

From: [REDACTED]
Sent: Saturday, 16 June 2012 10:25 AM
To: otboardconsultation
Subject: supervision guidelines

To whom it may concern,

Please find below my personal comments on your supervision guidelines. Many of these comments are based on my recent professional experience in learning about, implementing and deciding on the outcome of two supervised practice audits for overseas trained therapists with a Queensland context.

Firstly I commend you on an excellent draft for consultation. The intended scope and definition of supervision is clear and demarked from other areas of supervision or mentoring within professional contexts such as induction, student supervision and mentoring. I really like the Principles on page 4, especially numbers 1 & 2.

I support all the elements such as supervision agreements, supervised practice plans and supervision reports as being essential components to this process. I especially like the links that you have explicitly made to the *Australian Minimum Competency Standards for New Graduate Occupational Therapists* as this is a great tool to objectively and consistently measure achievements and developmental needs against.

Paperwork demands

The age old dilemma though is how to manage the paperwork for all this. I express concern about the length and detail that may be involved as this is a considerable task to write and stay on top of within workplace demands, especially when you are doing this for the first time and with a staff member new to the country. Perhaps some mentoring, and/or having several examples of approved plans being available to supervisors would help in easing uncertainty about how much detail is required.

I would support a process of brief reports (even tick boxes) for circumstances where a supervisor has few concerns and will happily endorse a person's professional performance. Yet, where concerns exist and where feedback is important to convey, an in-depth written feedback option would be important.

Reporting requirements

The time frames are valid. Emailing them in as signed scanned documents would be a preferred mechanism to posting them in due to the lost time in transit and the added cost to the supervisee in registering the mail. An acknowledgement email allows for quick confirmation.

On page 11, the sentence "The supervised practice plan provides additional guidance" seems a little out of place and could be omitted.

Back-up supervisor

While I support the back-up supervisor concept, I am concerned about how to make this official and pre-plan for who this might be. In community settings, there's often sole therapist coverage for regions, even if they are lucky enough to work from one office or come together once a week. In addition, even though 6 months doesn't seem to be a long time, a lot can change staff wise and organisationally in that time to impact on a practice audit. It is demanding to do and as I found doing 2 overlapping I needed to have a holiday in the middle for my own sanity.

In this context, I fully support the onus being on the primary supervisor to ensure adequate supervision arrangements are in place to meet individual needs, organisational demands and registration requirements. I would support notification requirements to be placed on this, for example, if the primary supervisor plans to be absent from their role for more than 5 days that a back-up supervisor be notified to the registration board. Obviously this may only be suitable for levels 2, 3 & 4 supervision.

Supervisee information at recruitment stage

I have found that team managers who do the recruitment don't always understand the "supervision requirements" for a supervised practice audit. My suggestion would be to provide a letter to the supervisee to take to interviews with them that outlines the initial supervision requirements and asks for signatures from supervisor and supervisors line manager that agrees to these requirements.

[REDACTED]

[REDACTED]

As I am employed part-time, I can only undertake a supervised practice audit with a back-up supervisor in place. While I am lucky enough to have some experienced therapists to call on, the use of occasional remote supervision was required earlier than what might have been used in a hospital or larger therapy department situation. I am lucky to have remote email access, and a work mobile phone, as well as the personal commitment to say contact me during my personal time if you have questions/issues. [REDACTED]

Please consider if there is anything you can do here. ie. Making it a condition of employment that the supervision agreement be signed and approved by yourself prior to commencing employment. (Step 3 in the Principles). Managers will employ and not realise that the supervisor ought to be there on day 1. It also relates to your point on page 10 about supervisors having adequate time for their supervision role.

Table 1: Levels of Supervision

I commend you on adding more detail to these tables, specifically about supervisee and supervisor specifications and what is not permitted here. It also offers examples of possible practical options in terms of time frames, reporting needs and numbers of sessions as guidelines to begin with. This is a great reference tool for implementing this type of supervision.

Orientation to Australian Health care system and cultural differences

I agree with this element for overseas trained therapists and in my experience I found it difficult to know what resources to draw on to help this process. I like your idea of having a template report on the website, but even a step back with a list of suggested activities, readings or resources that could be drawn on in supervision sessions to help an individual's learning would be good.

Another suggestion is a clear undertaking by the supervisee to describe and reflect on their cultural experiences during supervision and to discuss how they interpret vs how the supervisor and/or other work colleagues may interpret something. I would like to know more about their training and work experiences but unless they are willing to share these, it makes it difficult to gain insights and plan for developmental activities. I think that cultural differences come through in so many "everyday" ways such as language use (verbal & written), behaviour with colleagues vs clients vs managers & supervisors, appropriate sharing of self, professional representation, use of technology vs personal communications, style of conflict resolution and receiving and providing feedback.

This is such a critical and pervasive element to the success of a supervisory relationship for me as the hardest people I have supervised are those that don't talk about their difficulties, attitudes or perceptions. [REDACTED]

[REDACTED]

I think some more resources for supervisees to appreciate that the Australian supervisory context can involve more collaborative discussion, mutual problem solving and verbal negotiation could be useful. Some self-awareness or self-appraisal tools to determine if cultural differences or language processing needs are contributing to poor supervisory relationships.

Supervisors may lack accurate knowledge of the Australian Health care system too so if there could be an online module to work through together and to do some homework tasks from, that might benefit everyone! While we might be experts in our field, it is challenging to keep abreast of all sectors and then also translate that from another cultures perspective that we have even less knowledge of.

Supervisor concerns

Being new to the supervised practice audit process and having a couple of significant challenges in how implementation was going, I found that there was not enough support for supervisors. [REDACTED]

[REDACTED]

[REDACTED]

My suggestions are to have a range of options for support where concerns may exist so that the supervisor isn't left feeling like the decision is all theirs and therefore the supervisee may come to feel like you are not there to support them but to deny them. Where concerns exist, I suggest the following examples as a tiered arrangement of choices to supervisors to handle the situation.

Eg. A mentoring or discussion option to first clarify what the concerns are and gain some support in remediating them.

Eg. A formal notification of concern and request for extension while an interim plan is enacted.

Eg. A representative or third party (description for who would be appropriate here is needed) is part of the feedback session to the supervisee and reviews all documentation including performance records to give a second opinion on the supervisee's performance and recommendations for a modified supervision plan.

Please note these eg's only apply where a supervisee is not placing the public at risk, is complying with codes of ethics and conduct and is for the most part continuing to pursue a supervised practice audit process. In these examples there are clear breaches that cannot be tolerated.

Relationship issues

It is my interpretation that most supervisees are very grateful for the opportunity to demonstrate their competence and learn how to practice within an Australian workplace. I am also aware that there are a number of challenges in being offered a job when this is a requirement so when they do have a job, and when the perception is that the future of their career rests on this "supervised practice audit", in the face of difficulties the supervisee response can be on the spectrum of 1. determination to do anything that will help, or alternatively 2. withdraw from the supervisor in fear of failure.

I am wondering if there are any support options for supervisees that will assist them to manage their emotional reactions or identify if they are interfering with supervisee-supervisor relationships. The process does seem to be a bit one-sided if the supervisee doesn't have a good relationship with their supervisor.

Assessment and reporting requirements Page 12

While I like the use of the Australian competency Standards for occupational therapists 2010 in this context, I have to say that I found the PRACSOT a bit unwieldy in the Queensland process. This is because when you have devoted so much time and attention to personalising a supervision practice plan for the supervisee for their role, context and learning needs, to then jump across to another framework to measure performance was too tricky for my brain. I think that you choose one or the other.

I used the personalised supervision practice plan as my basis for supervision, feedback and reporting and while this is good, it did have limitations. One of them being the highly individualised nature of it and the fact that it was written so early in the piece that true needs were not always apparent. The strength is that it more clearly outlines what practice tasks a person is engaged in and relates very practically to their work role (the one that managers have employed them to do).

I used the ACSOT 2010 summary page (the colourful 1 page overview with columns) as my double check at reporting time to just ensure that I have thought of everything as a supervisor. I also used it as a supervision tool to explain to the supervisee that if you look at your role (particularly as a new graduate therapist) these are the most important areas for you to focus on. (Things like student supervision will come in time.) It also showed that it wasn't just my opinion as to what the practice standards were. I referred to this while drafting the supervision practice plan so it was there but not explicitly so.

My suggestion to you is to somehow combine the PRACSOT tool with a reporting or planning tool that allows the unique role and context demands to be explained, similar to how the SPEF-R works perhaps. I would certainly support an emphasis on the CSOT 2010 rather than a totally personalised practice plan, as it even sounds like less work!

I am wondering though about education resources for supervisees and supervisors to gain a good understanding of this framework and its application. Another job for a to do list!

Thank you for considering my comments. I really value the opportunity to provide responses. I would be happy for you to publish a portion of my comments but de-identified thanks.

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