

## Supervision Guidelines

Occupational Therapy Australia recognises the value of supervision in developing professional competence, providing a mechanism for supporting staff, recruitment, retention and responding to clinical governance issues. This document aims to provide a broad outline of supervision principles as they apply to the practice of occupational therapists in Australia.

The Occupational Therapy Australia Code of Ethics (2001) states that “*members have an individual responsibility to maintain their own level of professional competence and each must strive to improve and update knowledge and skills*”. Supervision is an important strategy in assisting occupational therapists to meet their professional obligations.

Provided below are guidelines to assist the individual, department or service in establishing parameters for supervision. There is a range of issues in relation to supervision that will need to be elaborated on within local practice guidelines and are not within the scope of this document.

### Definition of Supervision:

Clinical Supervision is a process of professional support and learning which empowers individual practitioners to develop knowledge and competence, maintain responsibility for implementing best practice and the quality of care in clinical situations.

Clinical Supervision focuses on progressing clinical practice through reflection and the provision of professional guidance and development. Clinical Supervision is differentiated from mentoring, with mentoring often occurring outside the immediate work setting and often having a broader focus on areas such as career progression and personal development. Professional Development encompasses all aspects of the professional role, with clinical supervision being a part (Wills 2005).

### Supervision Detail:

Supervision is a means of supporting, and facilitating the professional development and practice of, the supervisee through:

- Reflective clinical reasoning
- Development of clinical practice
- Review of work practices (including admin/leadership)
- Debriefing and support following stressful events
- Opportunity to develop professional skills and knowledge
- Sharing experiences

The above aspects of best practice supervision fit under the current functions of:

- Formative – focussing on education and skill development of clinicians; eg case management, professional skill development.
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- Restorative – provision of support for clinicians who frequently work in a stressful environment; eg balancing workloads, resolution of workplace issues.
- Normative – promotion of current best practice including compliance with medico-legal requirements within the clinician’s work; eg evidence based practice, research literature (Proctor, 1992).

### Supervision – Clinical Criteria:

- Is provided by a more senior occupational therapist
- Can be applied as a group or individual
- Can be internally or externally resourced (where appropriate and applicable).
- Adheres to confidentiality and security requirements of any documented material (see below for detail).
- Communication within the supervision relationship is enhanced by the use of the following documentation:
  - contract
  - goal setting sheet
- A system of monitoring and review of the ‘process’ is undertaken.
- Dispute resolution is undertaken along the guidelines of the institution applying the supervision model.
- Frequency is dependent upon grading, expertise and skill (see guidelines below). Frequency is also dependent upon level of experience as an occupational therapist, or experience within the organisation or role.

New Graduate	Weekly
Grade 1, 2 years there after	Minimum of 1- 2 sessions per month
Grade 2	Minimum of 1 session per month
Grade 3	Minimum of 1 session per month
Grade 4	Minimum of 1 session per month

Three common methods of supervision application are:

- Reflective model – uses listening, questioning, mirroring and reflecting techniques to increase self awareness (Hunter & Blair, 1999)
- Practice centred model – provides a balance between various role and functions and focuses on practitioner effectiveness (Nicklin, 1997)
- Problem-oriented model – focuses on solving clinical problems by finding solutions that are structured, focused, logical and measurable and which lead to self actualisation.

### Confidentiality

Confidentiality for supervisees must be maintained within any training, debriefing or reflection undertaken by supervisors. General principles of de-identifying information and protecting privacy should be applied. The boundaries of the supervisory relationship need to be discussed during the early stages of establishing a supervisory contract. It is generally

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expected that the supervisee and supervisor would attempt to reach consensus and resolve minor issues without involving their manager.

Situations in which confidentiality is considered secondary to client care and safety and may be waived include:

- Serious complaint made about the supervisee; eg gross misconduct.
- Dangerous, unethical practice of the supervisee.

In such cases supervisors should advise the supervisee prior to approaching the OT manager and support the supervisee to deal with the issue directly with their OT manager.

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