



Perceived effectiveness of allied health clinical supervision: a cross sectional survey

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Aim

To determine the effectiveness of clinical supervision (CS) for allied health (AH) professionals at a regional health service from a supervisee's perspective and investigate any differences across AH disciplines.

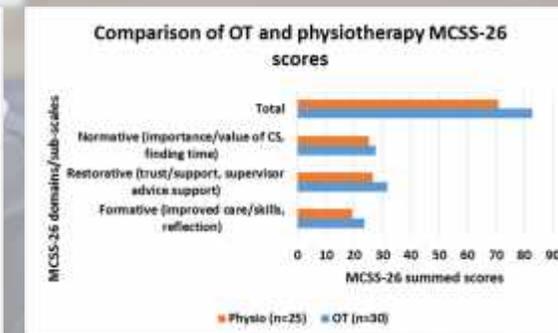
Method

As part of a larger participatory action research project, a quantitative cross-sectional survey, the MCSS-26¹, was used to collect data from AH staff as a baseline measure prior to the implementation of a common AH CS framework at the health service. The MCSS-26 developers' suggested threshold score for effective CS is 73. Differences between disciplines were analysed with independent-samples t-test (t) and one-way between groups ANOVA. One hundred and six participants responded to the survey (response rate 41%). Results for disciplines with less than 10 responses were aggregated. The action research reference group informed analysis of the data.

Results

The total mean and standard deviation for MCSS-26 scores across AH was 78.5 +/- 13.9, above the recommended threshold score for effective CS. There were statistically significant differences between total scores for occupational therapy and physiotherapy (82.8 +/- 14.4 and 70.9 +/- 11.3, $p = 0.001$) and in the domains relating to reflection and learning (23.7 +/- 3.8 and 19.2 +/- 4.0, $p = 0.001$) and support (31.6 +/- 7.7 and 26.6 +/- 6.7, $p = 0.014$).

1. Winstanley J, White E. The MCSS-26: Revision of the Manchester Clinical Supervision Scale; Using the Rasch Measurement Model. *Journal of Nursing Measurement*. 2011;19(3):160-78 19p.



Significance of findings to allied health

- While CS was perceived to be effective for the AH professionals involved, differences across disciplines may be due to inconsistent use of CS guidelines, differing emphases in undergraduate training (e.g. reflective practice) and cultural differences between disciplines that effects the way the CS is practiced.
- Health services can support the effective delivery of CS through implementing structured frameworks including common understanding of roles and responsibilities, use of CS agreements and confidentiality within CS.
- Effective CS should be considered as part of the clinical governance process, however, it may not necessarily result in improved patient safety and quality of care.

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