

# Foundations of delegation

## Topic 4

### Critical success factors for delegation – Part 1

In Partnership:



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#### WELCOME SLIDE

(1 of 5; 5-10 minutes)

#### FACILITATOR NOTE

If this topic is being presented in the same session/following on from Topic 3 Delegation and the healthcare team, then this slide may be skipped.

Otherwise facilitators to personalise for local area – this might include providing a local background on the history of allied health assistants in the health service.

# Acknowledgement of Country

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## **WELCOME SLIDE**

**(2 of 5; 5-10 minutes)**

### **ACTION**

Facilitators to personalise for local area for example: Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past, present and future.

# Workshop outline

Schedule	Topic 4 Content
5-10 minutes	Welcome and introductions
10 minutes	Managing quality and safety
20 minutes	Role clarity
15 minutes	Communication and collaboration mechanisms
10 minutes	Integration processes for delegation
5 minutes	Knowledge check questions

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## WELCOME SLIDE

(3 of 5; 5-10 minutes)

### ACTION

Welcome everyone to today's *Foundations of delegation* workshop (may be skipped if topic is being presented in the same session/following on)

- Introductions among participants
- Housekeeping notifications – tailor to suit local requirements (Consider: amenities, breaks etc)

# Using the slides

**Welcome to the workshop**

Schedule	Content
10 minutes	Welcome and introductions
40 minutes	Topic 1: What is delegation Core concepts of delegation
5 minutes	Break
10 minutes	Topic 1: Core concepts of delegation
10 minutes	Break
20 minutes	Topic 1: The value of delegation Knowledge check

**What is delegation?**

The primary motivation for delegation of a task is to serve the interests of the client.

Effective, safe delegation that produces quality client outcomes, requires allied health professionals and allied health assistants to understand the foundations of delegation.

**Learning outcomes**

By the end of this topic, you will be able to:

- Apply core concepts of delegation, including scope, roles, responsibilities, and accountabilities of those involved in delegation.
- Describe the value of delegation.

Administration

Learning content

Learning activities

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**WELCOME SLIDE**  
(4 of 5; 5-10 minutes)

## FACILITATOR NOTE:

A note on the colour of the slides

- blue: administration
- red: learning content
- green: learning activities

## ACTION

If this topic is being presented in the same session/following on from Topic 3, then this slide can be skipped.

## Learning outcomes

By the end of this topic, you will be able to:

- describe how to operationalise the common risk management strategies to promote safe and effective delegation in practice.
- identify how the critical success factors can be applied in a range of scenarios.

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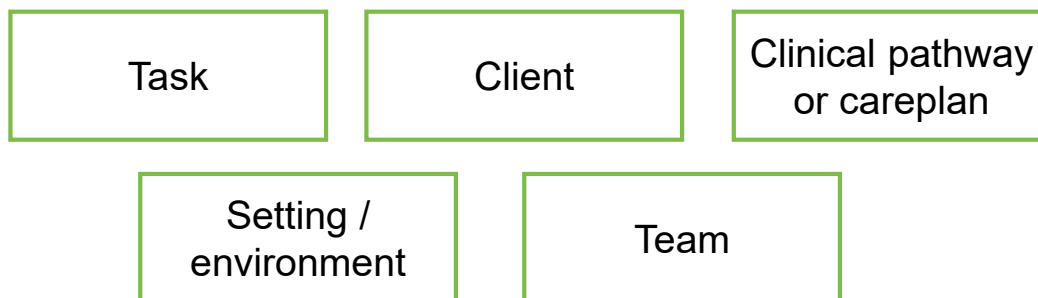
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**WELCOME SLIDE**  
**(5 of 5; 5-10 minutes)**

**ACTION**  
Content as per slide

## Managing quality and safety

### Risk management strategies



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### MANAGING QUALITY AND SAFETY

(1 of 1; 10 minutes)

#### SCRIPT

In Topic 3, 'Delegation and the healthcare team', you worked through the process used by teams to identify and assess the risks for high frequency, routine clinical and health related tasks. A team may decide that the identified risks associated with a task can be adequately managed to enable delegation, and that investing time to embed the task in the local delegation model is beneficial for the clients and the service. Risk management strategies identified in the task assessment process should be operationalised to support safe and effective delegation practice. Let's consider some frequently used risk management strategies that can be used in a local delegation model.

#### ACTION

Ask the question 'Can anyone recall the five factors that are repeatedly considered in delegation?'

ANSWER: Task, Client, Careplan/pathway, Setting and Team

- Click to reveal the five factors on screen.
- Divide the group into pairs or small groups (adjust for local need). Ask each group to brainstorm an example of a risk control strategy that could apply for each of the five factors. These can be recorded in the participant workbook – page 19.
- To support the discussion for this activity, you might like to refer to the Delegation framework – allied health: Section 2: Processes that operationally support delegation practice, and Appendix 2 and

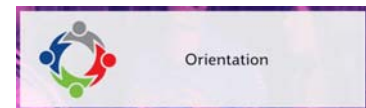
3: [https://www.health.qld.gov.au/data/assets/pdf file/0017/1170503/Delegation-Framework.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0017/1170503/Delegation-Framework.pdf)

# Critical success factors – Role clarity

**Role descriptions**

**Governance, reporting and responsibilities**

**Orientation and onboarding**



Video URL: [Topic 4: Orientation \(vimeo.com\)](https://vimeo.com/Topic 4: Orientation)

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## CRITICAL SUCCESS FACTORS-ROLE CLARITY (1 of 5; 20 minutes)

### ACTION

Ask the group: What resources or processes need to be considered to ensure role clarity contributes to success?

Click to reveal the three elements

### DISCUSS - by asking the group for the purpose of:

#### Role descriptions:

A role description summarises key information such as the purpose, accountabilities, and essential requirements of the role, in addition to the responsibilities associated with training of delegated tasks (e.g., who is delivering/receiving training, providing supervision and assessing competence). It also contains information on operational and professional reporting lines.

#### Governance, reporting and responsibilities:

Allied health assistants may work in a team with a single allied health profession and

undertake tasks related solely to the scope and clinical functions of that profession. These allied health assistants may have titles such as 'audiology assistant' and 'social work assistant'. In contrast, some assistants are based in a multi-professional teams, and undertake tasks delegated by a range of professions. These allied health assistants may have titles such as 'rehabilitation assistant' and 'mental health allied health assistant'.

**Orientation and onboarding:**

Orientation is an important element for the successful integration of a new team member (allied health assistant, allied health professional and manager) and is a useful support for delegation as it introduces the:

- Role, function, and duties of each team member, including the allied health assistant, in the local service setting.
- Processes that support safe and effective delegation in the service
- Supervision, training, and development for team members

**FACILITATOR NOTE**

- You may also like to watch a video 'Orientation' where staff share their experiences with orientation to delegation in the local service.
- This video is considered optional viewing. Depending on time, you may decide to refer participants to the online training package should they wish to hear stories from Queensland health services.
- You may also consider presenting a local example in place of this video.

**OPTIONAL SCRIPT**

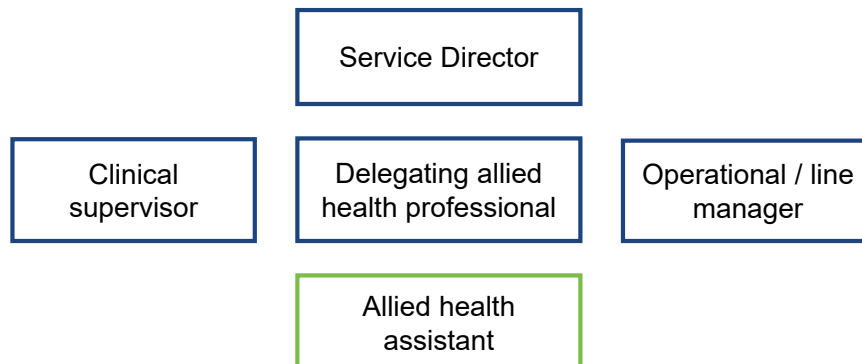
In this video, we hear stories from staff located in a range of Queensland health services, who share their experiences with orientation to delegation.

**ACTION**

Video URL: [Topic 4: Orientation \(vimeo.com\)](#)

(Video run time: 00:04:13)

## Critical success factors – Role clarity



[Component 3: Governance of the Allied Health Assistant Framework](#)

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### CRITICAL SUCCESS FACTORS-ROLE CLARITY (2 of 5; 20 minutes)

#### SCRIPT

Consider the following roles in a typical organisational structure that may be using a local delegation model.

#### ACTION

Divide participants into five groups – one for each of the roles: Allied health assistant, allied health professional, clinical supervisor, operational/line manager, service director. Ask each group to consider the types of responsibilities for each role. These can be general responsibilities (indirect to delegation) or specific delegation activities (direct). They can record their brainstorm in their participant workbooks – page 20. Then ask each group to share their brainstorm ideas.

Facilitate discussion of their responses in the context of the model using the prompts provided below and or AHA Framework Component 3: Governance Table 3. Roles, accountabilities and responsibilities of team members working with an allied health assistant:

[https://www.health.qld.gov.au/data/assets/pdf\\_file/0017/147500/ahaframework.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0017/147500/ahaframework.pdf)

#### *Service Director examples:*

- Oversight of the model of care, including **local delegation model**.
- Service planning, resourcing, performance monitoring, and reporting.
- Workforce planning, performance, and standards.

#### *Operational / line manager e.g. team leader examples:*

- Managing and monitoring implementation of the local delegation model
- Human resources manager (recruitment, leave approvals, rostering)
- Day-to-day management of team including performance, standards, workforce development, work allocation, finance, and resourcing
- Managing and monitoring implementation of the local delegation model.

Note: The operational manager for an allied health assistant role may be a senior allied health professional or senior allied health assistant, or could be a manager of another background such as nursing, Aboriginal and Torres Strait Islander Health Worker or Administration.

#### *Clinical supervisor examples*

- Supervision, mentoring, and capacity building support for the allied health assistant
- Facilitate reflection on performance and development needs
- Facilitate access to work-based and formal training to address development plan

Note: Allied health assistants will generally have one, or perhaps two, clinical supervisors. At least one supervisor should be an allied health professional, but a senior allied health assistants may also be a clinical supervisor.

#### *Delegating allied health professional examples*

- Work in partnership with allied health assistant to use delegation to implement safe, effective healthcare
- Provide feedback to the allied health assistant on performance to inform development planning, and provide on-the-job training to support skills development

#### *Allied health assistant examples*

- Work in partnership with allied health professional to complete delegated tasks to implement safe, effective healthcare.
- Participates in training, supervision, and continuing education and development to ensure they have the knowledge and skills to be able to perform a delegated task.

General note: In some teams, one person / position may serve a number of these functions. For example, the team leader of a small community podiatry team may also be the operational manager, clinical supervisor, and a delegating health professional.

### **ACTION**

Ask the group: “Why is understanding these different roles, communication, reporting lines and responsibilities important in delegation?”

### **DISCUSS**

- Supports clinical governance and safe practice in the team
- Provides clarity for the allied health assistant on who to seek for support.
- Differentiates responsibilities and accountabilities for operational and clinical matters.

**FACILITATOR NOTE**

The activity below is optional

**ACTION**

Ask participants to think about their team and local setting. Consider the following questions:

- Are these roles clearly defined?
- What are some of the ways that your team ensures these roles are clear and team members understand their responsibilities?
- Can you think of any areas that could be improved?

## Critical success factors – Role clarity

Chris, is providing backfill for a podiatry position while the usual podiatrist is seconded to a project.

The permanent podiatrist has spent time with Chris explaining the role in the local residential aged care facility. Although the podiatrist introduced Chris to Matthew, the allied health assistant, there was no time to provide orientation to the local delegation model.

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### **CRITICAL SUCCESS FACTORS-ROLE CLARITY** **(3 of 5; 20 minutes)**

#### **ACTION**

Ask the group if they can identify potential risks to delegation and client care if there is inadequate or lack of focus during orientation and onboarding.  
Discuss.

#### **SCRIPT**

To help us explore this further, let's consider a scenario where the locum podiatrist, Chris, is providing backfill for a podiatry position while the usual podiatrist is seconded to a project.

#### **ACTION**

**Read the following scenario** (Note that participants will have a copy of this scenario and activity in their participant workbooks on page 20 21)

Note: For ease of reading, this scenario is presented over three slides. Click through and narrate scenario information.

## Critical success factors – Role clarity



Under the local delegation model, Matthew works with clients at the residential aged care facility, providing foot screening and low-risk foot care using protocol-driven delegation.

A requirement for this delegated task is for Matthew to contact the podiatrist at the end of his visit to provide routine feedback on the clients.

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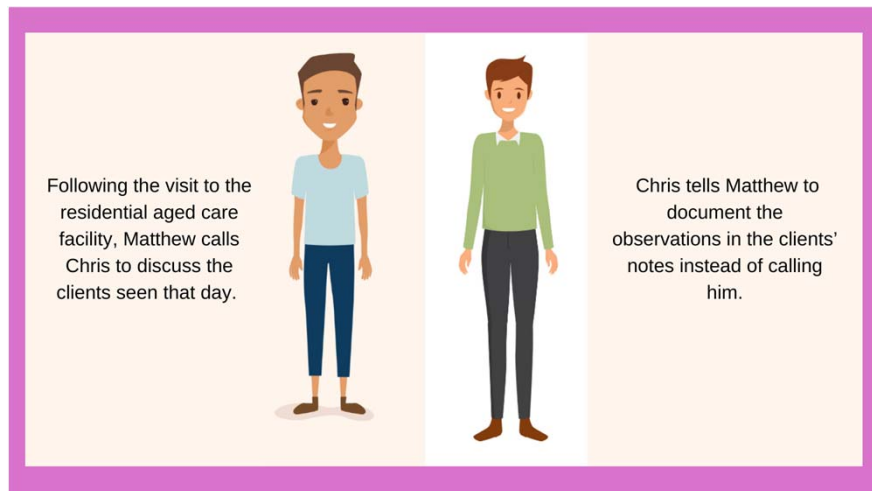
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**CRITICAL SUCCESS FACTORS-ROLE CLARITY**  
**(4 of 5; 20 minutes)**

### **ACTION**

Read the scenario slide

## Critical success factors – Role clarity



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### CRITICAL SUCCESS FACTORS-ROLE CLARITY (5 of 5; 20 minutes)

#### ACTION

Read the scenario slide

(Note that participants will have a copy of this scenario and activity in their participant workbooks on page 20-21)

Full scenario text:

*The podiatrist has spent time with Chris explaining their role at the local hospital. Although the podiatrist introduced Chris to Matthew, the allied health assistant, there was no time to provide orientation to the local delegation model. Under the **local delegation model**, Matthew works with clients at the residential aged care facility, providing low-risk foot screening using protocol-driven delegation. A requirement for this delegated task is for Matthew to contact the podiatrist at the end of his visit to provide **routine feedback** on the clients. Following the visit to the residential aged care facility, Matthew calls Chris to discuss the clients seen that day. Chris tells the Matthew to document the observations in the clients' notes instead of calling him.*

**Ask group:** What problems can you see unfolding due to the limited orientation

received by the locum podiatrist to the local delegation model?

Facilitate discussion below:

**DISCUSS their answers in the context of the model answers provided below:**

- Chris, the locum podiatrist, lacks awareness of the roles, responsibilities, and accountabilities in relation to the local delegation model, the tasks that are routinely undertaken by the allied health assistant, and the systems and processes that support communication during delegation.
- Failure to implement the agreed local delegation model may compromise client care and expose clients, team members, and the service to risk.
- Matthew, the allied health assistant, lacks clarity on his responsibility to provide feedback on the delegated task, as the instruction from Chris differs from the agreed and documented local delegation model.
- As a result, service delivery may become interrupted.

To summarise, investing time in orientation and on-boarding is critical to the success of delegation in a team as it supports mutual respect, shared understandings, and role clarity, thereby promoting effective communication, safe and effective delegation and client care.

## Critical success factors – Communication & collaboration mechanisms

**Why are processes for communication important in delegation?**

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### CRITICAL SUCCESS FACTORS – COMMUNICATION AND COLLABORATION MECHANISMS (1 of 4 ; 15 minutes)

#### ACTION

Ask the group the question on the screen

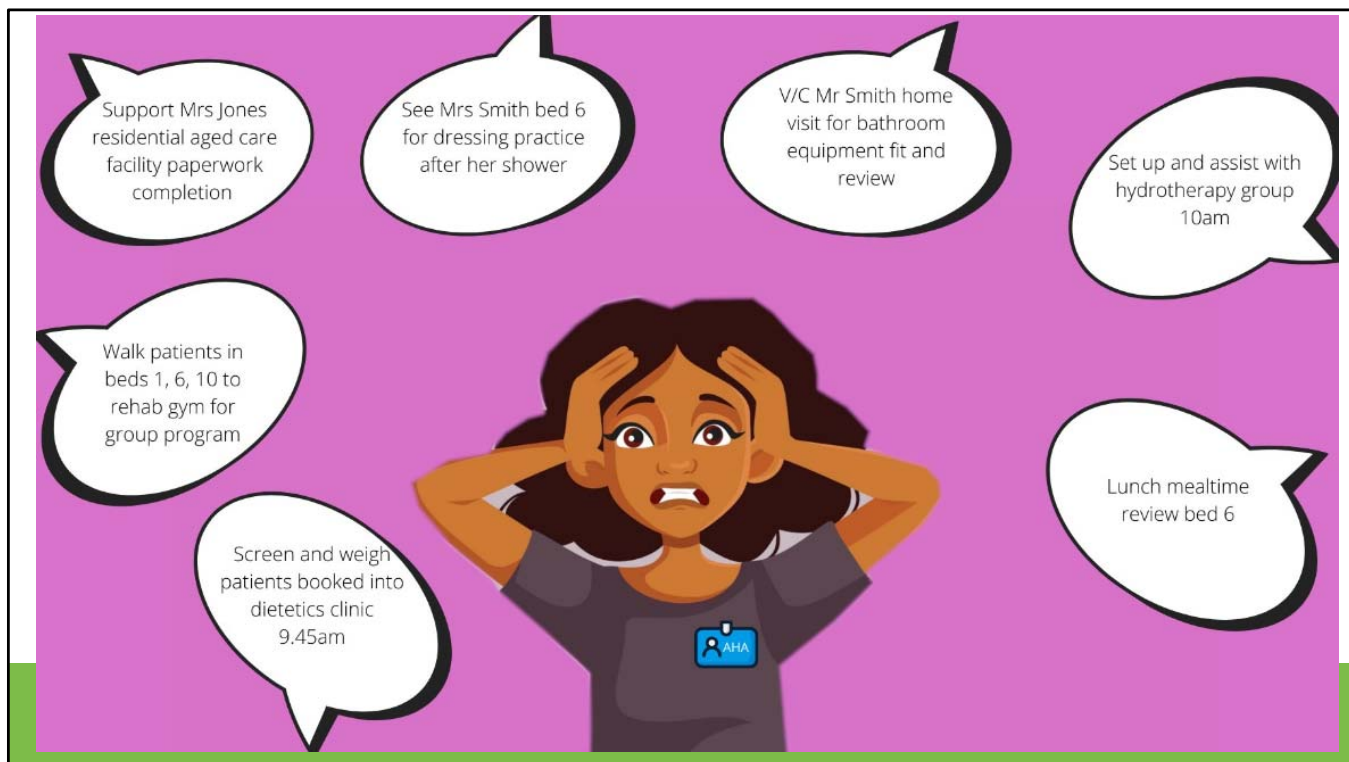
#### DISCUSS (Covering the following points)

- Communication is integral to all aspects of client care. Clinical communication is the exchange of information about a client's care that occurs between members of the healthcare team and the client, their family and carers. A communication breakdown in the transfer of information is one of the most common factors contributing to serious adverse events. It is a major preventable cause of client harm.
- Communication occurs at multiple points in the delegation process, including during:
  - Implementation of a delegated task (including the delegation instruction, feedback, and documentation)
  - Work allocation, workload management, and clinical prioritisation
- Communication is critical for workload allocation to ensure that prioritisation of

clients is clinically appropriate. Two workload scenarios may exist in a local delegation model:

1. One allied health assistant, many allied health professionals
2. Many allied health assistants, one allied health professional

As you can see, regardless of the team's structure, communication is always going to be an enabler of workload allocation and prioritisation for the team



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## CRITICAL SUCCESS FACTORS – COMMUNICATION AND COLLABORATION MECHANISMS (2 of 4; 15 minutes)

### SCRIPT

Let's explore this by considering the scenario on workload allocation.

### ACTION

Click on slide

Ask participants what communication strategies could be implemented to ensure that the allied health assistant is able to manage their work allocation.

Facilitate discussion as below:

### DISCUSS

Some example strategies to prompt discussions:

- Run a team huddle in the morning and after lunch to allocate and reallocate work across the team
- Use a booking system for the allied health assistant so that team members can see the allied health assistant's availability
- Develop agreed criteria for prioritising tasks (e.g., a traffic light system, where 'red'

reflects high priority)

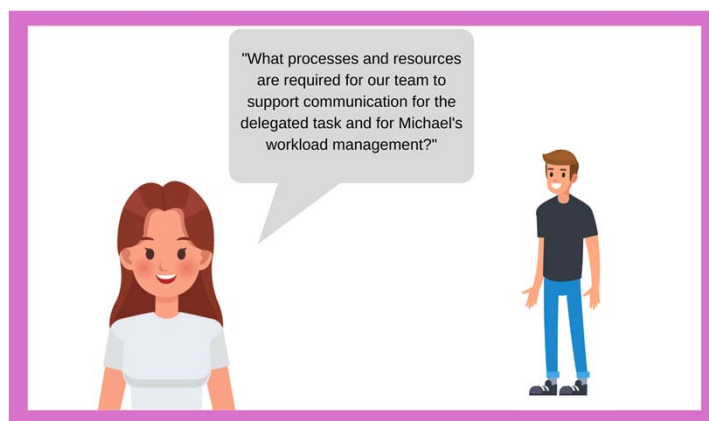
To summarise, successful workload allocation includes:

- clear, accessible, and current information on demands and capacity of the team
- respect and understanding of the roles each team member delivers
- clear processes but also flexibility and negotiation.

## Critical success factors – Communication & collaboration mechanisms

A regional allied health service provides outreach services to a rural clinic through an allied health assistant, Michael.

Lily, the team's senior dietitian, is working with Michael and the four other allied health professionals in the outreach team to improve communication processes.



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### CRITICAL SUCCESS FACTORS – COMMUNICATION AND COLLABORATION MECHANISMS (3 of 4; 15 minutes)

#### SCRIPT

Now let's consider workload management

#### ACTION

Read this scenario (Participants will have a copy of this scenario and activity in their participant workbooks –page 21)

*A regional allied health service provides outreach services to a rural clinic that has a resident allied health assistant, Michael. Lily, the team's senior dietitian, is working with Michael and the four other allied health professionals in the outreach team to improve communication processes.*

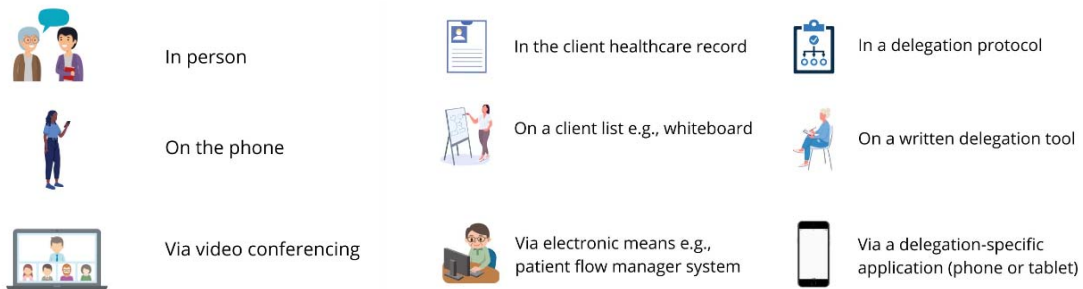
Ask group: What processes and resources are required for our team to support communication for the delegated task and for workload management?

#### DISCUSS

Examples to prompt discussion:

- Establish a clear process for Michael, so he knows how to provide feedback on delegated tasks (including feedback that is routine and non-routine). This includes who to contact when the delegating allied health professional is not available and when urgent support/ feedback is required.
- Create an accessible diary system so that staff members' locations and appointment schedules, including their contact details, are visible. Ensure Michael has access to this diary system so that he can book a telehealth consultation with the allied health professional when remote monitoring is required.
- Ensure Michael and the outreach team have the communications equipment they need, and a contingency plan should the equipment fail.
- Develop workload prioritisation criteria that are agreed by the team, allowing Michael to manage his time effectively to meet local needs, while reflecting the clinical and operational priorities of the team.
- Let's move on.

## Critical success factors – Communication & collaboration mechanisms



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### CRITICAL SUCCESS FACTORS – COMMUNICATION AND COLLABORATION MECHANISMS (4 of 4 ; 15 minutes)

#### SCRIPT

These two scenarios have highlighted a variety of ways in which communication can occur to support delegation. These strategies are illustrated on this slide and include **verbal** communication methods that could be used to delegate a task, and some of the **written** communication methods that could be used to delegate a task.

#### DISCUSS

Regardless of the form of communication (verbal or written), for it to be successful, the communication during delegation needs to be clear and concise and include information on the:

- client's condition and task to be undertaken, including when, where, and how
- monitoring requirements and methods
- type and timing of **feedback**.

## Critical success factors – integration processes for delegation

- Integrating the local delegation model
- Integrating the allied health assistant role

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### CRITICAL SUCCESS FACTORS – INTEGRATION PROCESSES FOR DELEGATION (1 of 4; 10 minutes)

#### SCRIPT

Successful teams review and integrate both the local delegation model and the allied health assistant role into workplace systems and processes. We'll explore these two levels of integration now by working through some scenarios.

## Critical success factors – integrating the local delegation model



A hospital outreach team wish to extend their local delegation model to include outreach by the allied health assistant to a residential aged care facility (RACF). The team have used the [Task Review form](#) to review the clinical risks. Their next step is to review the operational changes required for the new setting.

If you were supporting this team, what are some of the operational systems and processes that could be reviewed to support implementation of delegation?

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### CRITICAL SUCCESS FACTORS – INTEGRATION PROCESSES FOR DELEGATION (2 of 4; 10 minutes)

#### SCRIPT

Let's explore this by considering the scenario.

#### ACTION

- Read this scenario on the slide
- (Participants will have a copy of this scenario and activity on page 22 of their participant workbooks)
- *Scenario: An outreach team wish to extend their local delegation model to include outreach by the allied health assistant to a Queensland Health Residential Aged Care Facility (RACF). The team have used the **Task Review form** [LINK] to review the clinical risks. Their next step is to review the operational risks that have been identified to ensure that the local delegation model has the necessary scaffolding for it to be safe, effective, and sustainable in the new setting.*
- Ask the group: If you were supporting this team, what are some of the operational systems and processes that could be reviewed to support implementation of

- delegation into the RACF?
- You may like to use a whiteboard to record the ideas from the group

## **DISCUSS**

Examples to prompt discussion:

### **Referral pathways :**

- Review the referral pathway for RACF residents.
- Plan a meeting with the Care Manager to discuss the changes that may be required. (Nurses currently make referrals to allied health professionals using a whiteboard system. This system may need to change if the referral is made by email. Nurses will need to be informed about this change in process).

### **Standard forms:**

- Change the patient intake assessment form to include a tick box option for 'allied health assistant', so that the allied health professional can easily document delegation during care planning.

### **Workplace instructions:**

- Update phone list and staff whereabouts calendar to include allied health assistant hours at RACF.

### **Resources:**

- Purchase a tablet and SIM card for allied health assistant use.

### **Finance:**

- Check with finance and billing re: recording allied health assistant activity for the RACF.
- May need to set up an allied health assistant clinic template in the booking system (e.g., HBCIS).
- Arrange access and training in the information management program that contains billing and activity data for the allied health assistant (e.g., HBCIS)

## **FACILITATOR NOTE**

You may like to refer to *Delegation framework – allied health*: Table 3 – Checklist of resources to support implementation of delegation.

## Critical success factors – integrating the allied health assistant role



Video URL: [Topic 4: Integrating the allied health assistant role – diabetes foot screening \(vimeo.com\)](https://vimeo.com/123456789)

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### CRITICAL SUCCESS FACTORS – INTEGRATION PROCESSES FOR DELEGATION (3 of 4; 10 minutes)

#### FACILITATOR NOTE:

- You may also like to watch a video 'Integrating the allied health assistant role –diabetes foot screening'
- This video is considered optional viewing. Depending on time, you may decide to refer participants to the online training package should they wish to hear stories from Queensland health services.
- You may also consider presenting a local example in place of this video.

#### OPTIONAL SCRIPT

In the following video excerpt, 'Diabetes Management for Allied Health – Foot screening and low risk foot care', Jaclyn, a podiatrist based at Kingaroy Hospital, identifies a range of processes that support delegation of foot screening and low risk foot care tasks for clients in Dalby. Kathy, the allied health assistant, is based at Dalby Hospital, about 120km from Kingaroy and today has contacted Jaclyn to discuss a client's careplan.

#### ACTION

Video URL: [Topic 4: Integrating the allied health assistant role – diabetes foot screening \(vimeo.com\)](#)

(Video run time: 00:04:41)

Ask participants to record in their participant workbooks the supporting processes/critical success factors that have facilitated the integration of Kathy's allied health assistant role into the team.

**DISCUSS their answers, covering the following points:**

This team developed protocols that allowed Kathy to work independently within her individual scope of practice. Processes and supports that Jaclyn and Kathy have available to support delegation include:

- Development of the scope of practice for Kathy's allied health assistant role.
- Protocols that guide Kathy with her decision-making processes for delegated tasks. This includes use of a low-risk screening tool that identifies high risk feet and ensures that Kathy 1) does not act independently without a delegation instruction, and 2) works within the developed scope of practice.
- Kathy has received training in three clinical task instructions to provide low risk foot care to clients identified as low risk: foot screening, foot care advice, and low risk foot care. Kathy has been assessed as competent in these tasks
- Communication – telehealth consultations using the MoVI camera and iPad tablet between Kathy and Jaclyn:
  - support Kathy to work within her scope of practice
  - allows Jaclyn to provide remote monitoring when Kathy needs additional support
  - allows the provision of routine and non-routine feedback on delegated tasks
- Processes for Kathy to contact Jaclyn as part of monitoring during the task – in this case via telephone initially, followed by videoconferencing.

## Critical success factors – integrating the allied health assistant role



Video URL: [Topic 4: Integration of delegation and the allied health assistant role \(vimeo.com\)](#)



[Component 7: Integrating allied health assistants into allied health teams of the Allied Health Assistant Framework](#)

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### CRITICAL SUCCESS FACTORS – INTEGRATION PROCESSES FOR DELEGATION (4 of 4; 10 minutes)

#### FACILITATOR NOTE:

- You may also like to watch a video 'Integration of delegation and the allied health assistant role'
- This video is considered optional viewing. Depending on time, you may decide to refer participants to the online training package should they wish to hear stories from Queensland health services.
- You may also consider presenting a local example in place of this video.

#### OPTIONAL SCRIPT

Many of the processes and supports that facilitate delegation also support the relationship between the allied health assistant and the allied health professional as a partnership, thus resulting in a mutually respectful two-way exchange.

Listen to the next video to hear accounts from staff across Queensland health services on how they integrated allied health assistant roles and/or the local delegation model in a manner that fostered respect and inclusion, and promoted a positive workplace

culture.

## **ACTION**

Video URL: [Topic 4: Integration of delegation and the allied health assistant role \(vimeo.com\)](#)

(Video run time: 00:05:47)

## Knowledge checking for Topic 4

The dietetics team have identified that the following task is an administrative task that can be completed by the allied health assistant to support the team when the administration officer is not available:

“Client reception including recording the attendance on the booking system, collecting/checking client details (name, address, date of birth), and accessing test results from a clinical information system and recording / printing them for the paper chart for the dietitian to review on initial assessment.”

Identify examples of quality and safety processes that the team could introduce to support the allied health assistant's ability to deliver this activity (choose all that apply):

- a) A template and checklist to support consistent data collection
- b) A workplace instruction that describes how to manage appointments and access information from the data bases
- c) A Clinical Task Instruction
- d) A training resource with completed worked examples, including information collected and common errors made
- e) A process to support monitoring of the client during the task

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### TOPIC 4 KNOWLEDGE CHECK (1 of 2; 5 minutes)

#### SCRIPT

We've reached the end of the first topic. On the slide there is a quiz questions that gives you an idea of what questions might be asked in the iLearn assessment for this learning package.

#### ACTION

Read the question and consider which of the MCQ responses is most correct  
Participants can complete these questions in their workbooks page 22  
Click to the next slide to reveal the answer

## Knowledge checking for Topic 4

The dietetics team have identified that the following task is an administrative task that can be completed by the allied health assistant to support the team when the administration officer is not available:

“Client reception including recording the attendance on the booking system, collecting/checking client details (name, address, date of birth), and accessing test results from a clinical information system and recording / printing them for the paper chart for the dietitian to review on initial assessment.”

Identify examples of quality and safety processes that the team could introduce to support the allied health assistant's ability to deliver this activity (choose all that apply):

- a) A template and checklist to support consistent data collection
- b) A workplace instruction that describes how to manage appointments and access information from the data bases
- d) A training resource with completed worked examples, including information collected and common errors made

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### TOPIC 4 KNOWLEDGE CHECK (2 of 2; 5 minutes)

#### DISCUSS

Feedback: A, B and D – Resources for operational and administrative tasks include workplace instructions, procedures and guidelines. Training may be supported by other resources such as checklists, templates and worked examples.

Clinical task instructions (CTIs) describe the best practice process for undertaking a delegated clinical task. For this task the assistant is collecting information and not providing a healthcare activity to the client.

Monitoring is the process used by an allied health professional to an allied health assistant to ensure set standards or requirements are being met. The focus of monitoring is on the client during the task for planned or anticipated outcomes. In this task the assistant is collecting information about the client and not providing healthcare.

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**CONCLUDING SLIDES**  
**(1 of 3; 5-10 minutes)**

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**CONCLUDING SLIDES**

**(2 of 3; 5-10 minutes)**

## Topic 4 complete!

Go to  
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**CONCLUDING SLIDES**  
**(3 of 3; 5-10 minutes)**

**(unless combining with following topics, then click to break card on next slide).**

## Break



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Government

### OPTIONAL

#### FACILITATOR NOTE

Only use this slide if you are combining the workshop with another topic from the *Foundations of delegation training package*