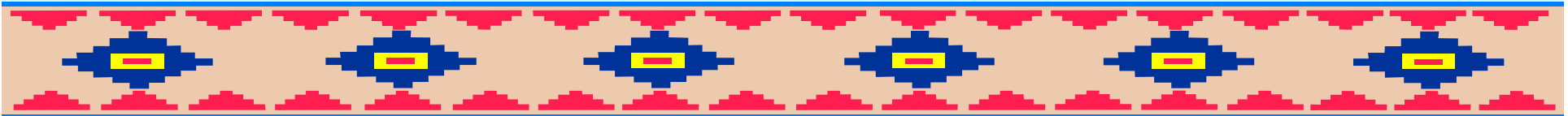




Clinical Governance and Supervision

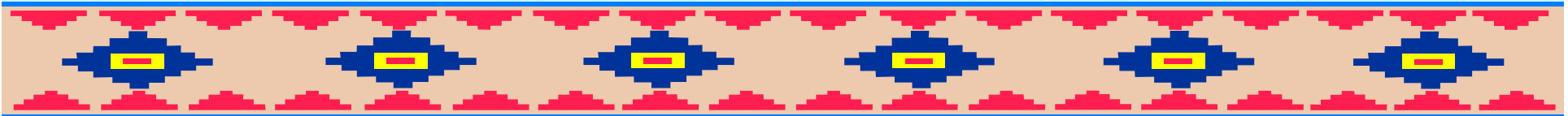
VHA Discussion Orbost Small Rural Health





Clinical governance:

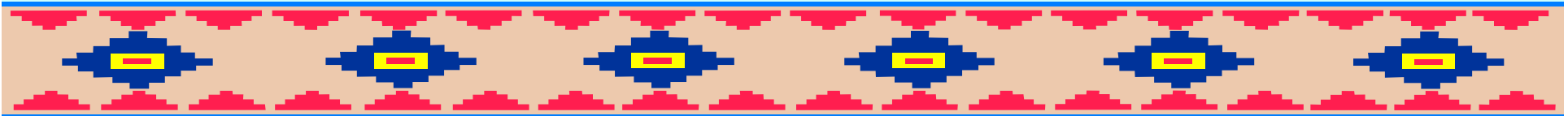
- Focus on ensuring appropriate qualified practice, maintaining practice and mitigating risk related to professional practice.
- Regular supervision focuses on staff experience of and reactions to events in the workplace in the application of skills so that staff are more open to review and change in behavior.





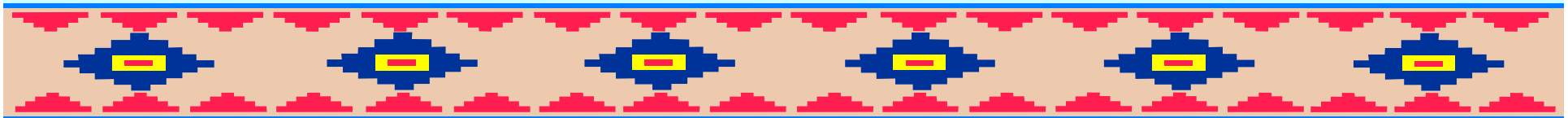
Supervision

- Supervision is about regular planned and structured monitoring of skills for accreditation in order to practice.
- One to one and peer supervision is good but in rural promote both to ensure regular contact



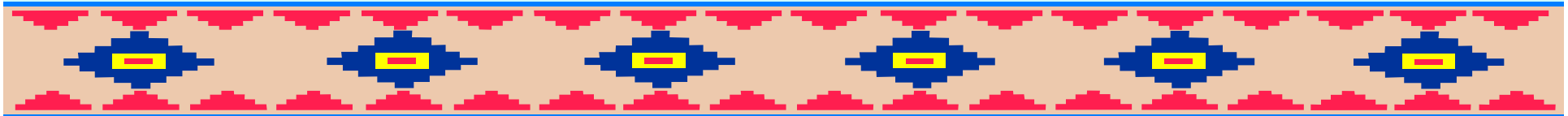
Supervision

- How skill application is achieved in the workplace that will lead to better and more effective operations.
- Not to be confused with ‘Counseling’ which is often part of a disciplinary process, and This is about managing guilt, anger and shame at being regarded as not good enough and hopefully move forward productively.
- Regular, required supervision will demonstrate care and interest in role and assist in achieving the kind of workplace dynamics that assist good staff relationships and therefore good clinical governance.





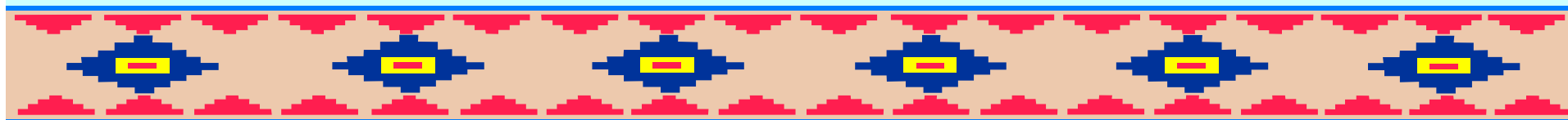
RISK Framework Clinical Governance and Supervision



RISK Framework

Clinical Governance and Supervision

Issue	Risk	Recommended Action	Outcome
<p>Rural areas where sole practitioners operate.</p>	<p>Risk of burn out and isolation from peers or potential loss of up to date knowledge of best practice.</p> <p>Retention of staff over sustained periods of time.</p> <p>Operating in a rural area, associated isolation, and paradoxical lack of anonymity.</p>	<p>Monthly supervision and quarterly peer contact.</p> <p>DHS 'Region of Choice' Allied health support strategy</p>	<p>Feeling supported in the role and able to operate in a professional context with part of a multidisciplinary team in a rural community.</p> <p>Staff are comfortably embedded in the community and contributing at community level.</p>
<p>Staff in complex, ongoing management or patient/client care roles.</p>	<p>Risk of burying mistakes for fear of being seen as inadequate.</p> <p>Lack of empathy for clients through overwork.</p>	<p>Regular monthly process of open review of skill application with peer or peers.</p> <p>Monitor reactions to application of skills in the organizational context</p>	<p>Staff will regulate their work to ensure proper procedure.</p> <p>Staff will have relevant input into appropriate continuum of care systems.</p>
<p>High level tasks occur and mistakes can have serious financial risk or risk to reputation consequences</p>	<p>Quality and effective practices can be compromised with out clear peer leader trusted by staff and management .</p>	<p>Ensure staff have regular practice review with a competent trusted peer by staff and management.</p>	<p>Ensuring openness to adopting new and safer practices,</p>





Suggestions

- In all cases may have an evaluation of the program or a client satisfaction survey as a cross check.
- Regulating the workload – this means the collection and analysis of workforce and client load data/stats maybe for staff's own benefit.

