



The Open Journal of Occupational Therapy

Volume 5
Issue 4 Fall 2017

Article 10

October 2017

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Melanie J. Roberts

Griffith University - Australia, melanie.roberts@griffith.edu.au

Deborah Fitzgerald

Gold Coast Hospital and Health Service and Griffith University - Australia,
deborah.fitzgerald@health.qld.gov.au

Matthew Molineux

Griffith University - Australia, m.molineux@griffith.edu.au

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Recommended Citation

Roberts, M. J., Fitzgerald, D., & Molineux, M. (2017). Educating Occupational Therapists in the Use of Theory and Evidence to Enhance Supervision Practice. *The Open Journal of Occupational Therapy*, 5(4). <https://doi.org/10.15453/2168-6408.1356>

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Abstract

This paper describes the implementation of a unique learning experience aimed at enhancing the quality of supervision practice in occupational therapy at the Gold Coast Hospital and Health Service. The package was designed by experienced occupational therapy educators based on adult, blended, and flipped learning approaches with content developed following administration of a standardized tool and semi-structured interviews. The learning package focused particularly on the logistics of supervision and the use of occupational therapy theory and evidence with supervision. The training for supervising therapists included a workshop and pre and post workshop learning activities. This collaborative research approach to designing and implementing a learning package as well as the specific content of the ongoing education opportunities could also be transferred to other services.

Comments

Research ethics

The learning package discussed in this paper formed the educational intervention for a research project for which ethical approval was obtained from the Queensland Health Central Office Human Research Ethics Committee (reference HREC/14/QHC/008) and the Griffith University Human Research Ethics Committee (reference AHS/17/14/HREC).

Declaration of conflicting interest

The authors declare that there is no conflict of interest.

Keywords

organization and administration, occupational therapy, clinical supervision, education

Cover Page Footnote

The authors would like to acknowledge the Gold Coast Hospital and Health Service Private Practice Trust Fund, who provided a research grant to support completion of this project, and the generosity of the occupational therapists at the Gold Coast Hospital and Health Service as participants in the research and in the professional development package.

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DOI: 10.15453/2168-6408.1356

Supervision is “any activity where more experienced health professionals provide less experienced health professionals with opportunities that enable [them] to achieve learning, to receive support, and to improve the quality and safety of their practice” (Fitzpatrick, Smith, & Wilding, 2012, p. 462). Supervision is now a commonplace in the delivery of many occupational therapy services, as it serves multiple purposes: It is used to monitor service quality and safety (Brayman et al., 2009; Fitzpatrick et al., 2012), to develop the profession (Sweeney, Webley, & Treacher, 2001), to maintain a professional culture (Herkt & Hocking, 2010), and to provide support in the workforce (Hall & Bell, 2013; Queensland Health, 2011). Although supervision is widely promoted in the occupational therapy profession, a clear understanding of what takes place during supervision sessions, such as how theory and evidence are used, is still emerging (Fitzpatrick et al., 2012; Gaitskell & Morley, 2008).

Gold Coast Hospital and Health Service (GCHHS) is a large metropolitan health service that delivers public (i.e., free at the point of delivery) health care services to a population of over 527,000 people living on the Gold Coast, a rapidly growing area in south east Queensland, Australia. The occupational therapy service at GCHHS provides assessment and intervention across a range of clinical settings, including inpatient, outpatient, and community, for people of all ages with a range of health conditions. There are approximately 106 occupational therapists working in different roles and at different levels who provide services at two major

hospitals and across numerous community facilities.

Informal discussions among the GCHHS senior occupational therapists suggested that not all occupational therapists in the organization were confident in articulating and applying occupational therapy theory, models, and evidence during supervision. These discussions coincided with the beginning of a new occupational therapy program at Griffith University in Australia. The health-service based members of the project team initiated contact with the university to seek research expertise from an academic to implement a rigorous approach to the practical problem. As a result, the occupational therapy teams at the GCHHS and Griffith University established a practice-academic research collaboration. This led to the development of a research project (ethical approval Queensland Health reference HREC/14/QHC/008, Griffith University reference AHS/17/14/HREC) that aimed to understand (a) the experiences of occupational therapists receiving and providing supervision and (b) the use of occupational therapy theory and research in supervision. This paper focuses on one aspect of the research project: The research-driven approach to identifying staff development needs and the implementation of the learning package to address those needs.

This project was unique for a number of reasons. First, the project team was an equal partnership between the GCHHS and the university, driven primarily by practice-based team members, but with recognition of the contributions of all in addressing the practice-based issue. It was, therefore, an example of scholarship of practice (Taylor, Fisher, &

Kielhofner, 2005). Second, the project team was committed to following a research-driven approach in identifying the educational needs of the occupational therapists. Third, the project team sought to demonstrate the implementation of a pedagogically sound approach to the educational experience, with a range of different learning activities. This paper documents how the team implemented the final two features of the project.

Using Research to Plan Education

To explore supervision practices in a rigorous way, the authors used research methods to develop an understanding of the situation. First, the authors administered the Manchester Clinical Supervision Scale© 26-item version (MCSS-26©; Winstanley & White, 2011), an internationally used quantitative measure of supervisees' perceptions of supervision effectiveness and satisfaction. Thirty-one occupational therapists completed the survey. In addition, the authors conducted qualitative interviews with occupational therapists who were unmatched supervisors (n = 5) and supervisees (n = 7) about their supervision experiences. The interviews ranged from 45-60 min and were conducted by the authors, all of whom were in positions distant from the participants to allow an open and honest sharing of experiences.

The results from the MCSS-26© (Winstanley & White, 2011) suggested that supervisees generally had positive attitudes toward supervision, were committed to the process, considered it to be an important part of their work, believed it impacted positively on their professional practice, and thought that their supervisor helped them to broaden their knowledge base. The results also suggested that

the occupational therapists who participated did not differ greatly from allied health staff in general, based on benchmarking data, in terms of their evaluations of the effectiveness of, and satisfaction with, the supervision received (Winstanley & White, 2011). This likely reflected the well-accepted nature of supervision in the organization, as well as higher level policy and guidelines (Queensland Health, 2011).

The qualitative semi-structured interviews with the five supervisors and seven supervisees allowed for a deeper exploration of the content and processes of supervision. Full details of recruitment, the interview schedule, and analysis are available from the authors. The results of the thematic analysis conducted by the research team, first independently and then collectively, highlighted some challenges for the participants. These included supervisors needing to balance the dual roles of line manager (e.g., being responsible for performance and dealing with operational issues, such as contract extensions) and supervisor (e.g., being responsible for professional support and learning). Some of the participants reported that the dual roles hindered the development of an effective relationship, as supervisees were less inclined to be open and honest about their practice when supervision was provided by their line manager. This issue was also highlighted when both parties had a conflicting understanding of the purposes of supervision; for example, the importance of supervision as an opportunity for reflective practice versus as a means for learning specific technical skills.

A second issue that arose was that occupational therapy theory and evidence were not explicitly used in supervision, as there was an

assumption that this knowledge had become tacit. This led to a greater focus on professional experiences rather than on theory and evidence as the basis of critical analysis of practice. Non-occupational therapy theory and evidence, such as clinical guidelines, were used more frequently, as non-occupational therapy theories were perceived as having higher value in a health context dominated by a biomedical perspective. Finally, the supervisors reported that in order to deliver quality supervision, they required further education about reflection, professional reasoning, and the integration of theory and evidence into supervision. They felt they had insufficient time to prepare for and reflect on their own supervision approach and only rarely received supervision of their own supervisory practices.

Designing the Learning Package

Continuing education is the means by which occupational therapists maintain and broaden their knowledge, expertise, and skills to develop the personal and professional qualities needed for competent practice (Hall & Bell, 2013). In Australia, like many countries, occupational therapists are registered and are required to meet minimum continuing education requirements. Participation in supervision, critical reflection on practice, and the use of evidence-

based approaches to practice are recognized as important aspects of continuing education (National Board for Certification in Occupational Therapy, 2016; Occupational Therapy Board of Australia, 2012), all of which were included in this project.

Table 1 outlines the structure and content of The Enhancing Supervision in Occupational Therapy learning package. The learning package was designed in accordance with adult learning principles, including recognizing the need for autonomy and self-direction, valuing prior experience, and developing learning opportunities that are relevant to professional goals and needs (Knowles, 1980; Merriam, 2001). The package included both online and face-to-face activities, an approach to learning described in the literature as blended learning (Pizzi, 2014). Blended learning involves a range of active learning experiences that can occur individually or in small or larger groups, such as with face-to-face or online discussions, videos, podcasts, and other audiovisual activities. These learning activities are designed to facilitate both individual reflections and interactions between learners, between instructors and learners, and between learners and the wider community (Pizzi, 2014).

Table 1
The Enhancing Supervision in Occupational Therapy Learning Package

Preparatory Work
<i>Supervision logistics</i> 13 min video (optional) 10 min reflective worksheet (mandatory) <ul style="list-style-type: none"> • Definition and functions of supervision • Contrast operational versus professional supervision • Supervisory alliance • Taking a reflective approach

<p><i>Reflection</i></p> <p>23 min video</p> <p>10-15 min reflective worksheet</p> <ul style="list-style-type: none"> • What is reflection? • Why reflect? • Frameworks to guide reflection • Place of theory in reflection
<p>Group Education</p>
<p>2 hr, face-to-face session</p> <p>Research outcomes</p> <ul style="list-style-type: none"> • Research approach • Preliminary findings: what, why, how? <p>Models of practice</p> <ul style="list-style-type: none"> • Concepts common to occupational therapy models of practice: person, environment, occupation • Comparison of three models based on common concepts <p>Professional reasoning in occupational therapy</p> <ul style="list-style-type: none"> • What is clinical reasoning? • Theories of reasoning • Why reason?
<p>Follow Up</p>
<p><i>Facilitating clinical reasoning</i></p> <ul style="list-style-type: none"> • 22 min section of video or 60 min for entire video • 10 min of reflective worksheets

Implementing the Learning Package

An invitation was sent to all occupational therapists in the organization 3 weeks in advance of the face-to-face session with details of the preparatory work. In the package, self-directed and reusable learning activities were developed for completion prior to the face-to-face workshop and included a video and associated worksheet outlining the administrative and process aspects of supervision, using the definition provided earlier by Fitzpatrick et al. (2012). It also explored the three functions of supervision drawing on the work of Kadushin and Harkness (2002) and Proctor (1986) and integrated by the Health Education and Training Institute (2012) as follows:

- Formative (educative) - involving the educational development of professionals

through developing knowledge, skills and reasoning, translating theory into practice, and reflecting on practice;

- Restorative (supportive) - maintaining working relationships with a focus on support, maintaining morale and job satisfaction, and dealing with stress;
- Normative (administrative) - maintaining high quality and ethical standards in clinical practice, clarifying roles and responsibilities, and managing workload and organization.

Information exploring the importance of the supervisory alliance in laying the foundation for a quality supervision relationship and tips for promoting a positive supervision relationship were discussed. The final concept explored the use of

reflection as a means to prepare for, adjust participation in, and critically analyze supervision. Therefore, a second video explored the use of reflection during supervision sessions in more detail by outlining a definition of reflection: “those processes in which [people] engage to recapture, notice and re-evaluate their experience” (Boud, Cohen, & Walker, 1993, p. 9). In addition, reasons for supporting the use of reflection in supervision were provided: as a means for continuing professional development, to promote service and practice development, and in the provision of education to students and colleagues. Three frameworks for reflection were presented to allow for individual choice and varying levels of familiarity with reflection. These were the Gibbs Reflective Cycle (Gibbs, 1988), Strands of Reflection (Fish, 1991), and the Framework for Reflective Practice (Rolfe, Freshwater, & Jasper, 2001). Each model was discussed with explicit consideration of how occupational therapy theory and evidence could be included.

Forty-eight occupational therapists from a range of practice areas participated in the face-to-face session, including both supervisors and supervisees. This group education session was facilitated twice on the same day, in early and mid-morning sessions, to maximize attendance during working hours. The sessions were linked across two sites by video conference, with a facilitator at each site.

The first section of the face-to-face session provided an opportunity to present and discuss the findings from the MCSS-26© and the semi-structured interviews. The occupational therapists had the opportunity to make a comment on the accuracy of, and reasons for, the findings in

relation to the occasional use of reflection, reasoning, and models. Furthermore, they discussed the potential impact of these findings on practice. The information was discussed across the two video-conference sites so that the participants could gain a wider perspective or see differences in opinions. The second section of the workshop presented a brief overview of the concepts that unite occupational therapy practice models, followed by the contrast of three models in terms of their view of the person, environment, and occupation. Finally, professional reasoning was briefly explored, in particular Mattingly and Fleming’s (1994) three track and narrative reasoning, as well as ethical and pragmatic reasoning (Schell & Schell, 2008).

The follow-up learning activity asked the participants to watch a video that outlined approaches to facilitating the development of professional reasoning, including strategies for use in practice, such as creating a shared language, using a model of practice, and engaging in reflection. The preparatory, workshop, and follow-up activities included individual reflective worksheets to support further thinking about the concepts presented. Approximately 4 hr of supervision learning activities were offered in the package. Learning opportunities at individual, group, and department levels were used, as it has been suggested that interventions for behavioral change are most effective when they are enacted at several levels simultaneously (Michie & West, 2013).

Summary

A small-scale scholarship of practice project by a practice-academic research partnership was conducted in a metropolitan

health service in Queensland, Australia, that explored the experiences of supervision from the perspectives of supervisors and supervisees. The Enhancing Supervision in Occupational Therapy Learning Package was developed using a research approach and designed using educational theory to meet occupational therapists' need for further education about, and time to reflect on, their supervision practice. The learning package was one approach to support supervision practice, focusing on the use of occupational therapy theory and evidence. It was not the intention to evaluate the learning package formally, but that would certainly be a useful next step. What became clear during the project, however, was the complexity of changing practice. While this educational package was developed and delivered using adult learning principles, some occupational therapists may need further support to implement changes in their supervision practice. A next step may be to consider this work as a knowledge translation process requiring diverse and carefully targeted strategies (Jones, Roop, Pohar, Albrecht, & Scott, 2015).

At this stage, it is too early to comment on the long-term impact of this work. There is, however, anecdotal evidence that participating in the broader research project and using the educational package highlighted in this paper have resulted in more explicit discussion about supervision processes and policies. Changes have been made to policy to ensure, wherever possible, that supervision is provided by someone other than the individual's line manager. Preliminary analysis of the final phase of interviews in the research project also suggests that occupational therapy theory and evidence is, for some

therapists, given more attention in supervision practice.

The focus of this paper is the educational package used in the broader research project, and in that regard there are five key learning points that could be transferred to other contexts. First, a research-based approach to identify continuing education needs could be adopted by others to model evidence-based practice and to build the evidence on continuing education needs of occupational therapists. Second, forming the research collaboration is an example of a scholarship of practice, which has linked practice to theory through an alliance between practitioners and academics. Third, grounding the educational package in adult learning theory is an example of theory-driven practice that others could implement. Fourth, the blended learning approach, while common in higher education, seems to be applicable in a practice setting. This approach provides more flexibility than traditional in-service type presentations, and it also allows more focused use of face-to-face time. Furthermore, the production of reusable video and written resources enable revision or use in other contexts. Finally, although the topics were identified in a specific occupational therapy service, they are likely to be applicable in other occupational therapy services and other allied health professions. For example, the use of theory, research and evidence, reflective practice, and professional reasoning are all topics that many professions would use in their practice.

Melanie Roberts, Senior Lecturer, Discipline of Occupational Therapy, School of Allied Health Sciences, Griffith University, Australia. Previously employed as Clinical Education Support Officer, Occupational Therapy Department, Gold Coast Hospital and Health Service, Australia.

Deborah Fitzgerald, *Clinical Education Support Officer, Occupational Therapy Department, Gold Coast Hospital and Health Service, Australia.*

Matthew Molineux, *Professor and Head, Discipline of Occupational Therapy, School of Allied Health Sciences, Griffith University, Australia.*

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