

CLINICAL SUPERVISION

Rhetoric or Reality?



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Health
Illawarra Shoalhaven
Local Health District

WHAT DO WE ALREADY KNOW?

Increasing body of research has shown significant benefits for staff and organisations

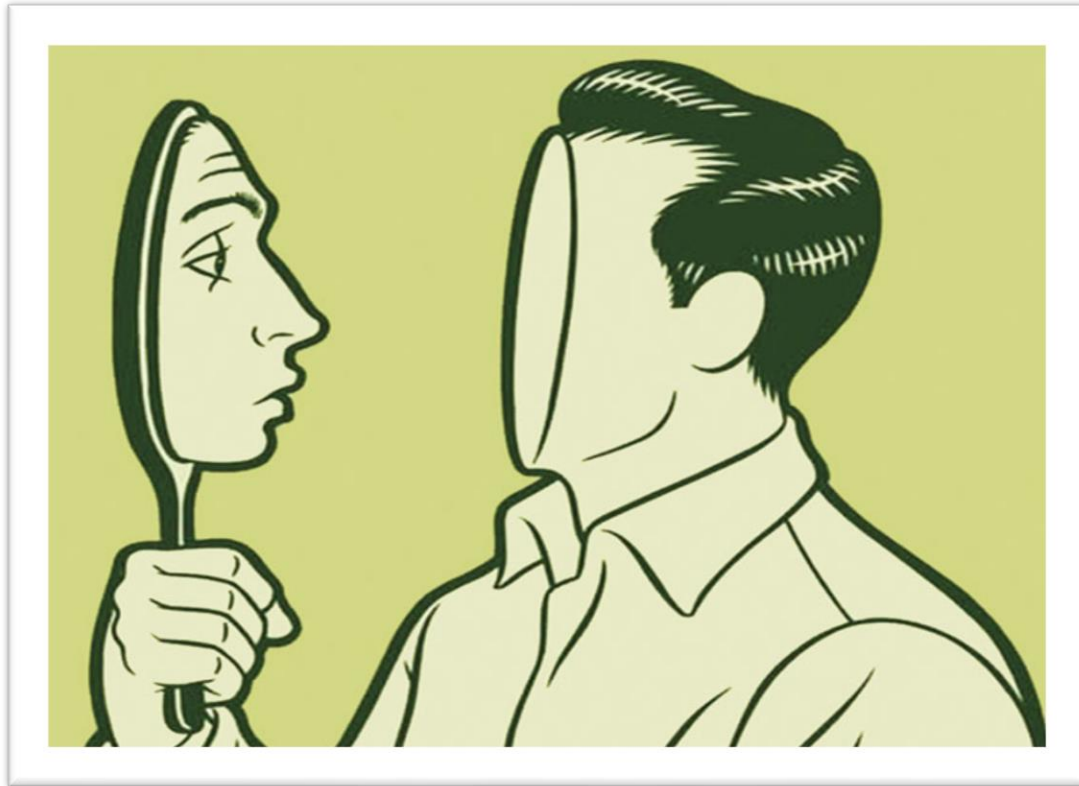
Clinical supervision (CS) should be individual, flexible, transparent, adequately prepared for

CS needs to be accessible with clear delineation between supervision and line management, clear expectations and a trusted relationship.

A framework is recommended and protected time

A close-up, slightly blurred photograph of a computer keyboard. The focus is on a key that has the word "RESEARCH" printed on it in a bold, sans-serif font. The key is light-colored, and the text is a darker shade. Other keys are visible around it, but they are out of focus. The overall lighting is soft and even.

WHAT DID WE WANT TO KNOW?



What is the experience of clinical supervision **actually** like for AH staff in the Illawarra Shoalhaven Local Health District?

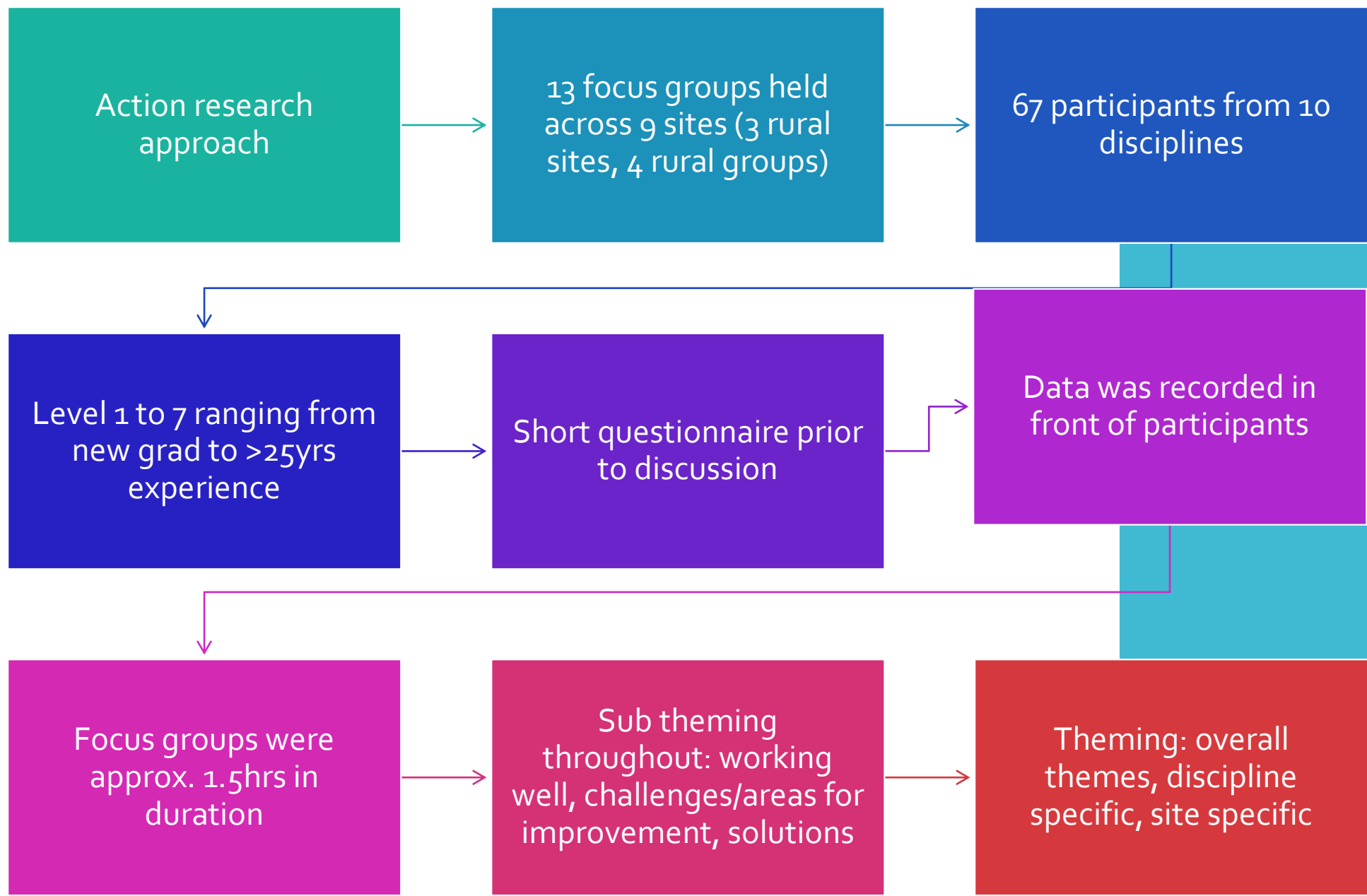
THE GREAT DIVIDE

Kate vs Josie

Why are these
experiences so
different?



M
E
T
H
O
D



Action research approach

13 focus groups held across 9 sites (3 rural sites, 4 rural groups)

67 participants from 10 disciplines

Level 1 to 7 ranging from new grad to >25yrs experience

Short questionnaire prior to discussion

Data was recorded in front of participants

Focus groups were approx. 1.5hrs in duration

Sub theming throughout: working well, challenges/areas for improvement, solutions

Theming: overall themes, discipline specific, site specific

RESULTS: QUESTIONNAIRE

The majority agreed or strongly agreed:

- Satisfied with CS frequency, length & quality
- CS is effective & improves practice
- Had a contract
- Were aware of the policy, that it was mandatory & had support from Mx
- Received introduction to CS
- Had training and felt confident in providing CS

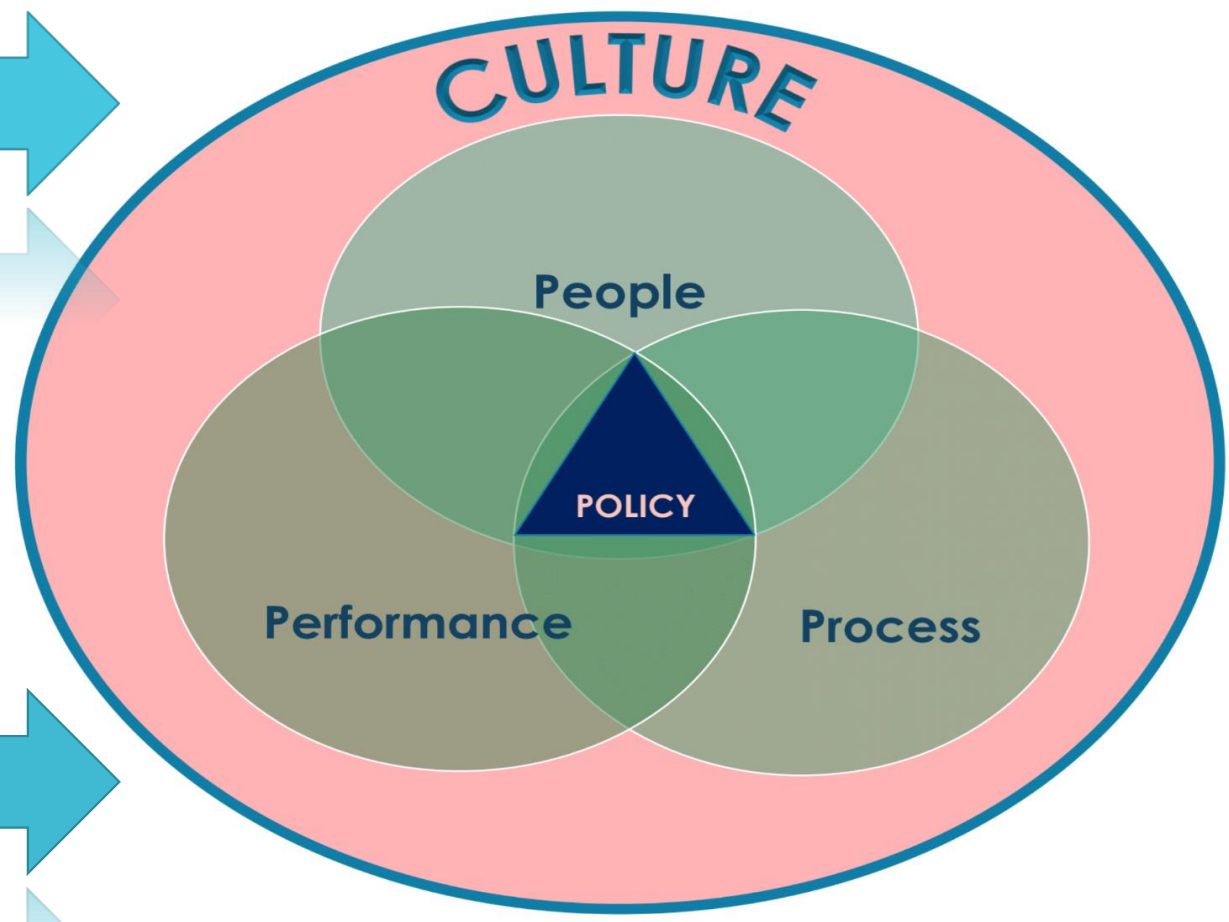
The greatest variation in satisfaction related to:
Documentation
Supervisor choice
Feedback

80.6% receive
monthly CS
74.6% receive >
45mins

AN UNEXPECTED ANOMOLY

People knew there was a policy and turned up because they saw value in CS BUT the majority had not read the actual policy!

- How are they learning about CS?
- How are they identifying its value?
- Are policies inaccessible?
- Are they just ticking a box?
- Is clinical supervision **reality** or **rhetoric**?



RESULTS: THEMES

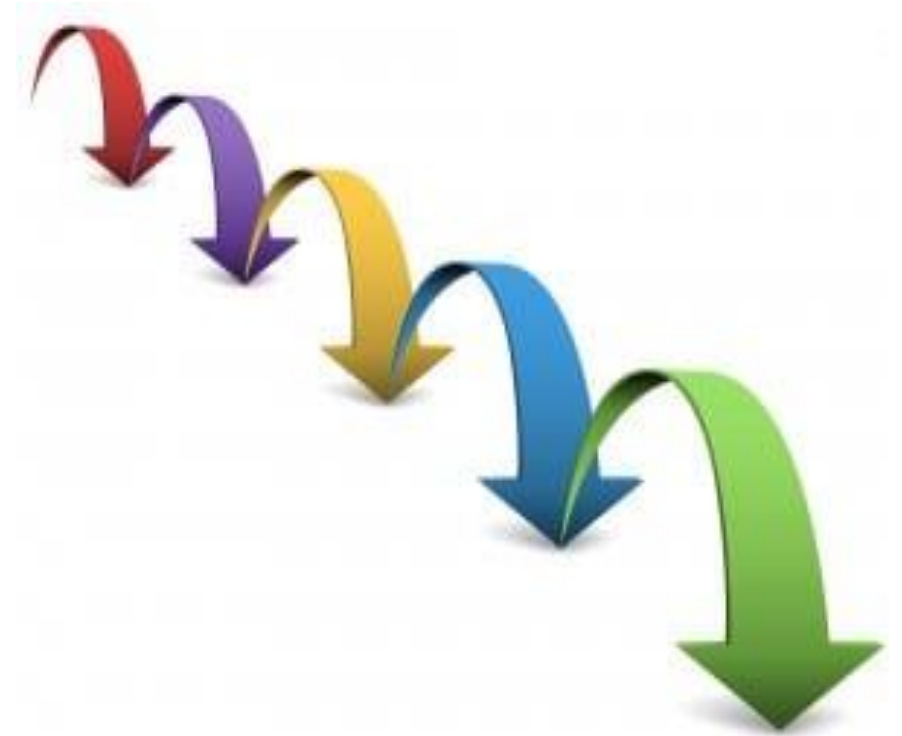
“Walking the walk and talking the talk:
knowing the rights and responsibilities on
both sides to make it effective”

(Focus Group 2)

“We have a clear model of introducing
supervision to new staff – a role in
orientation – which is working well”

(Focus Group 4)

PROCESS



“There is no measurement of the quality of supervision - how do we assess quality?”
(Focus Group 7)

“If the quality of supervision is poor, motivation and compliance is reduced” (FG 9)

“When supervision is ineffective, prioritising S/V over clinical work which is already challenging, becomes even harder” (FG 10)

“It can be challenging to provide negative feedback” (FG 11)



PEOPLE



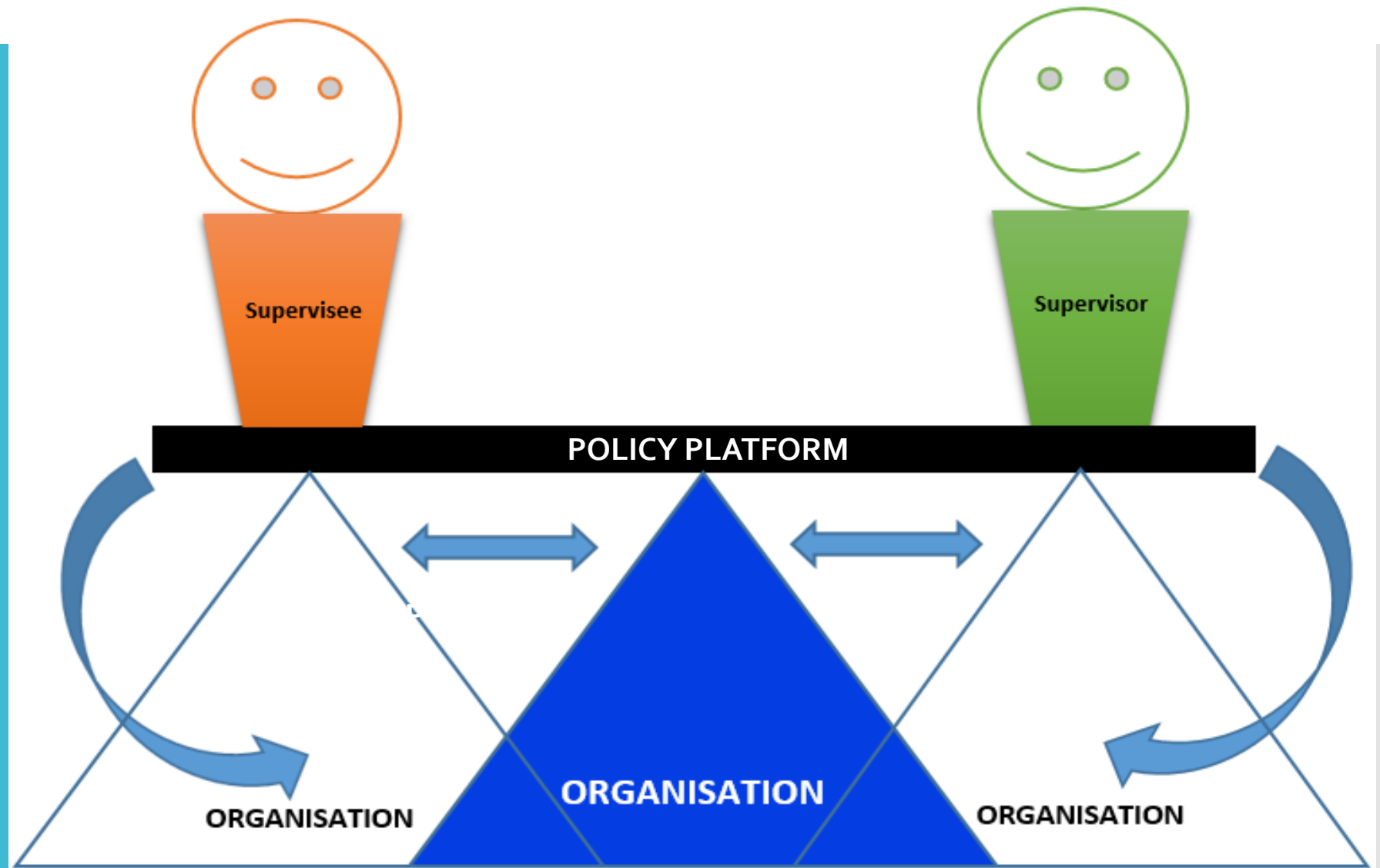
Supervisee



Supervisor



*Clinical
Supervision
Contributor
Model*



Communication

Quality

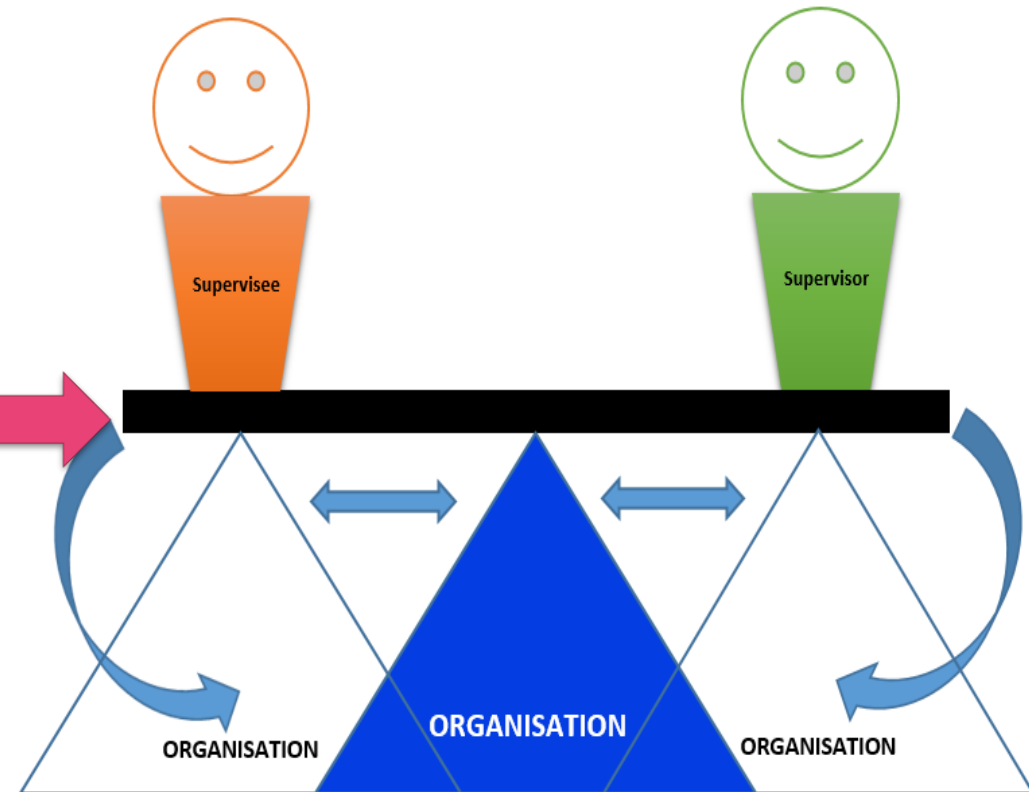
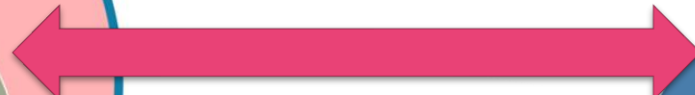
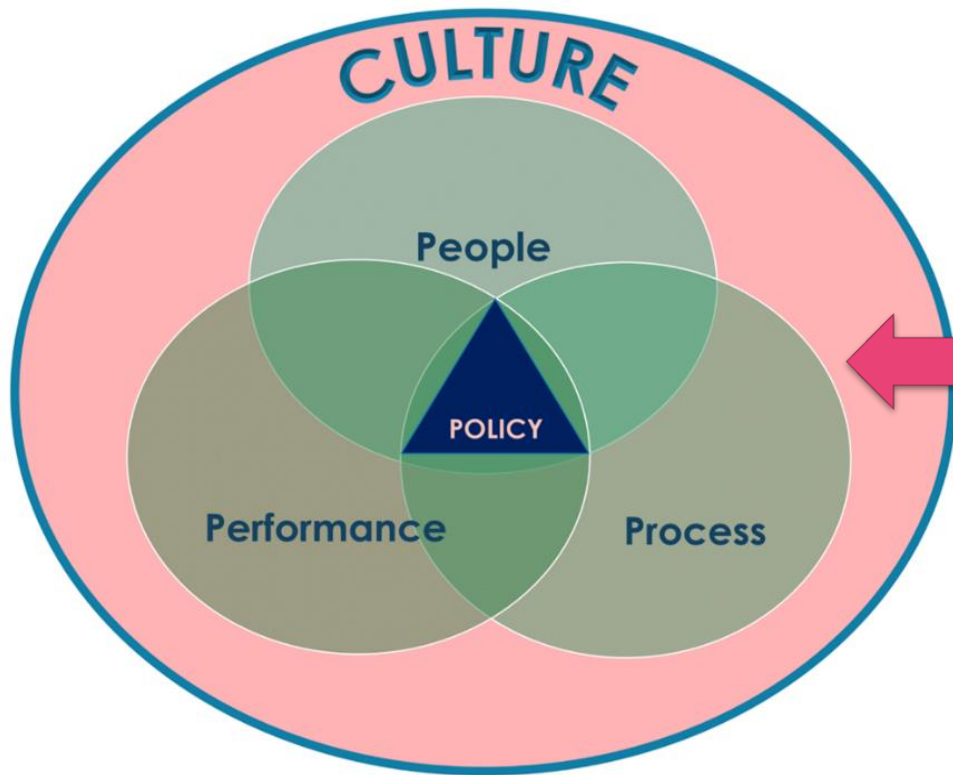
CULTURE

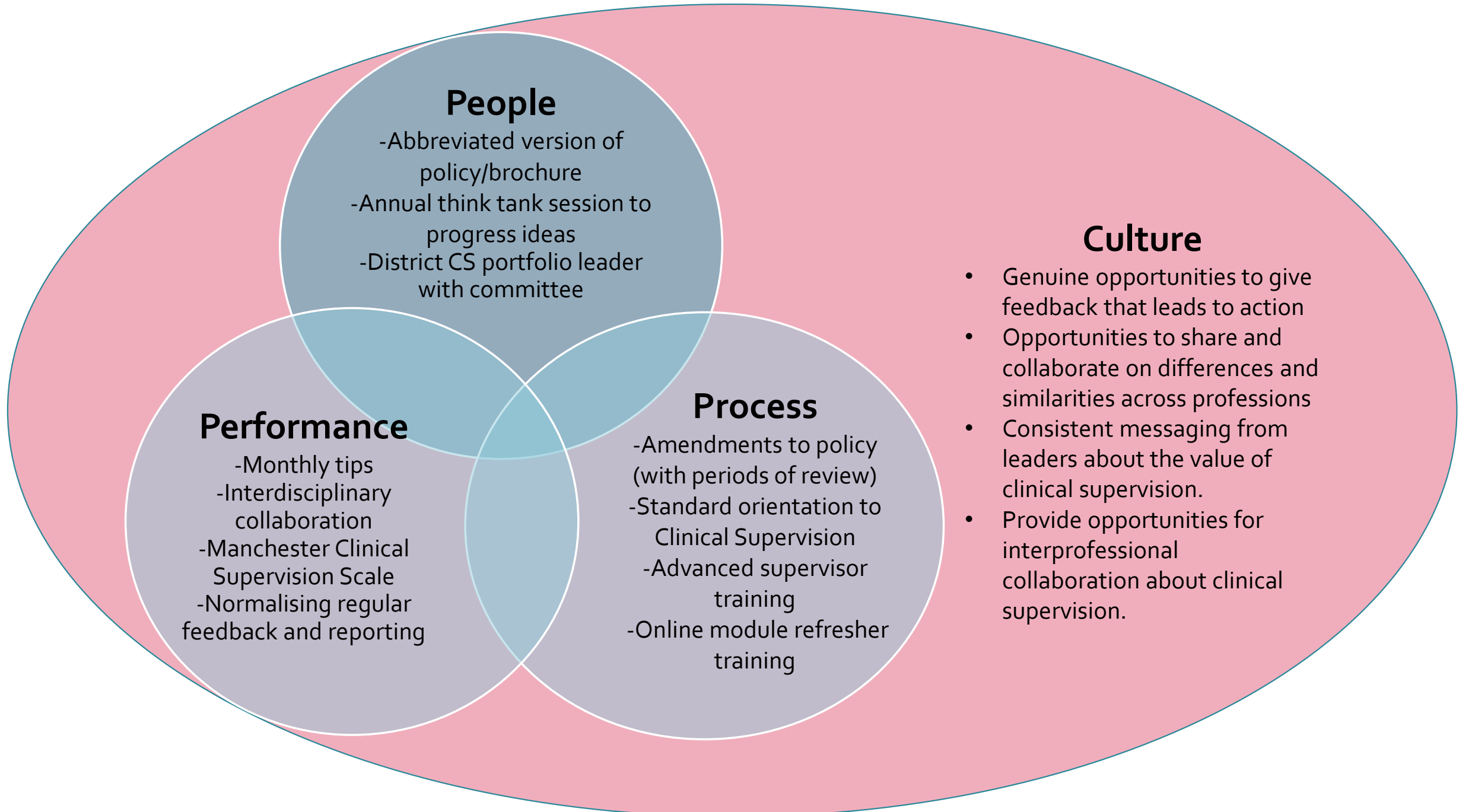
Value

Equity



CONCLUSION: WHERE TO FROM HERE?





People

- Abbreviated version of policy/brochure
- Annual think tank session to progress ideas
- District CS portfolio leader with committee

Performance

- Monthly tips
- Interdisciplinary collaboration
- Manchester Clinical Supervision Scale
- Normalising regular feedback and reporting

Process

- Amendments to policy (with periods of review)
- Standard orientation to Clinical Supervision
- Advanced supervisor training
- Online module refresher training

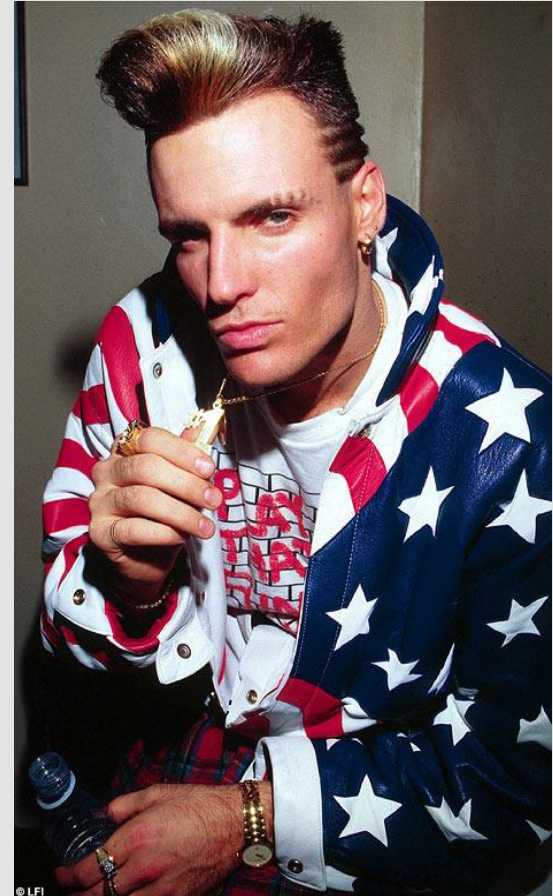
Culture

- Genuine opportunities to give feedback that leads to action
- Opportunities to share and collaborate on differences and similarities across professions
- Consistent messaging from leaders about the value of clinical supervision.
- Provide opportunities for interprofessional collaboration about clinical supervision.

RHETORIC → REALITY

STOP
COLLABORATE
AND
LISTEN

TAKE YOUR PASSION & MAKE
IT HAPPEN





ANY
questions?