

Foundations of delegation

Topic 2

The delegation process

In Partnership:



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WELCOME SLIDE

(1 of 5; 5-10 minutes)

ACTION

If this topic is being presented in the same session/following on from Topic 1 Understanding delegation, 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	Content
5-10 minutes	Welcome and introductions
25 minutes	Topic 2: The delegation process in action: Steps 1-3
25 mins	Topic 1: The delegation process in action: Steps 4-6
15 mins	Topic 2: Delegation process activity Protocol driven 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 (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
15 minutes	Welcome and introductions
45 minutes	Topic 1: What is delegation Core concepts of delegation
5 mins	Break
10 minutes	Topic 1: Core concepts of delegation
10 minutes	Break
30 minutes	Topic 1: The value of delegation Knowledge check

Administration

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 content

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.

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 1 Understanding delegation, then this slide can be skipped.

Learning outcomes

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

- describe the process of delegation.
- apply the process of delegation to a scenario.
- consider how responsibilities and accountabilities link to the delegation process.

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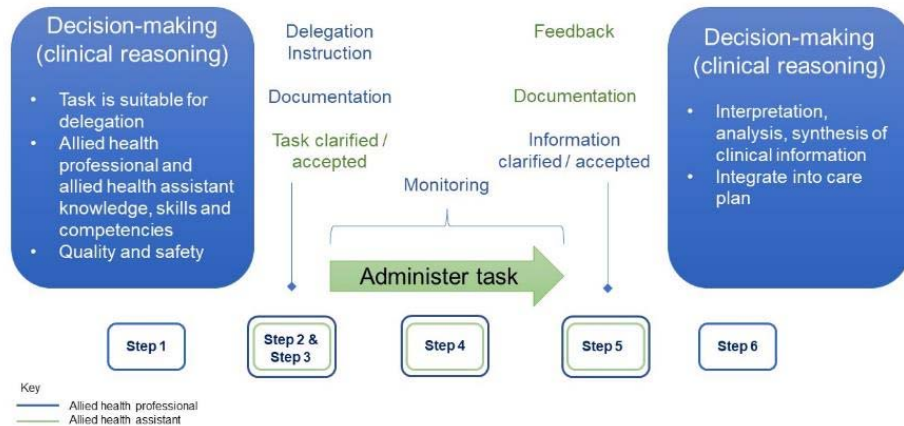
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WELCOME SLIDE
(5 of 5; 5-10 minutes)

ACTION
Content as per slide

The delegation process

Anatomy of a delegated task



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (1 of 13; 25 minutes)

SCRIPT

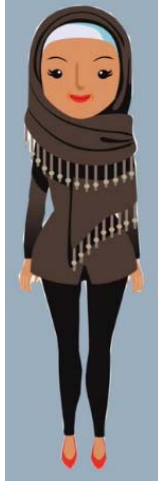
This image 'The anatomy of the delegated task' has been taken from the *Delegation framework – allied health and* is a visual representation of the six steps in the delegation process. In this image, blue represents the allied health professional and green represents the allied health assistant. We'll step through an explanation of this image now.

ACTION

Step through using transcript:

https://www.health.qld.gov.au/__data/assets/pdf_file/0025/1171492/T2-Delegation-Process.pdf

The delegation process in action



Miriam



Mrs Singh



Tony

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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (2 of 13; 25 minutes)

SCRIPT

To help us unpack each step in the delegation process, we're going to apply the process to a scenario, and work in small groups.

FACILITATOR NOTE

Ask for volunteers to role play the introduction of each of the characters to the rest of the workshop. Note: Participants have copies of the character introductions in their participant workbook (page 8) and can read the introduction to the group

ACTION

Divide the workshop participants into small groups (a minimum of two groups is required – one for each of the exercises that Miriam wants to delegate to Tony), otherwise an even number of groups is suggested). Explain to the group that in this scenario there are three characters, Tony, a multidisciplinary allied health assistant, and Miriam, a speech pathologist who both work at a regional hospital. And the client, Mrs Singh.

The delegation process in action: Step 1 Decision to delegate a task

The speech rehabilitation program includes two exercises:

- Exercise 1: Speech intelligibility practice drills at phrase level (improving pronunciation and rate of speech)
- Exercise 2: Activities to work on prosody (improving Mrs Singh's ability to change pitch and loudness when talking, known as intonation)



Figure 2: Delegation decision making for allied health professionals, [Delegation Framework – Allied Health](#)

Task review form (Appendix 4 of the *Delegation Framework – Allied Health*)

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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (3 of 13; 25 minutes)

FACILITATOR NOTE

Provide each group with a printed copy of:

Figure 2: Delegation decision making for allied health professionals, Delegation framework – allied health

- Task review form, Appendix 1, Delegation framework – allied health
- Additional information relating to this scenario is printed in their workbooks (p 9)

SCRIPT

Miriam trials the two exercises as part of her initial session with Mrs Singh. Miriam then considers whether this rehabilitation program is appropriate to delegate to Tony, for Mrs Singh's next speech pathology session in the rehabilitation unit.

ACTION

- Figure 2 includes 6 questions (Left hand side column). Allocate the questions evenly amongst groups for each exercise.
- Ask the groups to use scenario information contained in their workbooks to complete

the table (*Table titled: Step 1: Miriam's decision to delegate – scenario information*, page 10-11).

- For the questions they have been allocated, groups need to decide whether it is suitable for Miriam to delegate the Exercise 1 and/or 2 to Tony.

The delegation process in action: Step 1 Decision to delegate a task

Should Miriam delegate these exercises to Tony?

- Exercise 1: Speech intelligibility practice drills at phrase level
- Exercise 2: Activities to work on prosody

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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (4 of 13; 25 minutes)

SCRIPT

We'll now go through each of the questions and discuss what your group feels Miriam should do.

Question 1: 'Is the task suitable to be delegated to an allied health assistant'.

The types of things Miriam needs to consider include whether the task is routinely delegated, if the risks have been identified and managed, and if there are any legislative, regulatory, financial or policy barriers to prevent the delegation from occurring.

ACTION

Ask the group who considered this question whether they think it is suitable for Miriam to delegate Exercise 1 to Tony. Repeat for Exercise 2.

DISCUSS

Exercise 1 – 'Speech intelligibility practice drills at phrase level'

- The task is routinely delegated in the team and has a local clinical task instruction (CTI).
- The task is routinely delegated and has scaffolds/supports (e.g. CTI) – it is suitable for

Miriam to proceed with the delegation using the established risk management strategies.

Exercise 2 – Miriam assesses that Exercise 2 – **‘Activities to work on prosody’**

- The task is not frequently used in the service and there is no existing CTI or local clinical procedure.
- Groups may therefore decide that it is not suitable to delegate this exercise. *However, the take home message is that:* Just because a task is not routinely delegated/supported with a CTI, it doesn’t mean that it can’t be delegated. As part of her decision making Miriam will just needs to examine the requirements for the task, the risks and the potential benefits of delegating this task **in more detail** (and she can use the Task review form to help her with this. Note: This process is covered in Topic 3)

Question 2: ‘Does the specific context of the task’s implementation make it appropriate for delegation on this occasion?’

The types of things Miriam needs to consider include the: client, care plan, setting, environment and team members.

ACTION

Ask the group who considered this question whether they think it is suitable for Miriam to delegate Exercise 1 to Tony. Repeat for Exercise 2.

DISCUSS

- The only element that is different between the two exercises are the TASK factors. The setting, careplan and client factors are the same for both.

Exercise 1 – **‘Speech intelligibility practice drills at phrase level’**

TASK factors

- The information in the scenario tells us that the detail in the CTI for this task is suitable for Mrs Singh’s situation, and so this means that the delegation can occur using established risk management strategies.
- Even though this task is part of the team’s delegation model, Miriam still needs to confirm that the task procedure outlined in the CTI is suitable for Mrs Singh’s needs with a minor variation required to account for Mrs Singh’s hearing impairment.

Exercise 2 – Miriam assesses that Exercise 2 – **‘Activities to work on prosody’**

TASK factors

- This task does not have an existing CTI; the instructions provided to Tony will need to have greater specificity on how the task is performed. For this task adaptation of an existing procedure or competency is not relevant.
- Instructions will also still need to include the risk management strategies for client, care plan, setting.

Question 3: ‘Is the allied health professional competent to delegate the task?’

The types of things Miriam needs to consider include: her training and experience with delegation, her knowledge and competencies to complete the task (the exercises), and whether Miriam can communicate the task requirements and provide monitoring for the task.

ACTION

Ask the groups who considered this question whether they think it is suitable for Miriam to delegate Exercise 1 to Tony. Repeat for Exercise 2.

DISCUSS

Based on the case information, Miriam is able to delegate both exercises to Tony using risk management strategies. (This question relates to Miriam rather than the task and therefore applies to both exercises).

Question 4: 'Is the allied health assistant competent to undertake the task and willing to do so?'

The types of things Miriam needs to consider include Tony's education, training, experience and skill in completing these delegated tasks

ACTION

Ask the group who considered this question whether they think it is suitable for Miriam to delegate Exercise 1 to Tony. Repeat for Exercise 2.

DISCUSS

Exercise 1 – **'Speech intelligibility practice drills at phrase level'**

- Tony has been trained and assessed as competent performing this exercise. It's within the scope of practice for Tony, and Tony is also trained and competent in CTI When to stop. Miriam can delegate this task using established risk management strategies.

Exercise 2 – Miriam assesses that Exercise 2 – **'Activities to work on prosody'**

- Tony hasn't been trained in this task but does have some transferrable skills.
- The group might decide that Tony is not currently competent to complete this task, and therefore Miriam should not delegate.
- *However, the take home message* is that: This should not preclude the task from being delegated. Miriam would need to provide training (teaching on the run) and more detailed instruction and intensive task monitoring for Tony. She then would need to decide whether it is still feasible and efficient to proceed with the delegation. She can use the Task review form to help her with this decision making process.
- Note: This process is covered in Topic 3). Although Tony's knowledge, skills and competencies in speech rehabilitation tasks is partially transferable, Tony does not have formal or work-based training in this exercise. He has not observed or implemented the exercise previously.

Question 5: 'Can the activity be appropriately monitored?'

Miriam needs to consider what form and frequency of task monitoring is required to manage the risks, and what communication processes are available

ACTION

Ask the group who considered this question whether they think it is suitable for Miriam to delegate Exercise 1 to Tony. Repeat for Exercise 2.

DISCUSS

- Miriam assesses that the exercises may be implemented with **indirect monitoring**, that is, Miriam does not need to be physically present to direct implementation of the delegated task procedure (Monitoring is discussed later in this topic). Miriam works in the rehabilitation unit but also on the wards and occasionally does outreach in the community. Tony and Miriam have established mechanisms for communication that include phone contact if required. Miriam decides that this is

appropriate for this delegated task. There is access to immediate assistance and support if required such as alarms, phone in room, nursing staff in the adjacent ward area (across the corridor).

- Based on the case information, Miriam is able to delegate both exercises to Tony using risk management strategies

Question 6: 'Does the client consent to undertake the task with an allied health assistant?

DISCUSS

When Miriam was trialling the speech rehabilitation exercises with Mrs Singh, she gained Mrs Singh's consent for Tony to work with her on her speech rehabilitation program. Based on the case information, Miriam is able to delegate both exercises to Tony using risk management strategies.

The delegation process in action: Step 1 Decision to delegate a task

Should Miriam delegate these exercises to Tony?

Miriam decides that it is appropriate, feasible and useful to delegate the speech rehabilitation program, including the new exercise with some training and instruction.



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (5 of 13; 25 minutes)

FACILITATOR NOTE

In the online training package, participants can access the completed 'Figure 2: Delegation decision making for allied health professionals, *Delegation framework – allied health*' for this case study.

SCRIPT

As per slide

The delegation process in action: Step 2 The delegation instruction

Delegation instructions should include:

- Client information
- Instructions on how to perform the task
- Management of anticipated quality and risks
- Feedback required



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (6 of 13; 25 minutes)

SCRIPT

There are many factors to consider when providing a delegation instruction:

- Client information – presenting condition, and factors relevant to her care
- Instructions on how to perform the task – each task and task parameters (e.g sequence, repetitions, accuracy, timeframe)
- Management of risk and quality – anticipated outcomes, common performance measures, when to seek review if risks or problems emerge
- Feedback required

ACTION

Let's listen to Miriam's reflection as she prepares to provide Tony with the delegation instruction. See if you can identify if she is covering all elements of the delegation instruction

Play audio file.

DISCUSS

For tasks like the speech intelligibility practice drills at phrase level, that are embedded in the delegation model of the work unit, detailed instructions need only be provided if there is a variation to the usual procedure or CTI. This is one of the benefits of investing time in developing a robust team delegation model. For frequently delegated tasks, it supports safety and quality by having an agreed best practice procedure for training and competency and can be a time saver in the longer term.

The delegation process in action: Step 3 Allied health assistant accepts the task

The allied health assistant should consider if they can safely and effectively deliver the task given their:

1. Scope of practice
2. Competence in relation to the task requirements
3. Capacity to manage risks
4. Support requirements
5. Feedback and documentation expectations
6. Workload management.



Figure 3: Decision making by the allied health assistant to accept the task, [Delegation framework – allied health](#)

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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (7 of 13; 25 minutes)

SCRIPT

After the delegation instruction has been provided by the allied health professional, the allied health assistant needs to decide whether to accept the delegated task.

Read or paraphrase slide content which is: The allied health assistant should consider if they can safely and effectively deliver the task given their:

- 1.scope of practice
- 2.competence in relation to the task requirements
- 3.capacity to manage risks
- 4.support requirements
- 5.feedback and documentation expectations
- 6.workload management.

Allied health assistants can use Figure 3: Decision making by the allied health assistant to accept the task, *Delegation framework – allied health*, to support this process.

The delegation process in action: Step 3 Allied health assistant accepts the task

Yes, I have completed the education and training for the **intelligibility practice drills** previously and have demonstrated experience delivering the task consistent with the CTI. I have not done the second exercise, the **prosody activities** with a patient before but Miriam and I have gone through the procedure and discussed the purpose, outcome and safety and quality considerations for the task. It's similar to the intelligibility practice drills in many ways so I can apply this knowledge and experience to the new task. I feel confident that I can safely and effectively implement the speech rehabilitation program with Mrs Singh



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (8 of 13; 25 minutes)

FACILITATOR NOTE

Distribute copies of Figure 3 from the delegation framework to the group.

Explain that on the following slides, speech bubbles will appear on the screen, and they are to refer to Figure 3 and match Tony's statement with the corresponding factor from the Figure

Click on slide to reveal first speech bubble (note: They are not in the same order as the Figure – this is intentional so the participants think about where the statement fits best)

SCRIPT

We are now going to use Figure 3 from the delegation framework to work through Tony's reflection. Speech bubbles will appear on the screen, and I would like you to consider the Figure and decide which factor Tony is considering with his statement

ACTION

Click to reveal the first speech bubble.

DISCUSS

This statement relates to: **Individual competence**

- Does Tony have the competence to undertake this role safely today?
- Is there an adequate plan for education and training to enable competency prior to, or as part of, the activity?

The delegation process in action: Step 3 Allied health assistant accepts the task

Yes. I am aware of the risks that are specific to the exercises through the CTI and work-based training. I have current competency in manual handling and facilitating mobility, infection control and other general risk management requirements that are relevant to the task.



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (9 of 13; 25 minutes)

ACTION

Click to reveal the speech bubble.

DISCUSS

This statement relates to: **Risk management**

Does Tony have the skills, knowledge, and resources to manage the risks for the task?

The delegation process in action: Step 3 Allied health assistant accepts the task

Yes, I can fit these tasks in to my workload. I can discuss workload pressures, if required, at the team huddle or when providing feedback to Miriam.



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (10 of 13; 25 minutes)

ACTION

Click to reveal the speech bubble.

DISCUSS

This statement relates to: **Workload management**

Can Tony perform the task in the requested timeframes?

The delegation process in action: Step 3 Allied health assistant accepts the task

Speech rehabilitation exercises are part of my
role and scope of practice.



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3)
(11 of 13; 25 minutes)

ACTION

Click to reveal the speech bubble.

DISCUSS

This statement relates to: **Scope of practice**

Is the task within Tony's scope of practice as an allied health assistant?

The delegation process in action: Step 3 Allied health assistant accepts the task

Yes, Miriam has her DECT phone and I can call if required for urgent matters, or wait to speak to her at the team huddle in the morning. There is a duress alarm in the room if I need urgent assistance of other members of the team.



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (12 of 13; 25 minutes)

ACTION

Click to reveal the speech bubble.

DISCUSS

This statement relates to: **Support**

Does Tony have suitable access to the Miriam to clarify the activity if required?

The delegation process in action: Step 3 Allied health assistant accepts the task

Yes, the **intelligibility practice drills at phrase level CTI** provides guidance on the information I need to provide in the feedback to Miriam and documentation of the task. Miriam has described these requirements for the **prosody activities** in her delegation instruction



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THE DELEGATION PROCESS IN ACTION (STEPS 1-3) (13 of 13; 25 minutes)

ACTION

Click to reveal the speech bubble.

DISCUSS

This statement relates to: **Feedback and documentation**

Is the expectation for feedback (observations and information to be collected) and documentation on task completion agreed to?

If Tony had answered "**No**" to any of the questions he may then request clarification or further information.

The allied health professional and the allied health assistant may negotiate:

- modification to the planned delegated task to align with allied health assistant's competencies, capabilities, and workload capacity,
- clarification of the instruction, additional training, support, or monitoring, or

- the withdrawal of the delegation instruction if the allied health assistant reports being unable to deliver the task safely and effectively in the timeframe or frequency that is requested.

The outcome of this step is an agreement, negotiated between the allied health professional and the allied health assistant, on how, when and where the task will be implemented.

The delegation process in action: Step 4 Task is administered/ monitoring occurs

Direct monitoring	Remote monitoring	Indirect monitoring
The delegating allied health professional works alongside the allied health assistant and can observe and direct their activities, and provide immediate guidance, feedback and intervene as required.	The delegating allied health professional is located at some distance from the allied health assistant, but processes are in place to ensure the allied health professional can monitor the task in real-time or with minimal delay.	The delegating allied health professional is not physically present but there are processes to ensure they are easily contactable and accessible to provide direction, guidance and support to the allied health assistant as required.

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6) (1 of 11; 25 minutes)

SCRIPT

- The next step in the delegation process is 'Task is administered/monitoring occurs'. When making decisions relating to monitoring, allied health professionals need to consider the type, intensity and frequency of monitoring required.
- The allied health professional supports high-quality care through implementing appropriate **monitoring**. The allied health professional monitors the delivery of the delegated task to ensure it is completed safely and effectively, consistent with the allied health assistant's competencies and training and produces the intended outcome.
- This slide describes the three types of monitoring.
- Local clinical examples:
 - Direct monitoring –working in the rehabilitation gym with the AHP observing and able to provide support in real time.
 - Remote monitoring – videoconferencing, store and forward e.g. photos with telephone consult
 - Indirect monitoring – AHA in rehab gym/ ward or clients home; AHP

elsewhere on the floor, in the building or in the community.

- The type of monitoring selected by the allied health professional is influenced by a range of factors including the task requirements and risk, the client's needs and setting, and allied health assistant delivering the task.

Factors	Considerations
Task	<ul style="list-style-type: none"> • complexity of the task including number and variability of steps or component activities • risks associated with the task for the client, healthcare workers or other persons • predictability of task outcomes • frequency that the task occurs in the service
Client	<ul style="list-style-type: none"> • complexity of the client's presenting health condition including multiple morbidities, uncommon clinical presentation • stability of the client's health condition i.e., risk of deterioration • potential impact (positive and negative) of the delegated task on the client's condition • other client factors e.g. behaviour, cognition, communication, engagement in healthcare
Care plan	<ul style="list-style-type: none"> • how recently the task was added to the client care plan (i.e., initial, review) • frequency the task will be performed as part of the care plan
Setting/ environment	<ul style="list-style-type: none"> • access and proximity to the delegating allied health professional • frequency of contact with the delegating allied health professional • access to other health professionals and other support infrastructure e.g. duress alarm, mobile phone
Team	<ul style="list-style-type: none"> • allied health assistant's education, knowledge, skills and competencies • allied health assistant's experience and recency of undertaking the task in similar contexts and with clients with similar needs • allied health professional's training and experience in delegation practice • allied health professional's knowledge, skill and competency in performing the task

Source: Delegation Framework - Allied Health (2022), Office of the Chief Allied Health Officer, Clinical Excellence Queensland, Queensland Government.. Adapted from the Workforce Leadership and Development Branch, Victorian Government (Department of Health 2012). Supervision and delegation framework for allied health assistants.

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6) (2 of 11; 25 minutes)

SCRIPT

Now let's consider factors that influence decisions relating to monitoring. There are two excerpts from the Delegation framework allied health that can support decisions made by the allied health professional in this step. Table 1 – factors that influence monitoring – (you'll see that it considers task, client, care plan, setting, and team – these five elements repeat in many elements of delegation), and Figure 4 – factors that influence intensity of monitoring.

FACILITATOR NOTE

It is acknowledged that this slide has lots of content. You may like to refer participants to printed copies of the Delegation framework – allied health or open the Delegation framework-allied health PDF file to optimise the viewing of content. Delegation framework- allied health:

https://www.health.qld.gov.au/data/assets/pdf_file/001

[7/1170503/Delegation-Framework.pdf](#)

ACTION

Click to reveal image of Table 1 – factor that influence monitoring

The delegation process in action: Step 4 Task is administered/ monitoring occurs



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THE DELEGATION PROCESS IN ACTION (STEPS 4-6)

(3 of 11; 25 minutes)

FACILITATOR NOTE

The participant workbook includes a blank version of Figure 4 – Factors that influence intensity of monitoring (page 12).

SCRIPT

Let's go back to the scenario now, to explore Miriam's process for determining the type, intensity and frequency of monitoring.

ACTION

- In pairs/individuals (tailor to local workshop need), ask participants to place a cross on the continuum for Miriam's speech rehabilitation program for Mrs Singh.
- Depending on group numbers, you may allocate some pairs to complete the assessment for Exercise 1 (speech intelligibility drills) and others for Exercise 2 (prosody activities).
- Participants are to consider all the information provided by Miriam, Tony and Mrs Singh to inform their decisions.

DISCUSS

Once the participants have completed this task, discuss the groups' rating with that on the slides (the rating overall below are illustrative ratings by the AHPOQ for learning purposes only. Ratings are provided as examples for this team and may differ for other teams. There is no 'right answer' as the purpose is to determine management strategies for safety & quality

Routinely delegated in the team and care setting

- AHPOQ rating on Figure 4 continuum: Rating is half way.
- Discussion points:
 - The prosody activities are a novel task
 - But, Miriam can provide Tony with training and Tony also has transferable skills in speech rehabilitation.
 - Miriam will still need to get feedback after each session Tony has with Mrs Singh so she can continue to re-assess Mrs Singh each day in the first few days to make sure it's the right program for her needs'.

The team has well established governance and processes for delegation

- AHPOQ rating on Figure 4 continuum: Rating is left-hand side
- Discussion points:
 - The team has developed and use a range of processes that support delegation. This would include things like orientation and training in delegation
 - It would also workload allocation processes, processes on accessing support, scheduled supervision and training sessions, and resources to support task training.
 - It appears there is a great culture for communication to bring up concerns and problem solve solutions together

The allied health professional has experience in delegation practice

- AHPOQ rating on Figure 4 continuum: Rating is left-hand side
- Discussion points:
 - From the case information, Miriam is experienced in delegation

Client's presenting health condition (Stability and expected progression)

- AHPOQ rating on Figure 4 continuum: Rating is left-hand side (stable, progression)
- Discussion points:
 - Mrs Singh is stable as per the health record.
 - It is likely at this stage that she will progress with the exercises over the next 2 weeks (typical stroke patient journey)

Health and other client characteristics (complexity)

- AHPOQ rating on Figure 4 continuum: Rating is in the middle
- Discussion points:
 - Mrs Singh might be considered more 'complex' as English is her second language and she has a hearing impairment. This might make the task more challenging or not 'quite routine'.

Allied health assistant characteristics (trained and competent, experience, frequency performing task)

- AHPOQ rating on Figure 4 continuum: Rating is left-hand side / middle
- Discussion points:

- Tony is experienced
- Tony has current skills and competency in speech rehabilitation
- The prosody activities will need more monitoring though

Procedural complexity of the task

- AHPOQ rating on Figure 4 continuum: Rating is left-hand side / middle
- Discussion points:
 - Neither of the exercises are procedurally complex.
 - Both exercises have relatively standard and consistent client instructions.
 - Tony might need to adapt the session to offer rests if Mrs Singh fatigues.
 - As these are new additions to Mrs Singh's care plan, Miriam would need to check in with Tony on the outcomes of the sessions more frequently so Miriam can adjust or progress as required

Poor performance of the task attributed to an adverse event

- AHPOQ rating on Figure 4 continuum: Rating is left-hand side
- Discussion points:
 - During Mrs Singh's assessment Miriam trialled some prosody exercises and they were challenging but appropriate.
 - If Mrs Singh practised the exercises poorly, there is still a low likelihood of an adverse event to Mrs Singh.
 - Tony is aware to have short rests and Miriam can provide the parameters to work within, to support training being safe and effective.
 - There would also emergency procedures and processes in place if something goes wrong.

Error in task performance amelioration

- AHPOQ rating on Figure 4 continuum: Rating is left-hand side
- Discussion points:
 - If there is an error with either exercise, there won't be any immediate harm to Mrs Singh, nor a substantial negative impact on her health or recovery.
 - Tony can contact Miriam if he is concerned.
 - Miriam can use the feedback against the treatment goals to ensure the anticipated progress is being made'

With this in mind..... Miriam decided that for this situation, indirect but frequent monitoring is indicated, and is feasible for her to implement.

Task is administered/ monitoring occurs

Before the task is administered by the allied health assistant, the assistant clearly identifies themselves as an allied health assistant and seeks or confirms consent from the client to proceed.

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6)

(4 of 11; 25 minutes)

As per slide

Task is administered/ monitoring occurs

Supports/resources to guide allied health assistants at this step in the delegation process:



[Clinical task instruction \(CTI\)
D-WTS01: When to Stop](#)

[Queensland's Health Guide
to informed decision making
in healthcare](#)

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6) (5 of 11; 25 minutes)

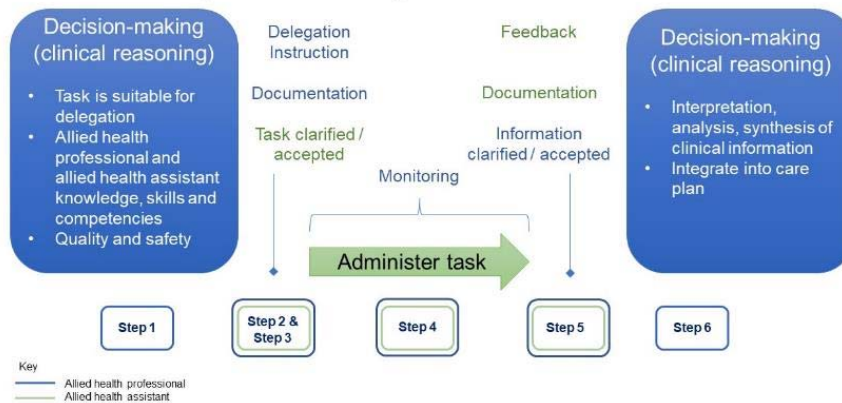
ACTION

As per slide.

If participants are not familiar with these documents, then open the links and view

The delegation process in action: Step 4 Task is administered/ monitoring occurs

Anatomy of a delegated task



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THE DELEGATION PROCESS IN ACTION (STEPS 4-6) (6 of 11; 25 minutes)

SCRIPT

It's timely for us to review the delegation process and where we are up to.

ACTION

Re-iterate the steps in the process and signal that we are now up to Step 4, where the task is administered.

SCRIPT

For the scenario, let's assume that Mrs Singh consents to practising the speech rehabilitation exercises that are prescribed by Miriam, to be delivered by Tony. Now consider the following situation that could arise:

If Tony went to see Mrs Singh for a second time, and Mrs Singh declined to participate because she was tired and nauseous, what should Tony do?

Miriam is expecting him to work with Mrs Singh.

Can you think of any supports or resources that might help Tony?

DISCUSS

- Tony understands that he needs to apply **Clinical Task Instruction (CTI)** [D-WTS01: When to Stop](#) at all times when working with clients, and that this includes a range of indications for when a task is not to proceed.
- Applying the When to Stop and [Queensland's Health Guide to informed decision making in healthcare](#) Tony understands that he cannot proceed with the delegated task without Mrs Singh's consent.
- Tony should politely acknowledge Mrs Singh's decision to decline to participate in her speech rehabilitation today.
- Tony should seek further information from Mrs Singh about her symptoms and whether these have been reported to the nursing staff. She has and was given medication a few minutes ago.
- Tony should provide reassurance and Mrs Singh indicates she is OK and asks Tony to come back this afternoon to practice her exercises when she is feeling better.
- Tony should liaise with the nurse who confirms that Mrs Singh has had medication for her nausea and is resting this morning.
- As part of feedback, Tony informs Miriam that Mrs Singh did not provide consent for the delegated task (and the reason why) and thus the delegated task was deferred to the afternoon.

The delegation process

Step 5: Feedback

After the task is completed (or ceased) the allied health assistant provides comprehensive, timely feedback to the delegating health professional using the agreed processes and completes relevant documentation requirements.



[Guidelines for allied health assistants documenting in health records](#)

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6)

(7 of 11; 25 minutes)

As per slide.

ACTION

If participants are not familiar with these documents, then open the links and view

The delegation process in action: Step 5 Feedback



Tony provides feedback to Miriam on Mrs Singh's performance of her speech exercises including:

- Intelligibility drills: Accuracy 80%; required minimal support, but did fatigue by the end of the 30-minute session.
- Prosody activities: Accuracy 65%; was independent, but did not complete the full stress drill dialogue due to fatigue.

Miriam may need to clarify the information provided by Tony as part of accepting the feedback.

Tony needs to document the tasks that he undertook in Mrs Singh's health record. Tony uses the Guidelines for allied health assistants documenting in health records.

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6) (8 of 11; 25 minutes)

As per slide

The delegation process

Step 6: Task outcomes integrated into the careplan

The allied health professional evaluates all the information, including the decision to delegate the task, based on the outcome of the task, and uses clinical reasoning and decision-making to determine the ongoing care for the client.

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6)

(9 of 11; 25 minutes)

As per slide.

The delegation process in action: Step 6 Task outcomes integrated into care plan



Miriam must interpret the information provided by Tony on Mrs Singh's performance on the speech rehabilitation exercises. She needs to synthesise all the information provided and use clinical reasoning and decision-making skills to evaluate the outcomes of the task based on information provided to her by Tony on Mrs Singh's performance measures. This includes adjusting Mrs Singh's care plan if required.

Miriam can then determine the need for ongoing task delegation or including any changes to the delegated task.



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THE DELEGATION PROCESS IN ACTION (STEPS 4-6)
(10 of 11; 25 minutes)

As per slide

Activity – The delegation process

Mrs Singh has continued to practice her speech rehabilitation exercises with Tony. On a subsequent speech session, Tony identifies, from the health record, that Mrs Singh is waiting for a CT scan to determine whether she had another stroke.

Tony is aware that a change in client status may change the appropriateness of the delegated task.

He refers to the CTI D-WTS01: When to Stop and contacts Miriam to inform her of Mrs Singh's change in status and to discuss Miriam's plans for Mrs Singh's ongoing management.



What steps of the delegation process does this situation impact on?

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THE DELEGATION PROCESS IN ACTION (STEPS 4-6) (11 of 11; 25 minutes)

SCRIPT: This short activity is just to help you consolidate your understanding of the 6 steps in the delegation process. We're going to use the same scenario.

ACTION

Click to read the scenario image

Click to read the action by Tony (application of when to stop)

In small groups/pairs (tailor to local need), consider what steps of the delegation process are impacted by this event and record them in their workbooks – page 13 (Inform participants that not all steps in the delegation process may be affected)

DISCUSS

Step 1 – Decision to delegate the task:

1. Miriam needs to review Mrs Singh's health record and reassess her to determine if it is still appropriate for Mrs Singh to perform the same speech rehabilitation program, and also, if it remains appropriate to delegate the

task.

2. If Miriam determines that a different task (i.e., different rehabilitation technique) is indicated, she needs to assess if this is appropriate for delegation (in the same way she did for the speech exercises).

Step 2 – The delegation instruction:

- Miriam may need to provide additional information to amend the existing delegated task or provide a new delegation instruction for a different task.

Step 3: Allied health assistant accepts the task:

- As part of accepting a new delegation instruction Tony will need to seek clarification, advice, additional information, and support from Miriam to ensure the quality and safety of the new delegated task, and confirm that he is competent and confident to undertake the new/amended task.

Step 4: Task is administered/monitoring occurs:

- Due to the change in Mrs Singh's clinical status, Miriam may determine that more intensive monitoring is required. For example, Miriam may re-assess Mrs Singh before each session of exercises supervised by Tony.

Step 5: Feedback:

- Miriam may request additional feedback from Tony including observed performance or the time it took Mrs Singh to fatigue.

Protocol driven delegation

- Occurs when the delegation is initiated and/or guided by an approved protocol that was developed by the relevant allied health profession / team.
- The protocol:
 - Defines the inclusion and exclusion criteria for the allied health assistant to administer the task with a client and
 - Includes indicators in the task procedure that would specify a course of action, such as ceasing the task.
 - Defines the action that the allied health assistant is to take once the task is completed, such as how and when a task outcome needs to be reported. (The protocol is standardises the critical aspects of the feedback process).

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PROTOCOL DRIVEN DELEGATION (1 of 2; 10 minutes)

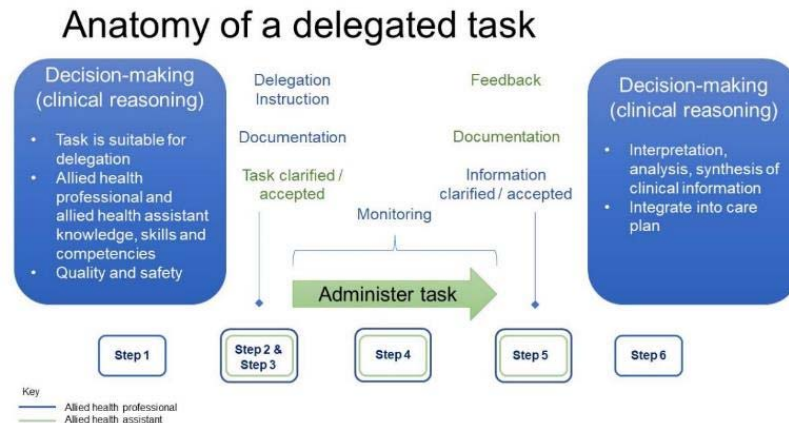
SCRIPT

Is anyone familiar with the term 'Protocol driven delegation'? Can anyone explain to the group its features?

ACTION

Click to reveal the text on screen which explains 'what' protocol driven delegation is, and some of its features.

Protocol driven delegation



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PROTOCOL DRIVEN DELEGATION

(2 of 2; 10 minutes)

SCRIPT

Who has used a protocol in delegation before?

Using a protocol to support delegation to an allied health assistant is becoming more common.

Let's consider how the delegation process would be the same or different if teams were using a protocol instead of person to person delegation.

DISCUSS

- **Step 1: Deciding to delegate:** The allied health professional/s in the clinical area / client group in which the protocol is used are responsible for ensuring the protocol remains appropriate and current, reflecting the outcomes required, quality and safety indicators and any changes to allied health assistant staffing or other factors that may impact the safety and quality of the protocol's implementation. This is the equivalent of clinical reasoning for the decision to delegate the task, but also monitoring (Step 4) and integrating into the care plan (Step 6)

- **Step 2: The delegation instruction.** In protocol driven delegation, the inclusion/exclusion criteria and the course of action outlined in the task procedure (e.g. situations when the task should be ceased) is the equivalent of the delegation instruction as it defines the parameters for the delegated task that the allied health assistant implements.
- **Step 3: Allied health assistant accepts the task:** The allied health assistant/s in the team are accountable for their decision to implement the protocol and are responsible for acting in accordance with the approved protocol. This is how protocol driven delegation reflects the need for the allied health assistant to accept the delegated task (step 3), and to administer it consistent with the delegation instruction and their own training and competencies (Step 4)
- The protocol reflects the need for the allied health assistant to decide to accept the task.
- **Step 4: Task is administered, monitoring occurs:** The allied health assistant/s in the team are accountable for their decision to implement the protocol and are responsible for acting in accordance with the approved protocol The protocol reflects the need for the allied health assistant to administer the task consistent with the protocol and their own training and competencies.
- **Step 5: Feedback:** The protocol would specific the feedback requirements for the allied health professional, (including timeframes and classification – e.g. a high risk finding on a standard risk assessment may require immediate reporting to the delegating allied health professional – this would be specified in the protocol
- **To conclude the discussion:** Protocol driven delegation is generally only appropriate when the task has a standardised procedure, low risk profile, highly consistent client response, and the risk factors are known and managed through routine and predictable actions. Examples include standardized assessments with limited complexity or risk, and the delivery of standard patient information.

Knowledge checking for Topic 2

Place the steps of the delegation process in the correct order:

- The allied health professional decides to delegate a task
- Task outcomes are integrated into care plan
- The allied health assistant completes the task which is monitored as needed by the allied health professional.
- The allied health assistant seeks clarification and accepts the task.
- Feedback is provided to the allied health professional
- The allied health professional provides a delegation instruction to the allied health assistant'.

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TOPIC 2 KNOWLEDGE CHECK **(1 of 7; 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
- Participants can complete these questions in their workbooks pages 14-15
- Click to the next slide to reveal the answer

Knowledge checking for Topic 2

The correct order of the delegation process is:

- The allied health professional decides to delegate a task
- The allied health professional provides a delegation instruction to the allied health assistant'.
- The allied health assistant seeks clarification and accepts the task.
- The allied health assistant completes the task which is monitored as needed by the allied health professional.
- Feedback is provided to the allied health professional
- Task outcomes are integrated into care plan

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TOPIC 2 KNOWLEDGE CHECK **(2 of 7; 5 minutes)**

DISCUSS

Feedback on quiz answer:

This slide shows the correct order

Knowledge checking for Topic 2

Tracey is an allied health assistant who works with the orthotics and prosthetics team to assist with fabricating, fitting and supplying appliances. Today, Tracey is seeing Arthur, a 25 year old male patient. Arthur is attending the service to get a replacement lower limb prosthesis.

Tracey will be taking measurements and administering a basic assessment tool. This is a task that Tracey has been trained to do. The unit has a clinical task instruction that defines the task procedure. Kelly, the orthotist/prosthetist has provided the following information to Tracey:

Relevant healthcare information for Arthur including age, previous history of lower leg amputation secondary to trauma, current stage in his care plan.

- Parameters for undertaking and completing the task including any specific considerations or amendment to the usual measuring procedure, special equipment or environmental set up requirements (e.g. positioning).
- Safety and quality factors for delivering the task including the anticipated outcomes for Arthur and clinical observations to monitor during the task. For example, if Tracey notices that Arthur has a wound or pressure area on his leg, she should cease the task and contact Kelly.

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TOPIC 2 KNOWLEDGE CHECK (3 of 7; 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 2

This is an example of:

- a) A delegation instruction
- b) Indirect monitoring
- c) Feedback on the delegated task
- d) Acceptance of the delegated task
- e) The decision to delegate

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TOPIC 2 KNOWLEDGE CHECK **(4 of 7; 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 2

This is an example of:

a) A delegation instruction

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TOPIC 2 KNOWLEDGE CHECK **(5 of 7; 5 minutes)**

DISCUSS

This is an example of the delegation instruction. It provides information about the client, instructions on how to perform the task, quality and safety risk management, and feedback requirements.

Knowledge checking for Topic 2

When deciding on the level of monitoring required during the task, what factors would Kelly (orthotist/prosthetist) consider:

- a) Tracey's (Allied health assistant) experience, training and competencies relevant to the task
- b) The likelihood and consequence of errors occurring
- c) This is a specialised service and so it would never be appropriate for an allied health assistant to undertake a delegated task for a person with a limb amputation, irrespective of the level of monitoring available
- d) the decision of the team regarding appropriate monitoring for this task, as recorded in the local delegation model
- e) Options a and b in this list

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TOPIC 2 KNOWLEDGE CHECK **(6 of 7; 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 2

When deciding on the level of monitoring required during the task, what factors would Kelly (orthotist/prosthetist) consider:

e) Options a and b in this list

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TOPIC 2 KNOWLEDGE CHECK (7 of 7; 5 minutes)

DISCUSS

Kelly needs to consider Tracey's training and competencies relevant to the task AND the likelihood and consequences of errors occurring.

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CONCLUDING SLIDES

(1 of 4; 5-10 minutes)

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CONCLUDING SLIDES

(2 of 3; 5-10 minutes)

Topic 2 complete!

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

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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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OPTIONAL

FACILITATOR NOTE

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