

Foundations of delegation

Topic 1

Understanding delegation

In Partnership:



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

ACTION

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.

Welcome to the workshop

Schedule	Content
5-10 minutes	Welcome and introductions
5-10 minutes	Topic 1: What is delegation
20 mins	Topic 1: Core concepts of delegation
10 mins	Topic 1: The value of delegation
5 mins	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

Introductions among participants

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

Using the slides



Welcome to the workshop

Activity	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
10 minutes	Topic 1: The value of delegation Knowledge check
20 minutes	Break



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

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.

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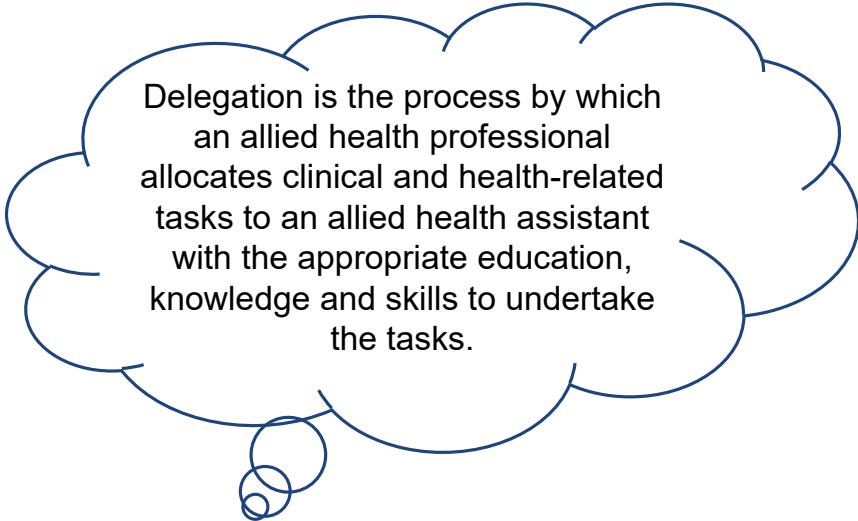
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WELCOME SLIDE
(5 of 5; 5-10 minutes)

ACTION
Content as per slide

What is delegation?



Delegation is the process by which an allied health professional allocates clinical and health-related tasks to an allied health assistant with the appropriate education, knowledge and skills to undertake the tasks.

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WHAT IS DELEGATION (1 of 2; 5-10 minutes)

ACTION

- Ask the group if they can provide their definition of delegation
- Click to reveal the definition of delegation from the *Delegation framework-allied health*

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

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WHAT IS DELEGATION **(2 of 2; 5-10 minutes)**

SCRIPT

So why do we delegate?

ACTION

Click to reveal and read slide content: The primary motivation for delegation of a task is to serve the interests of the client.

FACILITATOR NOTES

Delegation improves:

- access and timeliness of care
- service productivity and efficiency
- workforce capacity and capability

Which in turn serves the best interests of the clients

Core concepts in delegation



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CORE CONCEPTS OF DELEGATION

(1 of 8; 20 minutes)

SCRIPT

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

Scope of practice, and roles, accountabilities and responsibilities are core concepts that support the quality and governance of delegation. We're going to look at these in more detail now.

Scope of practice

Health workforce group (e.g. a profession or assistants):

The full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals in that group are educated, competent and authorised to perform.

Some functions within the scope of practice of a workforce group may be shared with other individuals or groups.

The scope of practice of health professions and allied health assistants is influenced by the wider environment, service setting, legislation, policy, education, standards, and the health needs of the population

Individual healthcare worker:

The extent (scope) of an individual's practice within a particular organisation or healthcare setting based on the:

- Individual's credentials, qualifications, competence, performance and suitability.
- Needs of the organisation and its capability to support the individual's scope of practice

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CORE CONCEPTS OF DELEGATION

(2 of 8; 20 minutes)

SCRIPT

Can anyone tell me the difference between the scope of practice of an individual and of a health workforce group?

ACTION

Click to reveal the definitions

SCRIPT

On this slide we see two definitions relating to scope of practice – one for a health workforce group, and one for an individual health care worker. These definitions have been adapted from the Australian Commission on Safety and Quality in Health Care (2015), and the Queensland Government, *Health Service Directive: Credentialing and defining the scope of clinical practice*, Queensland Health, Editor. 2021, Queensland Government.

ACTION

Instruct the group to read through these definitions on the screen.

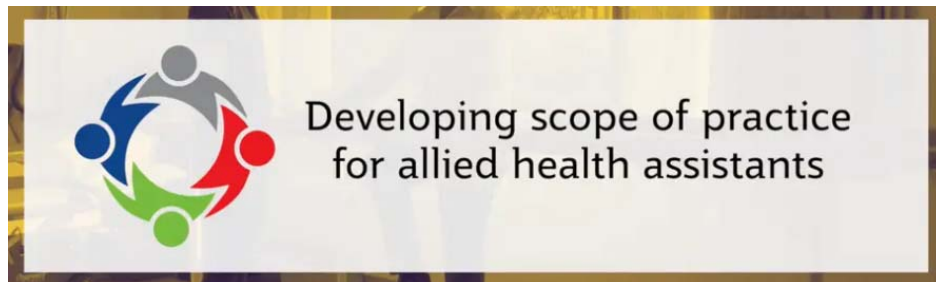
Ask the group: Can anyone in the group consider a situation where, although a task was considered 'within the scope of practice of your workforce group' it was not within your own individual scope of practice?"

Provide example if required:

- a physiotherapist working in intensive care is working within their workforce group scope of practice but may not have an individual scope of practice that includes hydrotherapy or dry needling.
- an allied health assistant working with a podiatrist may have received the education, knowledge and training to have skills to perform low risk foot care, but their scope of practice does not include a mealtime review.

DISCUSS their answers, covering the following point:

An allied health assistant's individual scope of practice can be influenced by many factors including their education, knowledge and skills, experience, training, supervision and monitoring.



Video URL: <https://vimeo.com/746755351/ca7035ba6c>

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CORE CONCEPTS IN DELEGATION

(3 of 8; 20 minutes)

FACILITATOR NOTE

- 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 and/or spending a few minutes reinforcing that factors contribute to the scope of practice of the allied health assistant in your service (Role description, level of task monitoring that the team can implement, scope of practice of the allied health professional(s) that delegate tasks, available supervision and support and the type and level of service provided by the facility or team).

SCRIPT

In this video, we hear stories from staff located in a range of Queensland health services, who share their experiences with developing the scope of practice for allied health assistants.

ACTION

Video URL: <https://vimeo.com/746755351/ca7035ba6c>

(Video run time: 00:02:32)

DISCUSS

- As you have seen in the video, there is not a 'one size fits all' task list that informs what is in or out of the scope of practice for an allied health assistant. It varies depending on the setting, the allied health assistant, the allied health professional, tasks required of the service and the team.
- Both allied health assistants and allied health professionals need to use their **clinical reasoning** skills, organisational awareness and understanding of the needs of the client and their families, to make decisions relating to scope of practice and delegation.

Scope of practice and delegation

Allied health professionals have a responsibility to only delegate tasks that are within their individual scope of practice.

Allied health professionals also have a responsibility to only delegate tasks that are within the scope of practice of the allied health assistant.

Allied health assistants have a responsibility to only accept and undertake tasks that are within their individual scope of practice.

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CORE CONCEPTS IN DELEGATION
(4 of 8; 20 minutes)

ACTION

Content as per slide

Roles, accountability and responsibility in delegation

- The **allied health professional** is *accountable* for the decision to delegate a task, and for ensuring the delegation process is implemented appropriately to maintain quality and safety of the clinical service.
- The **allied health assistant** is *accountable* for the decision to accept the delegated task and for completing the task consistent with their scope of practice and relevant standards or organisational procedures. They are also responsible for providing accurate and timely feedback to the delegating professional to support clinical care planning and evaluation of delegation.
- **Health service accountabilities** include ensuring compliance with quality and safety standards including patient safety, clinical governance, workplace health and safety and healthcare equity [6].

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CORE CONCEPTS OF DELEGATION (5 of 8; 20 minutes)

SCRIPT

Allied health professionals and allied health assistants have specific roles, accountabilities and responsibilities in relation to delegation. There is a great summary of how these elements are related in the Allied health assistant framework – Table 3.

DISCUSS

Additional discussion to complement slide content:

- The allied health professional, therefore, needs to understand the delegation process, be familiar with the assistant's capabilities and clearly communicate the task being delegated. The professional must also provide the appropriate level of monitoring during the performance of the task and evaluate the outcome of the delegation.

Scenario 1

Jim says

"Given I am only at the residential aged care facility twice a month, I think that the allied health assistant could administer the GDS-SF. He will already be working with clients in occupational therapy and physiotherapy and if he suspects a client might be depressed, he could administer the GDS-SF straight away, instead of waiting for me to return to the facility. The GDS-SF is a basic standard test, so it would be quick and easy for us to train the assistant. If the GDS-SF indicates there might be a problem, he could refer the client to me to follow up."



Jenny says

"I completely disagree, Jim. The GDS-SF is an assessment. By definition, an assessment requires clinical reasoning and decision-making, so it's not consistent with an allied health assistant's scope of practice. It would be unethical and dangerous if an allied health assistant is responsible for diagnosing depression."

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CORE CONCEPTS OF DELEGATION (6 of 8; 20 minutes)

SCRIPT

Let's unpack scope of practice and delegation by working through this scenario in your workbooks.

FACILITATOR NOTE:

The framing text in italics below, and the text on the slide are included in the participant workbooks (page 3-4)

Jim is a psychologist, and Jenny is a social worker, in an older persons' healthcare team that includes inpatient, residential aged care and community outreach services. A new allied health assistant position has been funded for their service and will be the first assistant for the team. Jim and Jenny are discussing the tasks that the allied health assistant will be trained to perform, including administering the Geriatric Depression Scale (GDS) (short form), a test that includes recording and scoring 'Yes/No' responses to a standard list of questions.

ACTION

- Ask participants to please read the scenario in their workbooks (pages 3-4)
- Consider Jim and Jenny's statements. What do the statements tell us about Jim and Jenny's understanding of delegation and the role and scope of an allied health assistant.
- The task can be broken up into themes or stages:
 - Task initiation
 - Task components
 - Task outcomes
 - Allied health assistant training and scope in workplace
- Complete the table in your workbooks using the headings of task initiation, task components, task outcomes, and allied health training and scope in the workplace.
- Facilitate the discussion of participant responses

DISCUSS

- The groups responses to each element, ensuring that the following points are covered:

Task initiation:

- Jenny recognises that an allied health assistant is not responsible for the decision to administer the GDS-SF assessment to a client.
- Jim leaves the decision on which clients should be assessed using the GDS-SF to the allied health assistant. Jim does not realise that deciding to administer an assessment is outside the scope of the allied health assistant.

Task components:

- Jim recognises that an allied health assistant may be able to safely administer the GDS-SF, as he regards the task as relatively procedural. (Note: an allied health assistant would require the appropriate training, knowledge and skills to undertake the task.
- Jenny has not considered that administering the GDS-SF may be separated from the interpretation of its outcome. (Note: Allied health professionals will often simultaneously assess, interpret and integrate findings into a treatment plan. However, it is often possible to separate a testing procedure from elements that require more complex clinical reasoning).

Task outcomes:

- Jim describes the allied health assistant as being responsible for interpreting the outcomes of the test and deciding whether to 'refer' to the allied health professional. Allied health assistants are never independently responsible for determining which members of the healthcare team are involved in the client's care plan.
- Note: The term 'refer' relates to a request from one health professional to another health professional or health service to provide care for a patient. In relation to allied health assistants providing information to the healthcare team, the terms 'report' or 'feedback' are more appropriate.

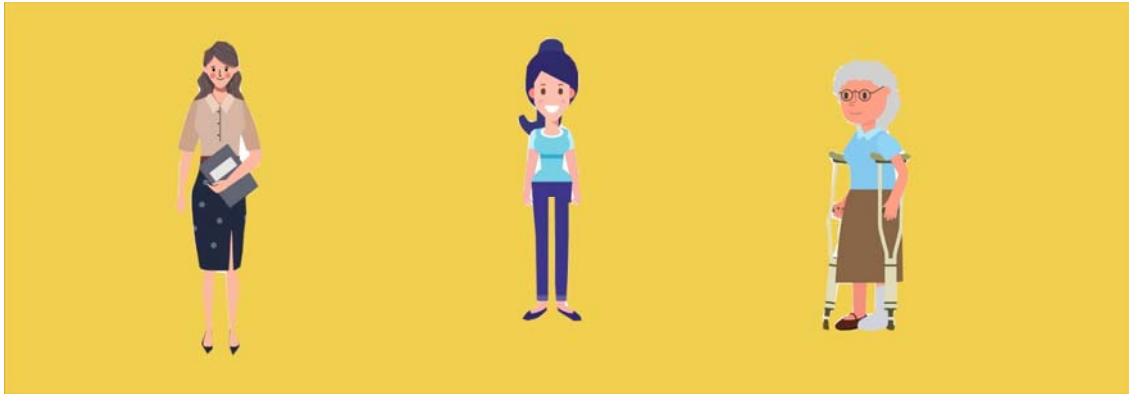
Allied health assistant training and scope in a workplace:

- Jim recognises that work-based training can be used to tailor the allied health assistant's competencies to the needs of the service. This may include assessment or screening tests, if the extent of training required is feasible for the team to support.
- Jenny describes clinical reasoning and decision-making as being outside the scope of practice of an allied health assistant. This is not the case. Allied health assistants apply clinical reasoning and make decisions, consistent with their training, knowledge and role requirements, to enable them to carry out delegated tasks safely and effectively.

SCRIPT

The take home message from this activity: Allied health professionals and allied health assistants all have limits to their **clinical knowledge** and the decision-making. Recognising the extent of their clinical knowledge and decision-making is an important aspect of understanding scope of practice and is an important concept in relation to delegation.

Scenario 2



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CORE CONCEPTS OF DELEGATION

(7 of 8; 20 minutes)

SCRIPT

Now we're going to consider another scenario that will help us consolidate the core concepts of delegation, including scope, roles, responsibilities, and accountabilities of those involved in delegation. The information for this scenario is in your workbooks, page 5. Please read the scenario to yourselves now. As you read through the detail in the scenario, use the space in your workbook to record the aspects from this scenario that you think are consistent with delegation and those that are not.

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

Aspects consistent with delegation:

- The social worker allocated a task to the allied health assistant.
- The allied health assistant possessed the knowledge, skills and competencies to measure, fit and provide education to a patient on the safe

- use of crutches and to supervise practice with crutches on the stairs.
- The assistant accepted and completed the task and provided feedback on the outcome through the client health record.
- The social worker interpreted the documented outcomes in the client health record and integrated this information into the client's care plan (i.e., informed the decision to discharge).

Aspects not consistent with delegation:

- The social worker is **accountable** for delivering client care consistent with their **scope of practice**. It is unlikely the social worker possesses competence in mobility assessment, and therefore should not have delegated this to the allied health assistant.
- The social worker is **responsible** for providing 'reasonable direction' to the allied health assistant in the **delegation instruction**. The social worker did not clearly state her expectation – that the allied health assistant assesses the client's capacity to mobilise on stairs and whether discharge with crutches was safe and clinically-indicated. If the social worker had explicitly described this, it would have been easier for the allied health assistant to recognise that this was beyond her scope of practice.
- The allied health assistant is **accountable** for their decision to accept the delegated task and is **responsible** for clarifying the social worker's expectation and instructions for the task prior to accepting it. If the allied health assistant had sought clarification from the social worker, it would have been easier for the allied health assistant to recognise that the request was outside their **scope of practice**.
- Allied health professionals have a **responsibility** to only delegate tasks that are within the scope of practice of the allied health assistant. It is beyond the allied health assistant's **scope of practice** to make independent decisions to change the client's care plan, including a discharge aid.
- The social worker is unlikely to have met her **responsibilities** for providing appropriate monitoring during task performance to ensure standards are maintained.

How is clinical reasoning used during delegation?

And by who?

- For allied health assistants, **clinical reasoning** occurs when they adjust a delegated task to respond to client needs, to maximise safety and quality of care.
- For allied health professionals, **clinical reasoning** occurs when they make adjustments to a care plan based on decisions they have made about the delegation, assessments, diagnoses, treatment interventions, monitoring and evaluation.



The [Allied Health Assistant Framework](#) – Component 1 Scope of practice describes the scope of practice for allied health assistants employed by Queensland Health.

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CORE CONCEPTS OF DELEGATION (8 of 8; 20 minutes)

ACTION

Ask the title question on the slide (red font) to the group and gather their thoughts.

Then click to reveal the slide content (Answer)

Refer participants to the Allied health assistant framework for additional information and explanation relating to scope of practice.

The value of delegation

Delegation of healthcare tasks to allied health assistants can improve access and address increasing demands on these services and contribute to enhanced client flow and outcomes. This may reduce the waiting time for services and increase service capacity and delivery of effective care

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THE VALUE OF DELEGATION (1 of 2; 10 minutes)

SCRIPT

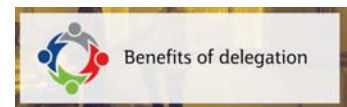
We know that there is increasing demand for cost-effective healthcare and, as the population ages, clients who present to healthcare services have more chronic and complex care requirements.

We also know that, in recent years, client expectations of their healthcare have changed, from being a passive recipient to active participant in their healthcare.

The value of delegation

What value does delegation provide to clients, allied health teams and services?

- Delegation empowered clients by facilitating participation in their healthcare.
- Improved access and timeliness of client care.
- Improved service productivity and efficiency.
- Improved workforce capacity and capability.



Video URL: [Topic 1: Benefits of delegation \(vimeo.com\)](https://vimeo.com/Topic 1: Benefits of delegation)

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THE VALUE OF DELEGATION (2 of 2; 10 minutes)

ACTION

Ask the group to consider this question and share their thoughts.

DISCUSS

- Facilitate discussion
- Then click to reveal a summary of key points

FACILITATOR NOTE

- You may also like to watch a video 'Benefits of delegation'.
- 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 some of the benefits they've witnessed as a result of delegation.

ACTION

Video URL: [Topic 1: Benefits of delegation \(vimeo.com\)](#)

(Video run time: 00:04:18)

Knowledge checking for Topic 1

Delegation:

- A) Is the process by which an allied health professional allocates clinical and health related tasks to an allied health assistant with appropriate education, knowledge and skills to undertake the task.
- B) Relies on the allied health assistant having appropriate education, knowledge and skills to undertake the delegated task.
- C) Should only occur if tasks are within the scope of practice for both the allied health assistant and the delegating allied health professional.

- A and B
- A, and C
- B, and C
- A, B, and C (all of the above)

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TOPIC 1 KNOWLEDGE CHECK **(1 of 4; 5 minutes)**

SCRIPT

We've reached the end of the first topic. On the next few slides we have included some quiz questions that give 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
These questions are included on pages 6-7 of the participant workbook
Click to the next slide to reveal the answer

Knowledge checking for Topic 1

Delegation:

- A) Is the process by which an allied health professional allocates clinical and health related tasks to an allied health assistant with appropriate education, knowledge and skills to undertake the task.
- B) Relies on the allied health assistant having appropriate education, knowledge and skills to undertake the delegated task.
- C) Should only occur if tasks are within the scope of practice for both the allied health assistant and the delegating allied health professional.

- A, B, and C (all of the above)

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

DISCUSS

Feedback on quiz answer:

Delegation to an allied health assistant is defined as the process by which an allied health professional delegates a clinical task or group of tasks to an allied health assistant who has the appropriate education, knowledge, and skills to undertake the task/s safely. For quality delegation to occur, the allied health assistant and professional need to understand their role, responsibilities, and accountabilities in the delegation process.

Knowledge checking for Topic 1

Jasmine worked as an allied health assistant and care worker in a non-government organisation that provides community-based disability services. She recently moved to a regional centre and now works as an allied health assistant in the nutrition and dietetics team at the local Queensland Health hospital. Jasmine's previous training and experience included assisting clients with enteral nutrition such as Percutaneous Endoscopic Gastrostomy (PEG) care and maintenance. Is it appropriate for Jasmine to implement these tasks in her new role?

- a) As Jasmine's individual scope of practice includes these skills, she can use them if they serve the best interests of her clients.
- b) Jasmine may use the skills if the tasks are relevant to the service model and a dietitian, who has knowledge of Jasmine's skills and competencies, provides a suitable delegation instruction and appropriate task monitoring.
- c) Jasmine can implement the skills if she is credentialed to perform the tasks by the Director of Nutrition and Dietetics.
- d) As Jasmine was trained in another organisation and clinical setting, it would not be appropriate to use these skills in a Queensland Health facility.

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TOPIC 1 KNOWLEDGE CHECK **(3 of 4; 5 minutes)**

ACTION

Read the question and consider which of the MCQ responses is most correct
Click to the next slide to reveal the answer

Knowledge checking for Topic 1

Jasmine worked as an allied health assistant and care worker in a non-government organisation that provides community-based disability services. She recently moved to a regional centre and now works as an allied health assistant in the nutrition and dietetics team at the local Queensland Health hospital. Jasmine's previous training and experience included assisting clients with enteral nutrition such as Percutaneous Endoscopic Gastrostomy (PEG) care and maintenance. Is it appropriate for Jasmine to implement these tasks in her new role?

- b) Jasmine may use the skills if the tasks are relevant to the service model and a dietitian, who has knowledge of Jasmine's skills and competencies, provides a suitable delegation instruction and appropriate task monitoring.

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

DISCUSS

Feedback on quiz answer: Jasmine's scope of practice is defined by her qualifications, competencies, training, and previous experiences, as well as by the requirements of her role, service needs and organisational factors such as the capacity of the team to provide task monitoring. If the competencies are relevant to the current service model, they can be used if implemented consistent with the delegation process (i.e., a dietitian provides a delegation instruction and task monitoring, and Jasmine provides feedback at the conclusion of the task). The dietitian is accountable for the decision to delegate, including confirming that Jasmine possesses the knowledge and skills to implement the task in a hospital setting and the relevant client group.

NB. Credentialling, as described in the *Health Service Directive Credentialling and Defining Scope of Clinical Practice Directive and Standard* is not applied to workers who do not have an independent scope of practice such as allied health assistants.

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CONCLUDING SLIDES

(1 of 4; 5-10 minutes)

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CONCLUDING SLIDES

(2 of 4; 5-10 minutes)

Topic 1 complete!

Go to
<https://www.health.qld.gov.au/ahwac/html/ahassist>
for more information

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CONCLUDING SLIDES
(3 of 4; 5-10 minutes)

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

Break



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OPTIONAL

FACILITATOR NOTE

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