped under three domains

MCSS domains and subscales



Normative	Restorative	Formative
<p>Importance/Value:</p> <ul style="list-style-type: none">• Importance of receiving CS• CS valued for improving quality of care.	<p>Trust/rapport:</p> <ul style="list-style-type: none">• Level of trust or rapport the supervisee has with the supervisor• Ability to discuss sensitive issues	<p>Improved care/skills:</p> <ul style="list-style-type: none">• Extent to which supervisee feels CS affects care• Improvement in their clinical skills.
<p>Finding time:</p> <ul style="list-style-type: none">• Time available to attend CS sessions.	<p>Advice/support:</p> <ul style="list-style-type: none">• Extent to which supervisee feels supported by supervisor• Level of advice and guidance received.	<p>Reflection:</p> <ul style="list-style-type: none">• How supported the supervisee feels.

Face to face interviews

- Individual in-depth semi-structured
- Audio recorded and transcribed
- Analysed with NVivo11 software
- Grounded theory used to explore experiences in transforming CS to patient outcomes

Results



Demographics	N=201	
Gender	93% Female; 7% Male	
Age, M (SD)	37.1 (8.6)	
Profession, N (%)	Dietetics	34 (16.9)
	Occupational Therapy	81 (40.3)
	Physiotherapy	37 (18.4)
	Podiatry	4 (2.0)
	Speech Pathology	45 (22.4)
Practice area, N (%)	Generalist	108 (54)
	Specialist	93 (46)
Time with HNE Health, N (%)	Less than one year	15 (7)
	1-3 years	32 (16)
	4-6 years	32 (16)
	More than 6 years	122 (61)
Grade, N (%)	Level 1/2	60 (30)
	Level 3	92 (46)
	Level 4	30 (15)
	Level 5/6	19 (9)

MCSS scores

Profession	N	M (SD)	95% confidence interval	N (%) with effective supervision
Dietetics	29	77.5 (13.5)	72.4-82.7	19 (66)
Occupational Therapy	69	79.4 (12.3)	76.4-82.3	51 (74)
Physiotherapy	30	73.3 (13.9)	68.1-78.5	18 (60)
Podiatry	2	89.5 (12.0)	-18.5-197.5	
Speech Pathology	36	75.4 (14.9)	70.3-80.4	24 (78)
All Professions	166	77.2 (13.5)	75.1-79.3	

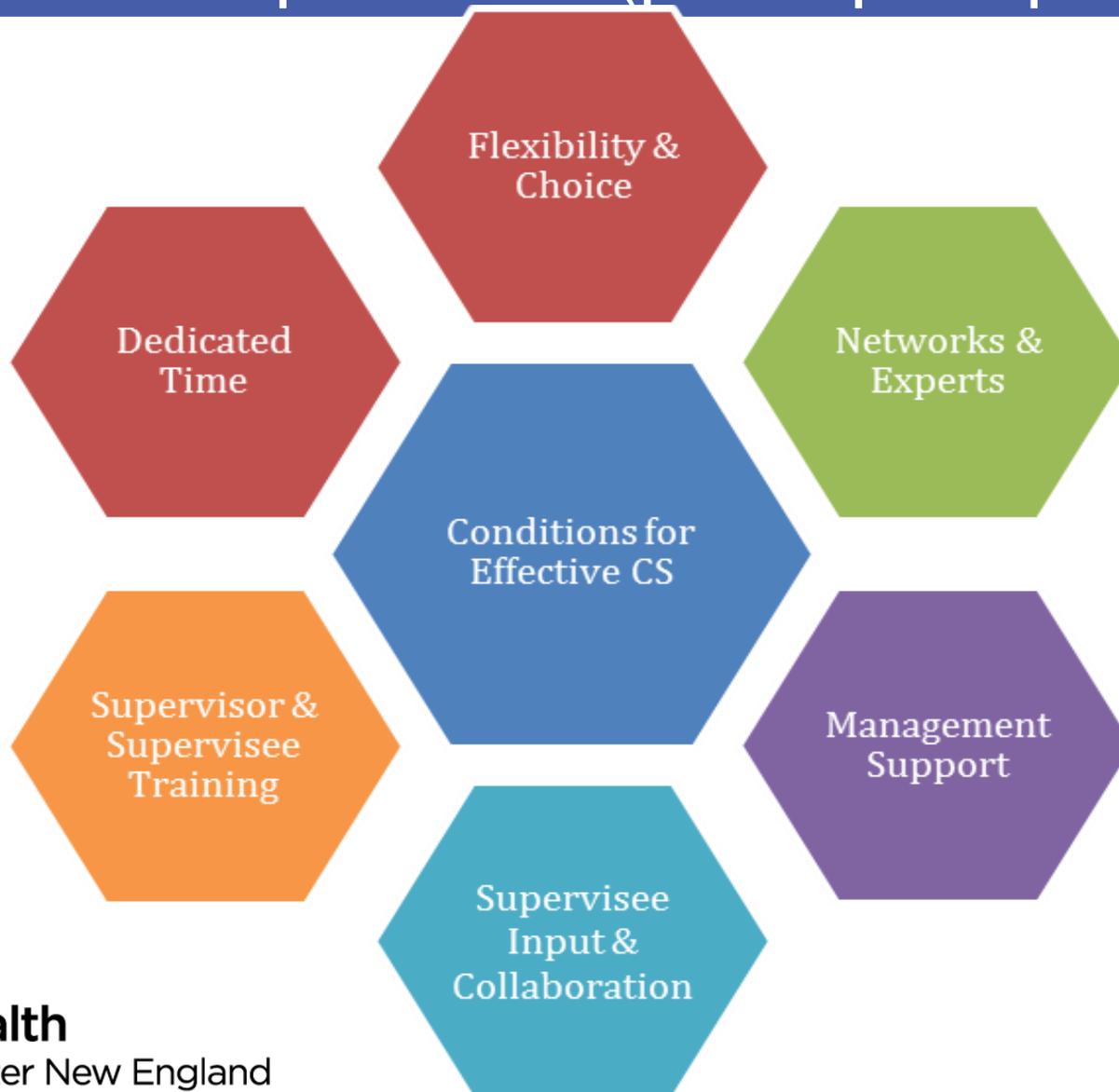
MCSS scores cont.....

- No significant difference in MCSS-26 total scores between professions ($p = 0.157$)
- No significant difference in proportion of effective scores between professions, $X_2=2.806$, $df=3$, $p = 0.423$.
- No significant difference in MCCS-26 scores according to
 - grade of AH profession ($p=0.795$),
 - mode of clinical supervision ($p = 0.995$),
 - rural/metropolitan status, ($p= 0.102$).
- There was also no correlation between estimated supervisor age ($r=0.081$) or participant age ($r=-0.062$).

Effect of supervision on patient outcomes

Effect	N (%)
Meeting patient goals	107 (53)
Patient functional outcomes	93 (46)
Patient achieving consistent clinical care	91 (45)
Patient achieving desired outcomes	87 (43)
Patient service satisfaction	82 (41)
Patient engagement in intervention	70 (35)
Patient compliance with intervention	59 (29)
Decreased adverse outcomes	56 (28)
Increased knowledge of patient issues by family	51 (25)
Patient engagement in management	50 (25)
Reduced adverse incidents	48 (24)
Patient able to participate in chosen activities	39 (19)
Patient making healthy lifestyle choices	32 (16)
Longer periods of time between interventions	2 (1)

Face to face interviews: Conditions for effective supervision (participant perceptions)



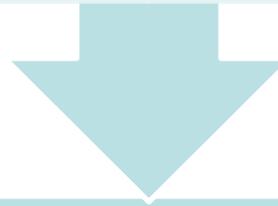
Clinical supervision

Reflection

Clinical
reasoning

Recommended
resources

Skill
development



Positive patient outcomes

Functional
improvement

Consistency of care

Pt goals and desired
outcomes

Limitations

- Survey response rate: 29.7%
- Good representation of gender, position and profession in on-line survey but not face to face interviews
- No direct measure of patient outcome
- No management input

Recommendations

Management recognition that CS can take many forms and should not be prescriptive.

CS role may be fulfilled by a combination of departmental processes as well as formal and informal CS processes

CS training to be determined by supervisors, supervisees and managers

CS arrangements reviewed annually in consultation with supervisee, supervisor and manager

Managers to support dedicated and rostered time for CS

Recommendations cont....

The content of supervision should be determined in collaboration with supervisee, supervisor and manager.

Supervisor to be from the same profession

The supervision arrangements including the choice of supervisor will be determined in collaboration with supervisee, supervisor and management

Enhance formal mechanisms for rural, remote and community clinicians to contact specialist colleagues for professional advice including telehealth

Enhance networks for professional support across clinical areas

Individual services to evaluate professional governance arrangements including CS

Ensure supervision policy is enforced with ongoing monitoring

Thankyou

- Questions

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