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To: otboardconsultation
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Subject: supervision guidelines

This document looks quite comprehensive but I can foresee difficulties in meeting the supervisor requirements on a daily basis in most country locations.

We are a large country location but still have variable staffing on site every day due to many part time staff. Most of our full time staff are less experienced staff eg new graduates or overseas practitioners with less familiarity with our working systems so therefore I wouldn't deem them the best staff to provide the supervision. As a result, often our supervision would be considered remote supervision or indirect.

Most of our OT services are provided within the home setting so if the supervising OT does not attend this in-home appointment, we are not able to observe it. Remote supervision is used often with reflection on the appointment and planned outcomes, but not directly observed. Obviously with new staff we initially accompany them to identify their ability to perform the intervention/assessments independently but then allow them to complete their work with indirect supervision only. Otherwise we would not gain another useful employee for the period of their supervision.... This is quite different to the supervision in a rehabilitation hospital for example where the intervention may occur in a shared treatment room. Therefore for us it is either level 1 or level 3/4. We don't have the ability to do level 2.

Due to our part time staffing, we are available via phone on our "off" days and can identify an alternate supervisor. However, I can foresee there will still often be days when neither of those therapists would be available due to leave, professional development, etc.

I am not sure from reading the document whether every supervised staffer has to start at 1 and progress through to 4 or how this is determined. Is this at the supervisors discretion?

Thanks for your consideration of these factors.

Janelle Braithwaite
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Tues(9-3pm), Wed (9-5pm)& Thurs (9-3pm)

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