

# Foundations of delegation

## Topic 5

### Critical success factors for delegation – Part 2

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 4 Critical success factors for delegation – Part 1, then this slide can 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 5 content
5-10 minutes	Welcome and introductions
30 minutes	Training
10 minutes	Performance and development planning
10 minutes	Supervision
5 minutes	Continuing education and development
5 minutes	Knowledge check

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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



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





**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 4, then this slide can be skipped.

## Learning outcomes

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

- recognise the common training requirements and methods used by teams to support delegation.
- explain how to integrate delegation into performance development planning, supervision, and continuing education activities.

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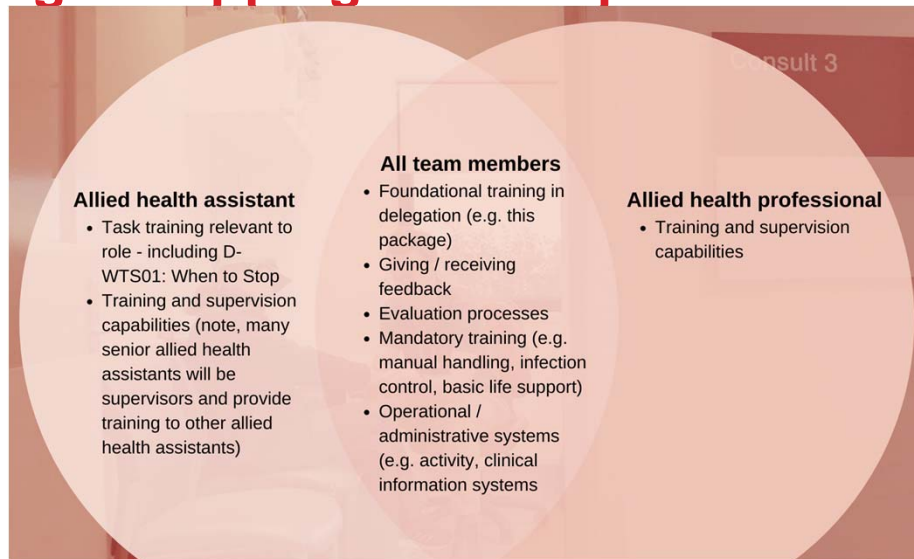
**WELCOME SLIDE**

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

**ACTION**

Content as per slide

# Training – mapping team requirements



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## TRAINING

(1 of 9; 30 minutes)

### SCRIPT

In delegation, 'training' refers to the acquisition and maintenance of knowledge, skills, and capabilities required to deliver health services. As part of the risk assessment process (Topic 3), teams will usually identify a range of training needs. Teams will then consider the quality and safety systems that support delegation (Topic 4) and may identify further training needs to support the implementation of a delegated service model.

Training requirements for team members will vary depending on their role, the service needs, and the local delegation model.

Team training requirements, potentially specified by role, can be recorded in an orientation manual, work instruction / team procedure, hard copy, or electronic training register. It should be regularly reviewed, particularly when there are changes to the local delegation model.

## **ACTION**

- Ask the group to brainstorm the type of training required to support delegation for: all team members, and then specifically, the allied health assistant and allied health professional
- You might like to use a whiteboard divided into three columns 'Allied health assistant', 'All team members', 'Allied health professional'.
- Then click to reveal the Venn diagram image on the slide and compare with the group's whiteboard responses.

## **DISCUSS**

Training that may be required to implement the local delegation model include:

### **Training requirements for allied health professionals:**

- Training and supervision capabilities

### **Training requirements for allied health assistants:**

- Task training relevant to role - including D-WTS01: When to Stop
- Training and supervision capabilities (note, many senior allied health assistants will be supervisors and provide training for other allied health assistants)

### **Training requirements for all team members:**

- Foundational training in delegation (e.g., this package)
- Giving/ receiving feedback
- Evaluation processes
- Mandatory training (e.g., manual handling, infection control, basic life support)
- Operational / administrative systems (e.g., activity, clinical information systems)

Note: Refer participants to the online version of this Topic – at the end of the online line content there is an extensive list of resources and links relating to all the content in today's workshop, but specifically there are resources to support training, task training and training records. You may like to click on the hyperlink in the slide to open Topic 5 and show the participants this resource list.

# Training - records and registers

## Competency grids

Used by allied health assistant and their supervisor to provide feedback on their performance.

## Training and competency register

A public document that details which team members are competent to complete a delegated task.

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## TRAINING

(2 of 9; 30 minutes)

## SCRIPT

Teams usually keep training and competency records and registers. Can anyone explain the difference?

## ACTION

- Click to reveal the answers

Note: As per previous slide, if you wish, you can again refer participants to the online version of this Topic – at the end of the online line content there are links to examples of these types of training records and registers.



# Training - Clinical task instructions

- A clinical task instruction (CTI) describes best practice for undertaking a delegated task.
- CTIs are used for training and competency assessment and also for monitoring and governance.
- CTIs focus on a specific clinical task and assume that implementation will occur within a local delegation model that provides the required operational, safety, governance, evaluation, and monitoring systems.
- CTIs can only be safely implemented by an allied health assistant if the process of delegation is consistent with the Queensland Health Delegation Framework and the process described in Topic 2 of this training package.



<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions>

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**TRAINING**  
**(3 of 9; 30 minutes)**

## SCRIPT

Teams in Queensland Health will use a range of CITs to train and assess competence.

## ACTION

Read/paraphrase slide content

Ask the group:

- Who has seen a CTI?
- Where can the statewide published CTIs be found? Click to animate URL fly in, and visit site if useful for the group.

## Training - methods

Training required	Complementary training methods
Content learning	<ul style="list-style-type: none"> <li>Independent learning (e.g. readings, watching videos, online courses)</li> <li>Formal / work-based instruction (e.g. course work, workshop, in-service)</li> </ul>
Content learning	<ul style="list-style-type: none"> <li>Observation (e.g. – demonstrations (including pre-recorded performance), work shadowing)</li> </ul>
Technical skills (e.g. clinical techniques, decision making / judgement)	Practice: <ul style="list-style-type: none"> <li>No client present (e.g. simulation, role play with peer / trainer)</li> <li>With client (e.g. supervised practice, peer review)</li> </ul>
Clinical reasoning, decision making / judgement	<ul style="list-style-type: none"> <li>Discussion (e.g. trainer / supervisor question / answers or case scenarios, peer group supervision)</li> </ul>

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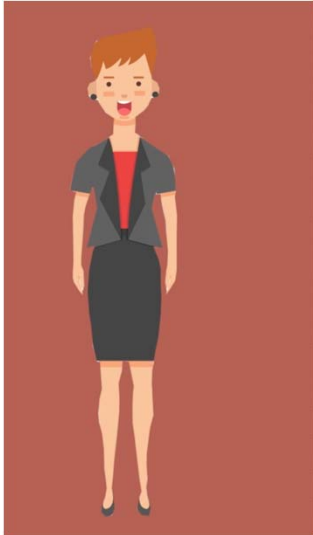
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**TRAINING**  
(4 of 9; 30 minutes)

**SCRIPT**

Teams can consider a range of training methods when developing their training plan. Some examples are illustrated in this image:

## Planning and implementing task training



A large metropolitan hospital provides an outpatient cardiac rehabilitation program. Currently, the exercise component of this program is implemented by Sue, the exercise physiologist. Sue sees each client, checks the referral, and asks the administration officer to book an outpatient appointment for the client. At this appointment, Sue conducts a series of tests to collect a suite of outcome measures to inform the design of the exercise program for each client. At the conclusion of the program, Sue repeats these outcome measures to influence the discharge exercise program for the client.

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### TRAINING

(5 of 9; 30 minutes)

### SCRIPT

The first step in task training for allied health assistants is to develop a task training plan. This plan details the requirements for demonstrating competency on a delegated task/s. Developing a task training plan often raises several questions for the team. Let's use the scenario below to explore this in more detail:

### ACTION

- Read this scenario (Participants will have a copy of this scenario and activity in their participant workbooks – page 24)

*A large metropolitan hospital provides an outpatient cardiac rehabilitation program. The exercise component of this program is currently implemented by the Sue, the exercise physiologist. Sue sees each client, checks the referral, and asks the administration officer to book an outpatient appointment for the client. At this*

*appointment, Sue conducts a series of tests to collect a suite of outcome measures at the start of the rehabilitation program to inform the design of the exercise program for each client. At the conclusion of the program, Sue repeats these outcome measures to then determine the discharge exercise program for the clients.*

*There are two new allied health assistant roles being added to this cardiac rehabilitation program. Sue wants to embed the following delegated service model:*

- 1. The exercise physiologist confirms referral requirements for each client.*
  - 2. The exercise physiologist provides a verbal delegation instruction to the allied health assistant to collect the necessary outcome measures and notes this delegation in the client's healthcare record. This includes the allied health assistant working with the administrative officer to arrange the appointment.*
  - 3. The allied health assistant conducts the tests and records the outcomes in the client's healthcare record. Then, the allied health assistant provides verbal feedback to the exercise physiologist.*
  - 4. The exercise physiologist then designs the client's exercise program.*
- In the participant workbooks (page 25), there is an empty grid with this question list. Participants can brainstorm ideas individually or in groups (tailor to local need) for each of the questions.
  - Work through the following questions with the group, covering off on the following points:

### **Who needs training?**

- All exercise physiologists who work in the cardiac rehabilitation team (this would include any locum and rotational staff).
- The two new allied health assistants who have joined the cardiac rehabilitation team.
- The administration officer.

### **What will be trained?**

- Foundations of delegation training (for the allied health assistants and the exercise physiologists).
- Task training for the allied health assistant (to complete the tests and record the appropriate outcomes. This would also include the communication process required for interactions with the administrative officer) as well as training to administer the tests and record the outcomes.
- Documentation in client healthcare records for the allied health assistants.
- Referral and workload allocation processes (for allied health assistants and exercise physiologists).

### **How will training occur?**

- **Training 1: Online: Foundations of delegation training package**
- **Training 2: Task training / competency:**
  - Background reading on the tests –their purpose, administration and scoring (individual).
  - Observation of Sue conducting the tests and recording the outcomes (individual).
  - Peer learning and simulation to practice administrating the tests (scheduling the allied health assistants time together).
  - Monitored practice of the test with feedback from the allied health professional (both allied health assistants).
- **Training 3: Administrative**
  - Use of documented agreed roles and processes to guide on-the-job observation of communication with administrative officer and patient record documentation.
  - Peer feedback on these tasks.
  - Monitoring by exercise physiologist.

#### **How will task competence be assessed?**

- Use of the agreed clinical task instruction performance criteria checklist (for example):
  - D-WTS01: When to stop
  - D-CM01: Pulse oximetry recordings
  - D-CM02: Heart rate measuring
  - D-CM03: Blood pressure measuring
  - D-MT07: Six Minute Walk Test (6MWT)

#### **When and where will training occur?**

- **Training 1: Online: Foundations of delegation training package**
  - As a peer group of two allied health assistants and within 3 months of job commencement (or implementation of delegation service model), and then online quiz annually as part of mandatory training.
- **Training 2: Task training / competency**
  - Half day workshop to train in task performance.
  - Weekly joint supervision sessions to support competency attainment.
  - Completed within the first 3 months of job commencement (for allied health assistants task training) and then as required / informed by task monitoring by the exercise physiologist and / or supervision sessions.
- **Training 3: Administrative**
  - To be included in initial task training/ competency workshop and supervision sessions.
  - Within the first 3 months of job commencement (for allied health assistants task training) and then as required / informed by task monitoring by the exercise physiologist and / or supervision sessions.

**What training resources are required / available?**

- Sue will need to source/ develop local training resources. This may include reviewing online training materials, existing CTIs or developing new training resources/CTIs.
- The Queensland Health Allied Health Assistant Documentation Guide can be approved for use by the local service.
- Templates may need to be amended by the local service for use by the allied health assistants.
- The team may need to develop and implement a training and competency register and competency grids to objectively assess relevant task performance for use. See resources for examples.

**Who is responsible for providing the training?**

- Sue will provide the initial training. Once the delegation model is established, other team members may share the training responsibility.
- Note: anyone who is competent in the task and has capabilities in facilitating learning in clinical settings can provide training. Trainers do not need formal training qualifications.

**Who is responsible for assessing competence?**

- Initially Sue will assess competence. Once the model is established other exercise physiologists in the team may share the competency assessment responsibilities.
- Note: the assessor should be an allied health professional with competence in the task.

**How will training be evaluated?**

- The team will need to develop a resource suite to evaluate this training. This will include an audit of attendance at training and competency assessments, and a training evaluation form to identify the level of satisfaction with the training and its effectiveness.
- They will also need to consider the review cycle of training materials/ resources and incorporate the schedule into existing systems.

# Training and When to Stop

## Assessing allied health assistant competency of CTI [D-WTS01: When to Stop](#) for:

- Knowing and applying normative values associated with specific tests?
- Responding to aggressive behaviour?
- Responding to an injury to a client or the allied health assistant?
- Responding to withdrawal of consent?
- Responding to onset of shortness of breath?
- Responding to rare events?
- Debriefing following the implementation of the When to Stop CTI?

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### TRAINING

(6 of 9; 30 minutes)

#### SCRIPT

[D-WTS01: When to Stop](#) covers rare events that the allied health assistant needs to respond to, so it is different to most other task training that involves implementing a planned clinical activity. It empowers the allied health assistant to:

- Assess whether it is safe to proceed with a delegated task.
- Recognise danger/warning signs that indicate the need to stop a delegated task.
- Take appropriate actions following the cessation of the delegated task.

So far we have considered various training methods and planning and implementing task training. This next activity involves identifying training methods that will help assess allied health assistant competency with a variety of 'When to stop' situations.

#### ACTION

- For each situation presented on the screen:
  1. Identify the type of training required (e.g. content learning – independent; content learning – observation; technical skills; clinical reasoning/decision making/judgement)

2. Provide an example method of how this could be implemented
- Note: This activity is in the participant workbook (page 25). Depending on local need and time plans, this could be completed as an individual task, or you may like to divide participants into pairs/small groups and either get groups to work through all the situations, or allocate specific situations to groups and then facilitate the sharing of ideas and discussion.
  - Click to animate the table from the previous slide. Participants can view the slide and record their brainstorm in their participant workbooks.

**DISCUSS their answers, covering the examples provided below:**

**Knowing and applying the normative values associated with specific tests (example, blood pressure – note, this is not taking the measurement)**

- Type of training: Content learning
- Example training method: Completion of independent reading, quiz on normal values (MCQ or scenario); case examples, chart reviews, Q&A with supervisor

**Responding to aggressive behaviour**

- Type of training: Content learning or technical skills
- Example training method: Observation of a pre-recorded performance (content learning), or role playing (Technical skills: Practice – Use of role plays)

**Responding to injury to client or allied health assistant**

- Type of training: Clinical reasoning, decision making / judgement
- Example training method: Case scenarios, case discussion with a supervisor (individual or group)

**Responding to withdrawal of consent**

- Type of training: Content learning or technical skills
- Example training method: Observation of a pre-recorded performance (content learning), or role playing/simulation (Technical skills: Practice – Use of role plays)

**Responding to rapid onset shortness of breath during delegated task**

- Type of training: Content learning or technical skills
- Example training method: Observation of a pre-recorded performance (content learning), or role playing/simulation (Technical skills: Practice – Use of role plays)

**Responding to rare events**

- Type of training: Clinical reasoning, decision making / judgement
- Example training method: Case scenarios, case discussion with a supervisor (individual or group)

**Debriefing following the implementation of the When to Stop CTI**

- Type of training: Clinical reasoning, decision making / judgement
- Example training method: Case scenarios, case discussion with a supervisor (individual or group)



## Training – Clinical task instructions

**If you are unsure about how allied health assistants are trained in When to Stop in your local setting, or how allied health professionals are orientated to When to Stop, discuss this with your team members or supervisor.**

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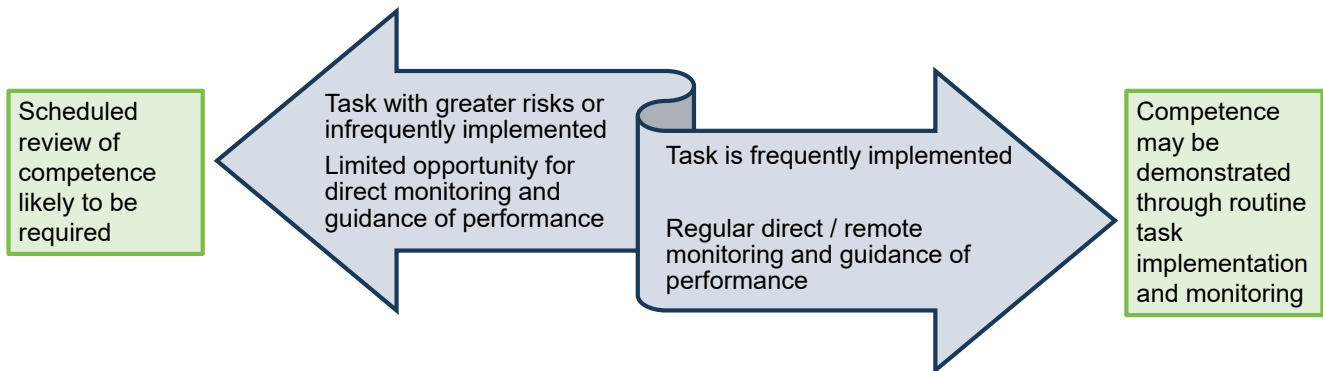
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**TRAINING  
(7 of 9; 30 minutes)**

**SCRIPT**

As per slide

# Maintaining competence



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## TRAINING (8 of 9; 30 minutes)

### SCRIPT

For safety and quality, teams require processes for maintaining and / or reviewing competence. This may include scheduled reviews, such as an annual review or competency assessment.

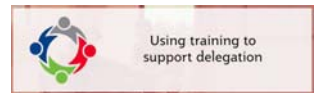
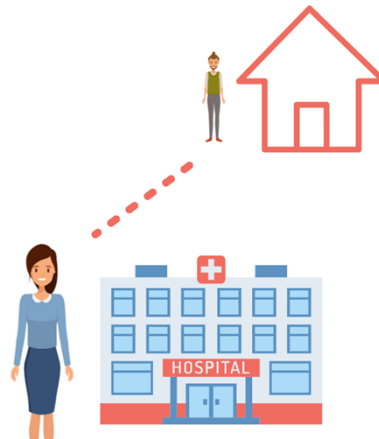
- A task that is implemented frequently by an allied health assistant, particularly with frequent and direct monitoring from the allied health professional, is less likely to need a review as skill development and maintenance will occur in real time as part of monitoring of the task.
- For tasks that have a higher risk profile or where there is less opportunity for feedback during task performance, a scheduled review is more likely to be required (e.g., if the task is performed infrequently, or indirect monitoring is frequently used).
- In addition to scheduled competency reviews, refresher training can be requested at any time to improve the individual's or their team's confidence and / or competence.

# Maintaining competence

Setting 1 - Rehabilitation gym



Setting 2 - Client's home



Video URL: [Topic 5: Using training to support delegation \(vimeo.com\)](https://vimeo.com/123456789)

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## TRAINING

(9 of 9; 30 minutes)

### SCRIPT

Let's consider another scenario. In this scenario, although the same task is being delegated, the setting and team factors differ.

Setting 1 is a rehabilitation gym. The allied health assistant, John, delivers the task with the allied health professional, Carly, being onsite and generally available to provide direct monitoring.

Setting 2 is a client's home. The same task is administered by Sam, the allied health assistant, and Carly provides indirect or remote monitoring.

### ACTION

Ask the group: How might the process for the review of competence differ between the settings? Explain why.

Prompt questions:

- Why would they need to differ?
- How would they differ?

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

- In the rehabilitation gym, John works alongside Carly so monitoring of task completion could occur through the frequent observation of the John completing the task. Following this, the Carly could also ask John questions to confirm his understanding and expand his knowledge of the delegated task.
- As Sam is not co-located with Carly direct observation of competence is limited. Instead, Carly may use role plays or other simulation activities to confirm Sam's competence. Alternatively, Carly may provide remote monitoring using videoconferencing or may seek consent from the client to video record the session with Sam, thus allowing her to review Sam's competence in the home environment.

**FACILITATOR NOTE**

- You may also like to watch a video 'Using training to support delegation' which provides two team examples on how training is organised for allied health assistants. This could be used as stimulus for the group.
- 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**

This video shares stories from two teams discussing how they organise training for their allied health assistants.

**ACTION**

Video URL: [Topic 5: Using training to support delegation \(vimeo.com\)](#)

(Video run time: 00:04:14)



References: Allied Health Assistant Framework - Allied Health (2022). Office of the Chief Allied Health Officer, Clinical Excellence Queensland. Queensland Government, Allied Health Clinical Governance Framework in Queensland Health. 2018, Queensland Government: State of Queensland

**A Performance Development Plan (PDP)** is the process of identifying, evaluating, and developing the performance of employees, so that organisational goals are more effectively achieved.

It also provides the mechanism whereby all staff can benefit in terms of recognition, receiving feedback, career planning, and development.

It can also be referred to as a performance appraisal development plan, continuing development plan, or career success plan [1, 2].

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## PERFORMANCE DEVELOPMENT AND PLANNING (1 of 2; 10 minutes)

### ACTION

Ask the group:

- Who here has a current PAD?
- Can you think of any activities related to delegation in their PAD?
- Click to reveal the definition image.

## Performance development and planning

Mary is a new graduate audiologist who has recently started a new job in a metropolitan hospital. She has completed the online *Foundations of delegation* training and has been orientated to the local delegation model by her supervisor, David, including the tasks routinely undertaken by the Advanced Allied Health Assistant, Joan.

Mary understands the overarching principles of delegation, and she feels that she has open communication with Joan. However, Mary does not feel comfortable delegating tasks to Joan, who has worked as an allied health assistant at the hospital for many years.



What strategies could Mary use, as part of her PDP to improve her confidence and skills with delegation?

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### PERFORMANCE DEVELOPMENT AND PLANNING

(2 of 2; 10 minutes)

Let's use another scenario to consider example strategies that could be used as part of a PDP to gain confidence and skills with delegation.

#### ACTION

- Read this scenario (Participants will have a copy of this scenario and activity in their participant workbooks – page 26):

*Mary is a new graduate audiologist who has recently started a new job in a metropolitan hospital. She has completed the online Foundations of delegation training and has been orientated to the local delegation model by her supervisor, David, including the tasks routinely undertaken by the Advanced Allied Health Assistant, Joan. Mary understands the overarching principles of delegation, and she feels that she has open communication with Joan. However, Mary does not feel comfortable delegating tasks to Joan, who has worked as an allied health assistant at the hospital for many years.*

- Divide participants into pairs/small groups. Ask groups to brainstorm some strategies that Mary could use as part of her PDP to improve her confidence and skills with delegation.
- Facilitate discussion and sharing of ideas.

## **DISCUSS**

### **Strategies to build Mary's confidence and skills:**

- Mary could ask Joan for feedback on the delegation process, so I can identify ways to improve my communication.
- Mary could observe more experienced allied health professionals delegating tasks and apply these learnings to my delegation practices.
- Mary could discuss my experiences with delegation, or request observation and feedback from David.
- Mary could reflect on any clarification Joan requests about the instructions when accepting a task, to build my communication skills.
- Mary can attend workshops on providing supervision and feedback offered by the health service.
- Mary can identify opportunities to participate in:
  - sourcing / reviewing / developing resources that support delegation (e.g. learning materials, CTIs, protocols, workplace procedures),
  - managing / participating in audit processes (e.g. maintaining the training and competency registers, participating in audits), and/or
  - leading / participating review of tasks (e.g. identifying new tasks for delegation, changes to context for existing delegated tasks).

In summary, Mary discussed her strengths and identified her development needs in relation to her responsibilities and role in implementing delegation. By including these activities in her PDP Mary and her manager are ensuring that the development goals are aligned to Mary's needs and the service goals.

# Supervision



Effective supervision is important for high-quality client care. Supervision is a formal working alliance between an allied health assistant and allied health professional, with the primary intention to ensure alignment of practice capabilities to the supervisee's role and setting, and to enhance the knowledge, skills, and attitudes of the supervisee.

Adapted from: Queensland Government, Health Service Directive: Credentialing and defining the scope of clinical practice, Queensland Health, Editor. 2021, Queensland Government.

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## **SUPERVISION** **(1 of 4; 10 minutes)**

### **ACTION**

Ask the group:

- How does supervision align to delegation practice?
- What examples can you think of?

Click to reveal definition image

Ask the group:

- How is it different from task monitoring?

Click to next slide for explanation of monitoring



## Supervision vs Monitoring

- Monitoring is the process of reviewing a task delegated 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 i.e., clinical safety and quality of care.
- Monitoring supports best practice by reviewing the delegated task against planned or anticipated outcomes. Monitoring may be delivered either directly, remotely or indirectly.

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### SUPERVISION

(2 of 4; 10 minutes)

#### ACTION

- Ask the group: What are the key differences between supervision and monitoring?
- Discuss the following comparisons

#### Who is the focus?

Supervision - Focuses on the allied health assistant.

Monitoring - Focuses on the client (i.e., for the delivery of safe, quality care)

#### When does it occur?

Supervision - Is part of the allied health assistant's training and development plan and can occur simultaneously during the delegation process.

Monitoring - Occurs every time a task is delegated (see Topic 2 - The delegation process)

**Who is involved?**

Supervision - Will involve the allied health assistant and a primary and / or secondary supervisor (e.g. allied health professional and / or another allied health assistant)

Monitoring - Occurs between the allied health assistant and the delegating allied health professional. All allied health professionals who delegate tasks will provide monitoring of the tasks they delegate.

**What are the outcomes for the allied health assistant and/or the allied health professional?**

Supervision: Allows the allied health assistant and allied health professional to:

- enhance knowledge on boundaries and scope of practice
- identify training and educational needs
- plan and utilise personal and professional resources
- develop accountability for their work quality.

Monitoring:

- Allows the allied health professional to:
  - ensure that the task is completed competently and consistent with instructions
  - modify the activity and / or provide instruction in a timely manner
  - ensure the outcomes of the task are appropriate
- Allows the allied health assistant to:
  - seek support during task performance in a timely manner

**ACTION**

Click to reveal summary slide of this comparison

## Supervision vs Monitoring in delegation?

Supervision	Monitoring
<ul style="list-style-type: none"> <li>• Focuses on the allied health assistant.</li> <li>• Is part of the allied health assistant's training and development plan and can occur simultaneously during the delegation process.</li> <li>• Will involve the allied health assistant and a primary and/or secondary supervisor (e.g., allied health professional and/or another allied health assistant).</li> <li>• Allows the allied health assistant and allied health professional to: <ul style="list-style-type: none"> <li>• enhance knowledge on boundaries and scope of practice</li> <li>• identify training and educational needs</li> <li>• plan and utilise personal and professional resources</li> <li>• develop accountability for their work quality</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Focuses on the client for the delivery of safe, quality care.</li> <li>• Occurs every time a task is delegated</li> <li>• Occurs between the allied health assistant and the delegating allied health professional. An allied health assistant may receive monitoring from all allied health professionals who delegate tasks to them.</li> <li>• Allows the allied health professional to: <ul style="list-style-type: none"> <li>• ensure that the task is completed competently and consistent with instructions</li> <li>• modify the activity and / or provide instruction in a timely manner</li> <li>• ensure the outcomes of the task are appropriate</li> </ul> </li> <li>• Allows the allied health assistant to seek support during task performance in a timely manner</li> </ul>

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**SUPERVISION**  
(3 of 4; 10 minutes)

As per slide

## Supervision vs Monitoring in delegation?

Teddy, a physiotherapist, has arranged to provide direct monitoring as Louisa, the allied health assistant completes the delegated task of the six-minute walk test. Teddy observes that Louisa was hesitant when approaching the nurse manager to discuss taking the client for the test. Then, during the delegated task, Louisa had to move three blood pressure monitors out of the way to ensure safety for the client and herself.



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### SUPERVISION

(4 of 4; 10 minutes)

#### SCRIPT

Now let's use a scenario to consolidate our understanding of how supervision and monitoring differ in delegation

#### ACTION

- Read this scenario (Participants will have a copy of this scenario and activity in their participant workbooks, page 27):

*Teddy, a physiotherapist, is providing direct monitoring to Louisa, the allied health assistant, as she completes a six-minute walk test with a client at the other end of the gym. Teddy observes that Louisa was not well positioned to provide support for the client when walking, and chose a busy time in the gym, with the client appearing distracted and anxious about bumping into other clients and staff during the test. Teddy later identifies that the test is not recorded well in the healthcare record.*

- Click to reveal question for the group: If Teddy perceived there were safety risks for the client while he was monitoring the task, he would have interceded. However, was not the case. He would like to provide feedback to assist Louisa to develop her capabilities in this task.
- Facilitate discussion

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

If Teddy perceived there were safety risks for the client while he was monitoring the task, he would have interceded. However, was not the case. He would like to provide feedback to assist Louisa to develop her capabilities in this task. Teddy may:

- discuss his observations with Louisa later in the day in a private space,
- as her supervisor, facilitate reflection on further training needs in relation to the task and its component capabilities like managing falls risks and supporting mobility, and documentation requirements for the task, and/or
- provide further training or enhance support for Louisa when she next implements the task.

**FACILITATOR NOTE**

- You may also like to watch a video ‘Supervision’ This could be used as stimulus for the group.
- 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 Queensland health services, about the skills they consider are important to include in team members supervision sessions.

**ACTION**

Video URL: [Topic 5: Supervision \(vimeo.com\)](https://vimeo.com/111111111)

(Video run time: 00:03:31)

# Continuing education and development

In the context of delegation, continuing education and development goals and activities may change over time as:

- The scope of the role changes.
- New evidence emerges.
- New challenges are faced by the healthcare team (e.g., changing client characteristics or practice environment).



Video URL: [Topic 5: Continuing education and development \(vimeo.com\)](#)

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## CONTINUING EDUCATION AND DEVELOPMENT

(1 of 1; 5 minutes)

### ACTION

Ask group:

- Why is continuing education and development important for the team when using delegation?
- Think about the type of activities you have done in the past to develop your knowledge and skills in a specific area. How can you apply this to accessing continuing education in delegation.
- Click to reveal slide and scrip as below

### SCRIPT

Continuing education and development is important for all healthcare team members to maintain, develop, update, and enhance their and knowledge, skills and performance to deliver appropriate and safe care. Participation in these types of activities can also assist to grow professional networks and contacts, as well as career progression [7, 11-15]

**Read or paraphrase slide content which is:**

In the context of delegation, continuing education and development goals and activities

may change over time as:

- The scope of the role changes
- New evidence emerges
- New challenges are faced by the healthcare team (e.g., changing client characteristics or practice environment).

#### **FACILITATOR NOTE**

- You may also like to watch a video 'Continuing education and development' This could be used as stimulus for the group.
- 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, staff from Queensland health services share examples of how they have provided continuing education and development opportunities to support allied health assistants.

#### **ACTION**

Video URL: [Topic 5: Continuing education and development \(vimeo.com\)](#)

(Video run time: 00:04:15)

## Knowledge checking for Topic 5

To support safe quality delegation practice:

- a) Team members should reflect on their skills and capabilities, and include delegation in performance and development plans, supervision goals and/or continuing education as required.
- b) The training plan for all new team members should be the same, regardless of prior knowledge, skills and/ or experience in delegation
- c) An allied health assistant must be competency re-assessed every 12 months.
- d) All of the above are true.

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

#### SCRIPT

We've reached the end of this topic. This quiz question 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 27  
Click to the next slide to reveal the answer



## Knowledge checking for Topic 5

To support safe quality delegation practice:

- a) Team members should reflect on their skills and capabilities, and include delegation in performance and development plans, supervision goals and/or continuing education as required.

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

#### DISCUSS

The training plan for all new team members should be the same, regardless of prior knowledge, skills and/or experience in delegation

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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 5 complete!

To complete the iLearn  
assessment:

Go to [Foundations of  
delegation package close](#)

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### CONCLUDING SLIDES (3 of 3; 5-10 minutes)

#### SCRIPT

This is the final workshop in the Foundations of delegation training package.  
Congratulations!

Following on from this workshop, you will be sent an email that will provide a link to access the Foundations of delegation training package close. In this online module, you will be asked to complete a post training survey and will have access to the iLearn assessment.

This quiz will cover content from all topics in the training package. On successful completion of the assessment quiz, the system will generate a certificate of completion.

Remember, you can access the topics at any time to facilitate your professional development without doing the quizzes. The completion certificate will be available in the system for up to 12 months.

Note: You may like to click on the link to show participants the training package close.

**ACTION**

If you are wanting participants to complete the optional workshop evaluation form (please refer to Appendix 4 Facilitator guide), then distribute prior to their departure.