The Y Model of Effective Supervision in Rural and Remote Allied Health Services

Introduction

Disparities in the health status between metropolitan residents and those residing outside the bigger centres have been well-documented (1). Recruitment and retention of staff in rural and remote areas continues to be challenging, with issues of professional isolation, limited resources, complex service demands and time and distance barriers commonly cited (2). Supervision is one method to support health professionals that has demonstrated widespread benefits to health professionals, organisations and patients in metropolitan settings (3). There remains a lack of peer reviewed, published literature in rural and remote allied health settings (4).

The AHRTS program

- The Allied Health Rural and Remote Training and Support program
- Coordinated by the Cunningham Centre, DDHHS
- Capability based clinical education, training and professional support to allied health staff in non-metropolitan Queensland
- Professional support activities – supervision matching, funding for Fiji supervision meetings, incentives for supervisors
- Formal evaluation of the program between 2010 and 2012

Study Aim

To explore the usefulness and impact of supervision on professional practice and service delivery in non-metropolitan health settings in Queensland.

Research Methodology

- Qualitative, descriptive research design - Participants’ experiences are captured in their own words
- Ethics approval
- Purposive sampling of 55 rural and remote AHPs
- Data collection through interviews and thematic analysis

Study limitations

- Discipline specific information wasn’t investigated. The strength of this study is the multi-disciplinary perspective it brings.
- Some interviews were conducted by AHRTS program officers which may have inhibited respondents from revealing all perspectives on the program.

However, data collected by program staff did not differ from that collected by independent researchers.

Facilitators and barriers

- Time (good time management skills)
- Using innovative means of supervision (V/C, T/C, email)
- Organisational factors (line management support, supervision policies)
- Time (including travel time)
- Use of technology (limited access and functionality)
- Organisational factors (lack of organisational drivers)

Results

1. Clinical skills, knowledge and confidence

2. Professional isolation

3. Professional enthusiasm

4. Patient safety

5. Usefulness for supervisors

6. Supervisee-supervisor fit

Recommendation

One recommendation stemming out of the paper is the Y-model of effective supervision in rural and remote settings:

Positive Supervision Culture
- Optimal and effective use of technology
- Finding time for supervision
- Valuing supervision
- Organisational commitment
- Support for supervision

Supervisee-Supervisor Fit
- Matching supervisee to supervisor with care
- Positive supervisory relationship

Effective supervision that benefits:
- Supervisee (lack of isolation, professional support)
- Supervisor (work satisfaction, e.e challenge in role)
- Organisation (lack of retention, etc culture)
- Clients (l outcomes)

Allied Health Disciplines

Classification level

AHRTS program participation

AHRTS program participation

See also: