RWAV
RURAL WORKFORCE AGENCY VICTORIA

JCU

MURTUPUNI CENTRE FOR RURAL & REMOTE HEALTH
CRRH

# Increasing Access to Allied Health Clinical Supervision in Rural Settings Through Regional Training Models

Gabriela Gauthier, Kerina Princi, Catherine Mitton

## Background:

In the absence of access to clinical supervision, rural health professionals may feel isolated and unsupported, which may negatively impact patient care, staff retention, and practitioner wellbeing. Effective supervision relies on supervisors who possess the unique skill set to support peers and early career clinicians to enable reflective practice at the point of care. The allied health sector has identified limited access to face-to-face supervision training to cultivate these unique skills to be a barrier for rural clinicians.

## Aim:

The project sought to increase access for rural and regional allied health professionals to competently trained clinical supervisors to support enhanced care delivery to their communities.

## Activities:

A nationally recognised, multidisciplinary and rural-focused clinical supervision training course was delivered in regional Victoria for a cohort of rural and regional allied health professionals. Training was delivered face-to-face to participants and tested a model for encouraging clinical training to be offered in rural settings. The training cohort was engaged via a broad promotional strategy, not limited by setting or location. 19 rural health professionals expressed interest in the training, 30% of which worked in settings which precluded them from receiving financial support to participate. The cohort of five practitioners that completed the training was multidisciplinary, including professionals from counselling, podiatry, speech pathology and social work. Two of the participants were sole practitioners, while three worked in team settings.

## Methods:

A comprehensive monitoring and evaluation framework has been implemented, gathering data through surveys and stakeholder feedback to assess event accessibility, scalability and impact on care delivery and professional confidence.

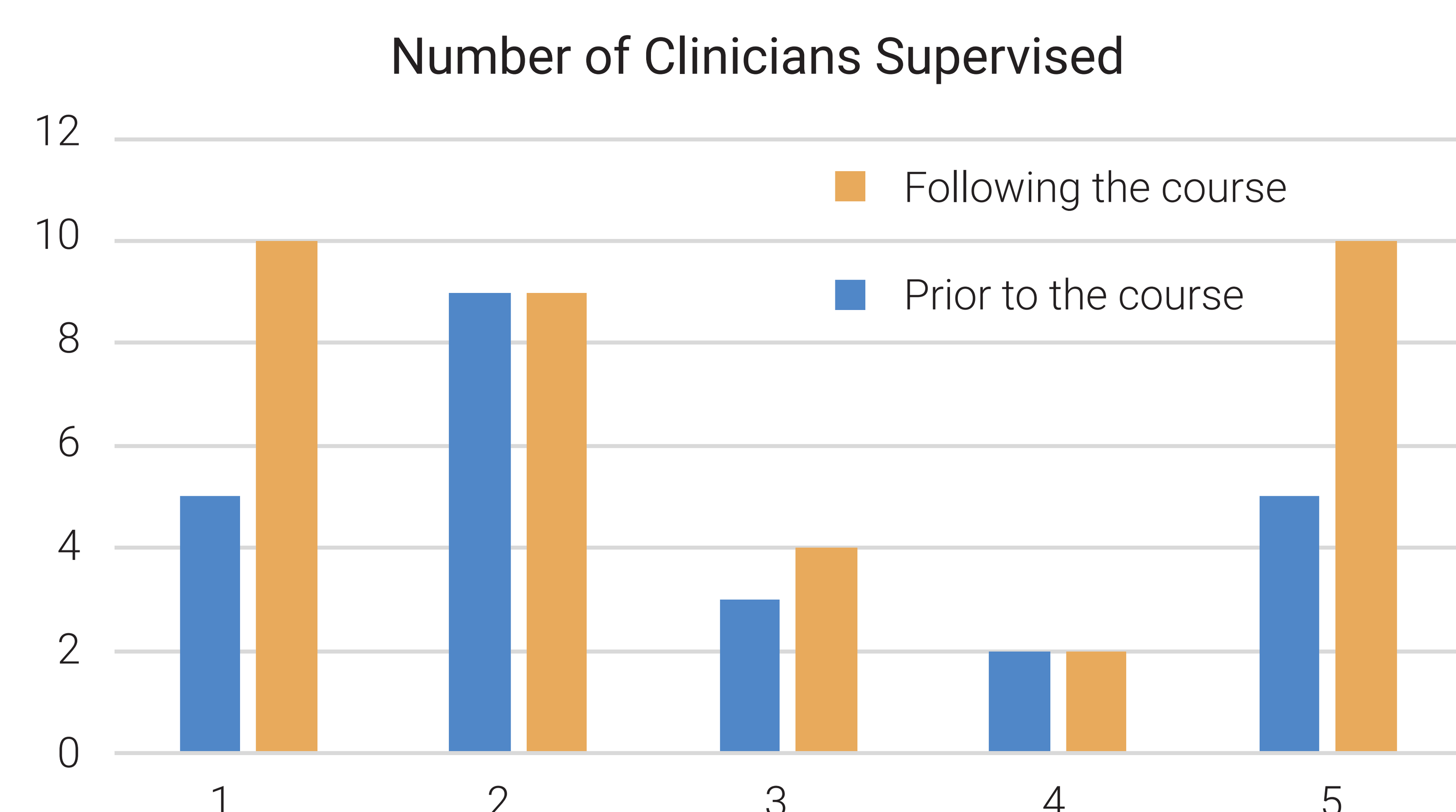
## Limitations:

The sample size of the project was small. All participants that completed the training provided feedback under the monitoring and evaluation framework. Data was not collected from those who did not complete the course.

## Learnings:

### *Enhancing Clinical Supervision*

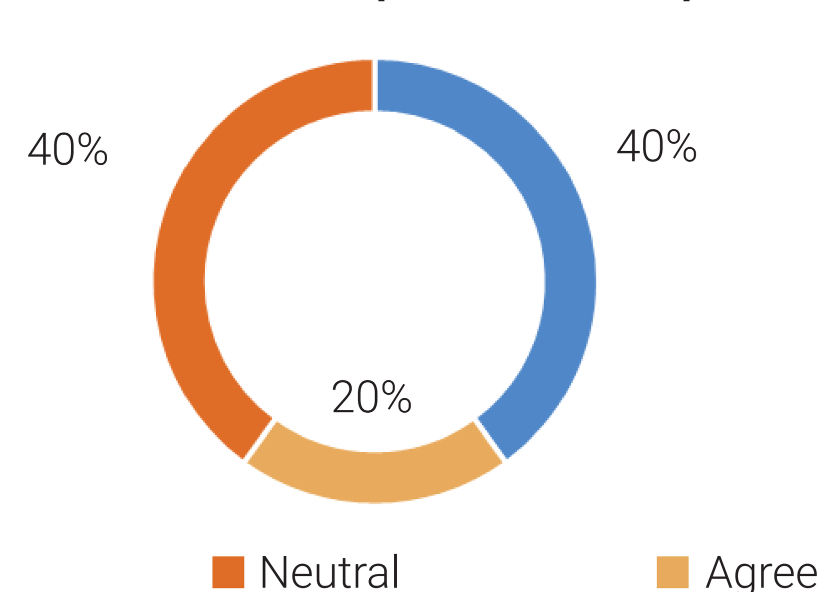
- The experience of undertaking the training was highly regarded by all participants, garnering a rating of 5 out of 5 stars, noting the course content was 'excellent' and the multidisciplinary aspect of the training was 'invaluable'.
- Three of five respondents had not undertaken any prior training related to providing clinical supervision. All participants that had previously completed training in this area, noted an increase in their confidence in providing clinical supervision following completion of the course.
- All participants provided some form of sporadic or regular supervision in a clinical setting prior to undertaking the training. Three participants reported an increase in the number of supervisees they supervised following the training (an average increase of 77.7%), while the other two offered clinical supervision at the same rate. Causality between the increase in the number of supervisees and the course delivery could not be concluded based on the data collected.



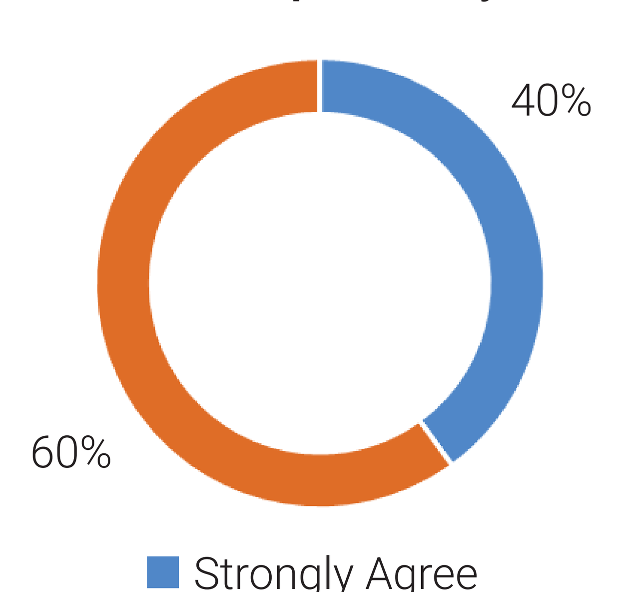

### *Accessible Rural Clinical Training*

- Despite the training being held in a regional hub of Shepparton, it was still some distance from the participants' primary work location, with estimated average travel time of 150 minutes (estimated travel times ranged from under 1 hour to up to 4 hours). Despite the travel times, no respondent noted dissatisfaction with either the time or difficulty of attending the in-person portion of the training. Two respondents strongly agreed that travelling to the in-person workshop was easy, and three out of five respondents agreed or strongly agreed that they were satisfied with the time it took to travel to the in-person workshop.

**I was satisfied with the time it took to travel to the in-person workshop**




**Travelling to the in-person workshop was easy**




Neutral  Agree  Strongly Agree

- To support financial accessibility, eligible participants were supported through existing financial support programs, and any ineligible participants were offered a discount on course fees to limit out of pocket expenses. All participants strongly agreed completing the training was affordable.
- All participants agreed or strongly agreed that overnight accommodation was accessible for the 2-day in person course workshop and all participants agreed or strongly agreed that the administrative burden of taking on the course was acceptable.
- While accessibility to the training from those who completed the training was reportedly strong, 44% of originally registered participants withdrew for reasons ranging from illness to personal circumstances, to competing professional demands. This challenged the viability of in-person delivery and for future regional training delivery. Long lead times between expression of interest in the program and training delivery may have contributed to the high attrition rate, as participants were not able to accurately plan availability in advance and funding sources did not offer agility for late registrants.

## Recommendations:

To create additional accessibility to in-person and virtual supervisory skills training for rural and remote allied health practitioners, further development of the collaborative model should be explored. To focus delivery on a larger cohort of clinicians local to the training, a collaborative approach between RWAV, training providers, and local health services typically ineligible for professional development funding such as clinicians employed at public hospitals could be explored. Further consideration can be given to adapting promotional and administrative processes to reduce lead times, or virtual content delivery, which may also reduce participant attrition.

## Conclusion:

The training was delivered in a regional location to a multidisciplinary cohort of regional and rural allied health professionals. The model supported enhanced confidence in delivering clinical supervision for the participants, and some participants reported an increase in the number of clinicians they provided with clinical supervision in rural and regional settings.Opportunities to further develop the model should be pursued.

## For More Information:

**RWAV Allied Health**
**alliedhealth@rwav.com.au**

**Murtupuni Centre for Rural and Remote Health**
**Full Supervisor Training for New Supervisors**

*https://www.crrh.jcu.edu.au/health-professionals/psychology-and-allied-health-supervisor-training/full-supervisor-training-for-new-supervisors/*