Clinical supervision of allied health professionals in Country South Australia: What works, what doesn’t and what’s promising

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INTRODUCTION

Recent times have witnessed dramatic changes in healthcare delivery within Australia. There is now overt recognition for quality and safety to underpin healthcare service delivery, driven by the emergence of evidence-based practice and an informed and engaged healthcare consumer. While the focus on improving the quality and safety of healthcare has rightly taken a systems-wide focus, the importance of supporting and mentoring the person delivering the care has also been recognised. This can be achieved through clinical supervision. In 2010, Country Health South Australia Local Health Network (CHSALHN) developed an overarching Allied Health clinical governance structure, which was implemented in 2011. Implementation of the structure facilitated the embedding of the organisation’s clinical support policy and provided profession-specific clinical leadership and governance for a number of allied health professions. Within CHSALHN, the AHP4 Advanced Clinical Leads spearheaded clinical supervision within their individual professions with AHP3 staff provided the majority of the ongoing clinical supervision of AHP1 and AHP2 staff.

OBJECTIVE

This research reports on emergent findings from the evaluation of the clinical governance structure, which included mandating clinical supervision for all Allied Health staff.

METHODS

A mixed methods research approach was used in order to address key evaluation objectives. Evaluation of the impact of clinical supervision was undertaken using a psychometrically sound instrument (MCSS-26), collected through an anonymous online survey. In addition, qualitative data was collected through semi-structured interviews and focus groups.

RESULTS

Overall, 189 allied health professionals from CHSALHN responded to the survey representing physiotherapy, occupational therapy, dietetics, podiatry, psychology, social work and speech pathology. Responses for the normative domain indicated allied health professionals recognised the importance of receiving clinical supervision, valued it and considered it a necessity to improve the quality of care. For the restorative domain respondents reported positive findings in terms of levels of trust and rapport with their supervisors in discussing sensitive and confidential issues and felt supported by their supervisors. For the formative domain, respondents reported that clinical supervision positively affected their delivery of care and improvement in skills. Analysis of the qualitative data identified enablers such as profession specific gains, improved opportunities and consistency for clinical supervision. However, respondents also identified barriers such as persistent organisational issues, lack of clarity (delineation of roles) and communication issues.

CONCLUSION
This research, the first of its kind in South Australia, sheds new light on the impact from, and AHP stakeholders’ perspectives of, clinical supervision. It highlights while clinical supervision has an important role to play, it is not a panacea for all the ills of the healthcare system.