Telesupervision: Overcoming barriers in technology to optimize supervision practices

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Telesupervision

• Refers to supervision provided/received via technology
• Includes telephone, videoconference, Skype, email, chat etc.
• Telesupervision is also referred to as cybersupervision, online supervision and e-supervision (Nagel, Goss & Anthony, 2009).
Background

• Health professionals in rural and remote areas face numerous barriers in accessing CPD including supervision
  (Martin & Kumar, 2013)

• The diversity paradox: Countries such as Australia, while vast geographically, have a relatively small and dispersed population, therefore many staff don’t have colleagues in proximity to provide support
  (Spence et al., 2001)

• Many studies have highlighted lack of supervision opportunities in rural and remote Australia
  (Central Queensland Therapist Task Force, 1991; Spence et al., 2001; Martin et al.)

• Using technology to connect is one option

• Although technology and equipment are available for supervision, their use remains minimal
  (Kavanagh et al., 2003)

• Evidence gaps: Models and parameters of telesupervision

• Those who use technology for supervision are often unsure of how best to use it
The age-old question!

Supervision study of Occupational Therapists in Queensland
(Martin et al., in press)
Functions of telesupervision
(Nagel, Goss & Anthony, 2009; Wetchler et al., 2007)

- Reduce isolation of rural/remote staff
- Increase access to suitable supervisors
- Access to multidisciplinary/expert personnel
- Avoid dual relationships in small teams
Supervision via videoconference

- After telephone, videoconference is the most common telesupervision method
- Best substitute for face-to-face sessions when visual and paralinguistic cues are considered necessary
- A Norwegian study of health professionals demonstrated positive attitudes towards supervision via V/C (Hanssen, Wangberg & Gammon, 2007)

Supervision via telephone

- Most common telesupervision method
- Frequently used, rarely discussed (Manosevitz, 2006)
- Unable to monitor facial expressions and body language
- Increased listening skills to compensate for lack of visual cues
- Tone of voice, silence etc. require more attention
Supervision via telephone

Critical factors to consider:
• A confidential and private space
• Interruptions/distractions need to be minimized
• Landline phone preferable to mobile phones
• Scheduling phone calls allow for forethought and planning rather than unplanned phone meetings
• Being caught *off-guard* may change a person’s tone of voice

Considerations for telesupervision
(Nagel, Goss & Anthony, 2009)

1. Review current standards
   • Review standards, policies, procedures, guidelines etc. regarding use of technology in supervision – organisational, professional etc.

2. Contracting/informed consent
   • Discuss the best technology that will meet needs, issues of confidentiality, course of action when technology breaks down, record-keeping, boundaries regarding availability outside sessions etc.
3. Ethical/legal concerns
- Practicing within the scope of practice
- Cost-effectiveness of the use of technology needs to be considered

4. Encryption/confidentiality
- Information about clients needs to remain confidential
- Confidential transmission of information (fax vs. email)
- Check code of ethics, policies etc.

5. Transference/counter-transference
- Use of technology may magnify these issues
- Be aware of these issues and address them as necessary

6. Suitability of the supervisor
- Needs to be technically competent
- Undertaken training in supervision and if possible telesupervision
Best practice for telesupervision
(Miller et al., 2003)

1. Facilitatory style of supervision
2. Supervisor sensitivity towards supervisee competencies
3. Appropriate selection of technology
4. Consider learning styles, cultural and individual factors
5. Teaching/supervisory style of the supervisor
6. Regular evaluations
7. Interaction b/n supervisee and supervisor
8. Supervisor’s understanding of the regulatory requirements
9. Compliance with the institution’s ongoing self-evaluation and accreditation processes
Findings from the qualitative supervision study
(Martin et al. in press)

- 6 out of 9 supervisees interviewed received supervision via telephone
- Overall consensus that augmenting telephone supervision with face-to-face contact is helpful

What the participants said..

- Supervisees that knew the supervisor from before entering the supervision partnership reported that as a key factor in the success of the telesupervision partnership
- Supervisory relationship is very important in telephone supervision
- Supervisee needs to be a lot more effective in communicating
What the participants said..

• There are more chances for miscommunication on the telephone
• Difficult to do hands-on practise, learn about skills etc
• Not being able to see someone makes it difficult to build rapport
• Issue of the pregnant pause/awkward silence

Conclusions

• Despite some limitations, telesupervision has many advantages
• More primary research is warranted to build the evidence in this area
• “….. it (telephone supervision) is not the best way to do it but it is the easiest way I suppose…” (participant quote)
References


• Martin, P., & Kumar, S. (2013). Making the most of what you have: challenges and opportunities from funding restrictions on health practitioners’ professional development. *Internet Journal of Allied Health Sciences and Practice*, 11(4).


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