# Clinical Task Instruction

SKILL SHARED TASK

# S-AD08: Assess meal preparation and provide basic/bridging intervention

## Scope and objectives of clinical task

This CTI will enable the allied health professional to:

- assess the client's ability to safely and effectively prepare a basic meal in the kitchen.
- develop and implement an appropriate plan to address common meal preparation problems including providing education on pacing, environmental set-up, one handed techniques and the use of adaptive equipment, which in this CTI includes a kettle tipper, built up/weighted and angled cutlery, non-slip mats, tap/jar opener and a plate guard.

**VERSION CONTROL**

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This Clinical Task Instruction (CTI) has been developed by the Allied Health Professions' Office of Queensland (AHPOQ) using information from locally developed clinical procedures, practicing clinicians, and published evidence where available and applicable

This CTI should be used under a skill sharing framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp

Skill sharing can only be implemented in a health service that possesses robust clinical governance processes including an approved and documented scope of skill sharing within the service model, work-based training and competency assessment, ongoing supervision and collaborative practice between skill share-trained practitioners and health professional/s with expertise in the task. A health professional must complete work-based training including a supervised practice period and demonstrate competence prior to providing the task as part of his/her scope of practice. When trained, the skill share-trained health professional is independently responsible for implementing the CTI including determining when to deliver the task, safely and effectively performing task activities, interpreting outcomes and integrating information into the care plan. Competency in this skill shared task does not alter health professionals' responsibility to work within their scope of practice at all times, and to collaborate with or refer to other health professionals if the client's needs extend beyond that scope. Consequently, in a service model skill sharing can augment but not completely replace delivery of the task by profession/s with task expertise.

Please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp for the latest version of this CTI.

This CTI focuses on the preparation of tea and toast. The local service may implement other meal preparation assessments as relevant for the local setting. The additional tasks would require a review of the indications and limitations, additional learning resources and training. Examples may include vegetable preparation or baking biscuits.

# Requisite training, knowledge, skills and experience

## Training

- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements complete patient manual handling techniques, including the use of walk belts, and sit to stand transfers.
- Complete the following CTIs or demonstrate equivalent professional competence in:
  - CTI S-MT01: Functional walking assessment
  - CTI S-MT05: Standing balance assessment
  - CTI S-MT07: Standing transfer assessment
  - CTI S-MT08: Assessment of falls risk and risk reduction strategies for older persons in community settings using the FROP-Com.

  and if the use of mobility aids is within the scope of the local implementation:
  - CTI S-MT02: Prescribe, train and review of walking aids
- If the local service implementation includes performing the task in the community setting additional training may also be required e.g. driver safety, workplace procedures for home visiting, occupational violence prevention and management. Additional training should be listed in the Performance Criteria Checklist or included in orientation checklists and/or workplace instructions.

## Clinical knowledge

To deliver this clinical task a health professional is **required** to possess the following theoretical knowledge:

- basic elements of a meal preparation assessment including the client's ability to mobilise in the kitchen environment, locate, access and use the required equipment and complete the task safely. This includes the cognitive skills of planning, initiation, perseverance, problem solving, effectiveness and judgement.
- common problems associated with meal preparation including signs and symptoms e.g. fatigue, pain, muscle control, strength and/or co-ordination, balance, cognition/perception and those listed as limitations in this CTI.
- hazards in the kitchen environment and implications for meal preparation assessment e.g. use of knives (cuts/dropping/placement in the toaster), hot water (pouring/spilling causing burns/damage to electrical appliances), stove (leaving elements on, leaving/placing items on top of hot elements) and food hygiene.
- common adaptations to support meal preparation including pacing, environmental set-up, pre-prepared meals, one-handed techniques and equipment e.g. kettle tipper, built up/weighted and angled cutlery, non-slip mats, plate guards, jar/tap opener and cueing (verbal and physical prompting).

The knowledge requirements will be met by the following activities:

- review of the Learning Resource
- receive instruction from the lead health professional in the training phase

- read the local workplace instructions, protocols, references and client resources at the commencement of the training phase, including manufacturers guidelines for equipment options available for trial or prescription at the local service, and discuss with the lead health professional.

### Skills or experience

The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:

- **required** by a health professional in order to deliver this task:
  - competence in the use of mobile oxygen and/or any required monitoring equipment relevant to the local care setting e.g. blood pressure, oxygen saturation, heart rate and respiratory rate.

## Indications and limitations for use of skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which he/she delivers this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

### Indications

- The client is identified as having problems with meal preparation. This may be via referral, subjective history, medical record or direct observation e.g. observed difficulty making a cup of tea or spreading butter on toast.

  OR

- The client has observed or suspected cognitive problems and needs to be undertake basic meal preparation tasks. Cognitive problems include difficulty initiating, sequencing, planning, problem solving, perseveration, perseverance, applying safety and judgement or foresight when completing functional tasks.

  AND

- The client is medically stable and there is no medical prohibition to participating in meal preparation e.g. the medical record indicates that the client has no restrictions to mobilising and vital signs are within expected limits or the client is living in the community and is not acutely unwell.

### Limitations

- Limitations listed in CTI S-MT01, CTI S-MT05, CTI S-MT07, CTI S-MT08 apply. If walking aids are used the limitations from CTI S-MT02 apply.
- If the skill share-trained health professional is **not** required to complete the above CTIs i.e. where standing balance, standing transfer, walking assessment, falls risk assessment and/or mobility aids are within their existing expertise and scope of practice then:
  - as part of the training process review the limitations listed in the CTIs above
  - consider existing skills, knowledge and experience in the tasks
  - in collaboration with the lead health professional, determine and document bespoke limitations to this task relevant to the individual's scope of practice.

For example, teams may determine that physiotherapists with task expertise in mobility and transfer assessments may include client groups in the scope of this CTI that would be otherwise excluded e.g. clients with an amputation or that are non-weight bearing.

- Additional limitations include:
  - The client is known to require full assistance to prepare meals. The client currently receives support from family or service providers for meal preparation and there has been no change in physical or cognitive function to indicate a need for re-assessment.
  - The client has no functional requirement to prepare meals e.g. nutritional intake is via a nasogastric feed or Percutaneous Endoscopic Gastrostomy (PEG) Tube.
  - The client is unable to stand or mobilise to the kitchen environment e.g. due to fatigue or shortness of breath or requires more than one assist to mobilise and/or stand in the kitchen environment.
  - The client uses a mobility aid or has weight bearing restrictions for which the skill share-trained health professional has not been trained and assessed as competent.
  - The client is a wheelchair user. In assessing the client in the kitchen environment, a wheelchair user will require modifications to bench heights and/or the wheelchair. Additional training in how to access equipment and cupboard/fridge doors may also be required by wheelchair users. Liaise with a health professional with expertise in training wheelchair use prior to commencing the task.
  - Significant bilateral upper limb weakness or reduced range of motion. The client must at a minimum be able to grasp and move a cup of water across a kitchen bench with at least one hand/arm.
  - The client has new or significant visuospatial problems.
  - The client has ideation apraxia. This is a condition in which an individual is unable to plan movements related to the interaction with objects e.g. trying to put shoes on hands, putting soap on toothbrush, buttering bread prior to placing in the toaster.
  - The client has ataxia or freezing. The client must at a minimum be able to avoid spillage of fluid with pouring and consistently make contact between the spread and toast during the task. If symptoms are moderate to severe, cease the task.
  - The client has joint deformities, contractures or pain of the upper limb. This may be due to osteoarthritis, rheumatoid arthritis, trauma. The client should be assisted to perform the task within a comfortable range of motion. Adjust the environment and introduce adaptive equipment to support this range of motion as part of the assessment e.g. closer placement of the kettle, introduction of a kettle tipper, built up handles, jar opener/tap turners or non-slip matting. If symptoms are more than mild/negligible cease the task.
  - The client has orthopaedic, surgical or medical restrictions. These will be documented via protocols, theatre notes, or medical orders e.g. weight bearing status (non, touch, partial, full), total hip replacement precautions, mobilise within range of a movement brace only, sternotomy precautions for upper limb weight bearing, history of shoulder dislocation or surgery. The client with restrictions must be cleared to undertake the task by the medical team or through a protocol/care pathway and any restrictions must be adhered to during the task. If restrictions are unable to be maintained during the task, it should be ceased. If restrictions are unclear, consult with the treating team.
  - The client has a cognitive impairment including disorientation, confusion and forgetfulness. The client must, at a minimum, be able to follow single step instructions appropriately with some repetition if required and when given adequate time. Note any cueing or prompting provided as part of the task. Clients who are known to be impulsive should not be assessed.
  - The client has been identified as requiring comprehensive assessment of cognitive function. Such as for providing recommendations for enacting an enduring power of attorney i.e. requested as part of a multi-disciplinary assessment in conjunction with a psychologist and the treating medical team. This

includes assessment of abstract thinking, high level problem solving, high level judgement, short term memory including rapid and delayed recall, and the requirement for and undertaking of additional testing including Cognitive Assessment of Minnesota and the Cognistat.

# Safety & quality

## Client

The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task.

- Shoes should be worn. Shoes should be enclosed, well-fitting and with good traction.
- Clothing should be suitable for the task i.e. not impede or restrict movement in the kitchen environment or provide a hazard to the task. Unsuitable clothing includes long, wide shirt sleeves that dangle over the toaster element and trousers or skirts that are ill fitting and catch on the environment or impede mobility.
- Safe and appropriate use of kitchen appliances should be closely monitored during the task e.g. the pouring of hot water from the kettle and electrical safety when using the toaster and kettle. Assistance should be provided if any potential risks are identified.
- The client has a dietary restriction, food allergy or taste preference related to the meal preparation assessment. Determine if a suitable substitute ingredient is available for use and proceed with the task e.g. dairy free spread, soy milk, gluten free bread, or milo instead of tea. If suitable ingredients are not available determine the risk of harm to the client of being exposed to the ingredients e.g. anaphylaxis, rash, or vomiting. If there is no risk of harm from touching the ingredients, proceed with the task and dispose of the tea and toast at the end of the assessment.
- If sensation deficits are present, additional monitoring is required e.g. water temperature, use of sharp utensils, lower limb/foot placement when mobilising in the kitchen environment. Close monitoring and/or assistance should be provided to support task performance e.g. test water temperature or set-up the environment.
- For clients with mild visuospatial problems monitor closely during the task for safety. Contrasting colours can assist e.g. dark coloured crockery on a light-coloured bench.
- If the client has fragile skin or poor skin integrity, monitor closely during task. If injury occurs, cease the task and inform the treating team of any new wounds. If the client has an existing pressure injury/skin tear, ensure the wound is covered with a dressing prior to commencing the task. If the injury is to be in contact with the perch seat, liaise with the medical team regarding any limitations to sitting duration and monitor the client's pain. Cease the task if limits are exceeded.
- As mobilisation in the kitchen environment requires good dynamic balance close supervision is required at all times. A perch stool should be available if the client experiences problems during standing e.g. balance, pain, fatigue. If provided for pain or fatigue, provide a brief rest on the perching stool and then encourage task completion whilst sitting on the perching stool. If the client is at home and a perch stool is not available, a dining chair and rest at the kitchen table may be used. As part of recommencing the task consider recommending environmental set-up and adaptive equipment to improve task performance. If the client continues to experience poor balance, pain and or fatigue, cease the task.

## Equipment, aids and appliances

- The client should be assessed using their usual kitchen aids and/or appliances. If their usual aid, appliance or product is not available a similar trial or loan item should be provided. Items may include a

kettle tipper, built up/weighted and angled cutlery, jar openers, tap turners, non-slip matting or a plate guard. Ensure all equipment is clean and in good working order as per local infection control and equipment maintenance protocols. Refer to the manufacturers guidelines for specific maintenance requirements e.g. for walking aids check rubber grips have not perished, rubber stoppers are fitted and have tread; for built up cutlery and non-slip mats check that they are not cracked/perished, and for plate guards check they are correctly fitted (not loose).

- As this assessment includes the use of electrical equipment, all equipment should be examined to be in good working order e.g. no observable fraying of cords, switches working properly and if in a Queensland Health facility, test and tag in situ and current.
- As this assessment includes food items, expiry dates should be checked and storage requirements adhered to, to prevent spoilage prior to use. This may include observing for mould on bread, coagulation or thickening of milk. All spoiled food items should be disposed of and replacement products sourced.
- The perching stool should be checked for safety including safe working load, generally 100kg. Clients above this weight will require bariatric equipment. Perching stools are height adjustable and therefore should be adjusted to meet the client's requirements i.e. client is part way between sitting and standing. See the Learning Resource.

## Environment

- As slips, trips and falls are reasonably common in the kitchen area ensure floors and benches are dry and free from residue including oil and food and flooring surfaces are level and maintained e.g. no lifted edges or missing tiles. For maintenance concerns liaise with the owner of the property.
- Equipment required for the task should be stored at hip height or above e.g. kettle and toaster on the bench, knife in the cutlery drawer, milk and spreads in the fridge, tea and coffee and bread in the pantry and crockery in the cupboard. If performing the task in the client's home and the client has movement restrictions, items should be re-located to the appropriate height in consultation with the client prior to commencing the task. Any changes to the environmental set-up to improve task performance should be noted and considered as part of determining the basic/bridging intervention. This may include in the ward environment relocating equipment to mimic the client's home environment.

# Performance of Clinical Task

## 1. Preparation

- If a kettle is being used to heat the water, ensure it is empty and unplugged.
- Turn off the toaster at the wall.
- A perching stool (or alternative) must be available near the kitchen area, easily accessible for resting on during the assessment and suitably matched to the client. See the "Safety and quality" section above.
- Required equipment includes a kettle, toaster, cup, plate, spoon, spreading knife, coffee/tea, sugar, milk, bread and spreads.  See the "Safety and quality" section above.

## 2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth **plus one** of the following: hospital UR number, Medicare number, or address.

- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care 2nd edition (2017).

## 3. Positioning

The client's position during the task should be:

- walking into/around the kitchen area, standing or sitting on a perching stool at the bench.

The health professional's position during the task should be:

- positioned to the side of the client to allow observation of the task and provide assistance for safety, generally on the affected side. The health professional should also consider the environment to reduce interference with the client's movement e.g. if the fridge is to the right of the bench it may be appropriate for the skill share-trained health professional to stand to the left of the client so as to not obstruct vision, movement or impede problem solving.

## 4. Task procedure

- The task comprises the following steps:
    1. Obtain or confirm information from the client (or carer) with regard to:
        a) current physical capability/issues relevant to the task. See *Information required prior to meal preparation assessment* and *Guide to undertaking a meal preparation history* in the Learning Resource.
        b) ability to sit and stand, including balance history i.e. falls history, ability to stand/mobilise, assistance required, aid used, and medical/surgical restrictions
        c) assistance required for mobilising to, from and in the kitchen area.

        On the basis of information provided, determine if the task will progress to include the observation of meal preparation.
    2. Explain the goals of the task to the client i.e. to observe the client making a cup of tea and piece of toast.
    3. Check the client has understood the task and provide an opportunity to ask questions.
    4. Advise the client to commence the task i.e. to make a cup of tea and piece of toast.

        Note: If the client appears to have difficulty initiating the task and the assessment is not occurring in the client's home, orientate the client to the kitchen environment including location of equipment, utensils, power points and food. Document the need for the health professional to initiate orientation to the environment.
    5. Observe the client performing the task. Provide assistance to complete the task if required, noting questioning and/or verbal cueing, physical assistance and safety concerns e.g. use of equipment (kettle tipper), relocating equipment for access or use of a perching stool.
    6. Evaluate meal preparation performance using *Table 1: Usual observation and task sequence for making tea and toast* in the Learning Resource.
    7. Determine if the client would benefit from a basic/bridging intervention/s to improve meal preparation performance. Refer to *Table 2: Clinical reasoning guide to common observations and adaptive strategies for tea and toast meal preparation* in the Learning Resource.
    8. Select appropriate basic/bridging intervention/s considering the client's goals, impact on independence, safety and pace of task performance.

9. Discuss and develop a plan with the client and/or carer (if relevant) for the intervention/s i.e. environmental set-up, adaptive equipment, one handed techniques and cueing. If recommending equipment, include discussion of features, maintenance requirements, risks, costs and proposed benefits for independence.
10. Implement the plan by providing education, including demonstration (if required), for each intervention. Observe the client using the prescribed environment, technique and/or equipment. Provide cueing and manual guidance if required for safety and training effectiveness. Make any adjustments to the plan to improve performance.
11. Determine if the client requires further review and/or rehabilitation to achieve meal preparation goals.

## 5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
  - The client does not commence the task when asked. Orientate the client to the environment i.e. where items are located. Ask the client to re-commence the task. If the client is still unable to initiate, the skill share-trained health professional should choose one activity and commence it e.g. for making tea, commence collecting the items required (cup, spoon, tea bag). Prompt the client to keep going on their own. If required, commence each aspect of the task e.g. filling the kettle, pouring the hot water and mixing. Note problems with initiation and/or perseverance.
  - The client has problems with upper limb control including grip strength e.g. pours the kettle with both hands or the non-dominant hand, elevates the shoulder when lifting, uses the other hand or places items in the mouth to grip. Verbally prompt the client to perform the task safely and confirm the difficulty e.g. hand weakness versus habit. If required, provide assistance and note the problem. Assistance may include the introduction of adaptive equipment e.g. kettle tipper or jar opener. Cease the task for safety if required to manage the risk e.g. risk of burns with spilling hot water, risk of aspiration or broken teeth with placing items in the mouth.
  - The client does not perform a safety aspect of the task although may be able to verbalise it e.g. the skill share-trained health professional ceases the task when the client prepares to use a knife in a live toaster to retrieve stuck toast, although the client may be able to describe the need to unplug the toaster or the risk associated with using metal utensils in an electrical appliance. Provide safety education. Recommence the task if appropriate and risks can be managed e.g. the skill share-trained health professional removes the toast from the toaster. Note the safety concern.
  - If the client experiences a problem during the task, examine the performance of the task or behaviour with a general question e.g. “what do you have to do now?”, “what is the next step?”, or “what else do you need to do?”. Allow the client to self-correct. If the problem persists, ask a specific question that guides the client to the next part of the task e.g. “do you need to check that the power is on?”, “should you check the water is hot?”, “does the bread look like toast?” or “where would the butter be kept?”. Allow the client time to respond. If the client is still unable to complete the task, provide a cue that is specific and detailed e.g. “turn the power point/kettle on”, “turn the tap off” or “put the spoon is in the drawer”. Allow the client time to respond. If required, provide physical demonstration or assistance e.g. turn the power point on, plug in the kettle, remove the toast from the toaster. Note the problem. Problems with sequencing or perseveration may be demonstrated by the client re-buttering the toast, re-boiling the kettle, or repeatedly adding sugar or milk to the tea. Problem solving issues can manifest as the client repeating a task despite it being unsuccessful e.g. jug is not boiling or toast not cooking because equipment is not plugged in and turned on. Problems with initiation/completion, concentration, planning and/or perseverance may be observed as the client completing only one aspect of the task i.e. toast is ready but not the tea, or vice versa.

  - The client performs the task in a sequence that does not allow completion e.g. client fills the kettle and turns it on but does not check the power point is on, or uses the toaster without checking the heating dial or that the power point is on. Allow the client to self-correct. If the client doesn't, provide verbal cues to complete resequencing of the task and document the level of prompting required. It is important that some non-critical elements of the task are sequenced to reflect the client's preferences e.g. placing milk and tea bag in a cup prior to or after pouring hot water, spreading toast with jam prior to or after butter. The skill share-trained health professional should confirm that this is the client's usual preference i.e. "is that the way you normally do it at home? Because I do it this way…". If the client agrees it should be done in a different manner, confirm why it was performed as observed, noting memory, concentration or problem-solving abilities.
  - The client reports or is observed to be unable to complete the task due to shortness of breath, fatigue and/or pain. Introduce a perching stool. See the "Safety and quality" section. If symptoms do not ease, notify the medical team. If the symptoms ease but the client is unable or unwilling to continue, cease the task, document the limitation and develop a plan for either re-assessment, or if adequate observation occurred, for ongoing meal preparation review or support.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the "Safety and quality" section above.

## 6. Progression

- The client may require further assessment if meal preparation goals change or factors impacting performance improve or decline e.g. acute exacerbation COPD resolves, acute injury to the upper limbs, a change in cognitive status.

## 7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with documentation standards and local procedures, commenting on the client's ability to complete the task including:
  - the environment the task was undertaken e.g. hospital ward beverage bay, rehabilitation gym kitchen or the client's kitchen
  - the client's ability to initiate and complete the task
  - the client's ability to perform the task including correct use of any required equipment
  - the specifics of task performance including planning for the task, ability to orientate, perform the task in an appropriate order, recognise items and problem solve
  - safety during the task and the client's awareness of the potential dangers, including problem solving for potential dangers
  - the client's ability to complete the task in a time efficient and effective manner
  - the level of assistance required, the use of redirection/verbal cueing, or manual guidance. If supervision and assistance are provided this should also be described e.g. cueing, manual guidance, environmental set-up or symptom monitoring.
  - recommendations for ongoing task performance including environmental set-up (and if this was completed), recommended equipment to assist performance and ongoing management plans
  - if equipment and/or a rehabilitation goal are present, a plan to achieve this e.g. provision of standard education for pacing, adaptive equipment, one handed techniques and/or commencement of a rehabilitation program

  - any basic/bridging intervention/s that were provided as part of the session, including the outcome for each intervention i.e. change in performance and recommendation for ongoing use.
- The skill shared task should be identified in the documentation as “delivered by skill share-trained (*insert profession*) implementing CTI S-AD08: Assess meal preparation and provide basic/bridging intervention” or similar wording.

# References and supporting documents


- Queensland Health. (2017). Guide to Informed Decision-making in Health Care 2nd edition. https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf


### Example recording template


- Queensland Government (2017). Occupational therapy simple meal preparation assessment. V3.00 – 05/2017. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0020/415073/mr16bac.pdf
- Queensland Government (2014). Simple meal preparation observation record: Occupational Therapy. V1-04/14. Available at: http://qheps.health.qld.gov.au/tville/cdsu/clinical-forms/docs/cf-simple-meal-prep-obs-record.pdf

# Assessment: Performance Criteria Checklist

## S-AD08: Assess meal preparation and provide basic/bridging intervention

**Name:** **Position:** **Work Unit:**

| Performance Criteria | Knowledge acquired | Supervised task practice | Competency assessment |
|---|---|---|---|
| | Date and initials of Lead HP | Date and initials of Lead HP | Date and initials of Lead HP |
| Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record. | | | |
| Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record. | | | |
| Completes preparation for the task including unplugging electrical items, emptying the kettle, checking of food items, and setting up the perching stool. | | | |
| Describes the task and seeks informed consent. | | | |
| Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant. | | | |
| Delivers the task effectively and safely as per the CTI procedure, in accordance with the Learning Resource.<br>a) Clearly explains the task, checking the client's understanding.<br>b) Gains a meal preparation history form the medical record and subjectively from the client and/or carer.<br>c) Confirms the client's capacity to participate in a meal preparation assessment including mobilising in the kitchen area.<br>d) Advises the client to commence the task.<br>e) Assesses the client making tea and toast.<br>f) Describes the task performance including compensatory strategies.<br>g) Determines if the client would benefit from a basic/bridging intervention.<br>h) Selects appropriate intervention/s.<br>i) Develops a plan with the client for the intervention/s.<br>j) Implements the agreed plan, including observation of the client using the technique/equipment.<br>k) Makes any adjustments to the plan.<br>l) Determines if the client will require review and/or rehabilitation.<br>m) During the task, maintains a safe clinical environment and manages risks appropriately. | | | |
| Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve | | | |

| | | | |
|---|---|---|---|
| effectiveness, in accordance with the clinical reasoning record. | | | |
| Documents in the clinical notes including a reference to the task being delivered by skill share-trained health professional and CTI used. | | | |
| If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record. | | | |
| Demonstrates appropriate clinical reasoning throughout task, in accordance with the Learning Resource. | | | |

**Notes of the service model on which the health professional will be performing this task:**

*For example: the type of setting (community, medical assessment planning unit), additional client groups in scope e.g. standing, weight bearing restrictions, surgical conditions, etc. Additional meal preparation tasks e.g. vergetable prep, biscuit baking*

**Comments:**

**Record of assessment of competence**

| | | |
|---|---|---|
| Assessor name: | Assessor position: | Competence achieved: / / |

**Scheduled review**

| |
|---|
| Review date / / |

# CTI S-AD08: Assess meal preparation and provide basic/bridging intervention

## Clinical Reasoning Record

The clinical reasoning record can be used:

- as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting
- after training is completed for the purposes of periodic audit of competence
- after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.

The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

### 1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

### 2. Client

#### Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

#### General care plan

- insert concise point/s on the client's general and profession-specific / allied health care plan e.g. acute inpatient, discharge planned in 2/7

#### Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

#### Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

#### Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

#### Other considerations

- insert concise point/s of relevance to the task not previously covered. If none, omit.

## 3. Task indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement / not implement the task including risk management strategies.

## 4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

## 5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

## 6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

| **Skill share-trained health professional** | **Lead health professional (trainer)** |
|---|---|
| Name: | Name: |
| Position: | Position: |

**Date this case was discussed in supervision:** / /

**Outcome of supervision discussion** e.g. further training, progress to final competency assessment

# Assess meal preparation and provide basic/bridging intervention: Learning Resource

A kitchen assessment may be used to predict whether the client will be independent and safe for preparing meals once discharged home. Occupational therapists also use kitchen assessments to assess a client's cognitive skills including their ability to initiate, sequence, plan, problem solve, persevere and demonstrate an awareness of safety[1].

## Assessment of meal preparation

- Hartman-Maeir, A., Armon, N., Katz, N. (2005). The Kettle Test: A cognitive functional screening test. Unpublished protocol, Helene University, Jerusalem, Israel. Available at: https://www.sralab.org/rehabilitation-measures/kettle-test?ID=939 (click on "instrument details")
- The OT process (2015). Practical Guides #2: Taking the heat out of kitchen assessments. Available at: https://theotprocess.wordpress.com/2015/10/21/practical-guides-2-taking-the-heat-out-of-kitchen-assessments/
- Provencher, V., Demers, L., Gelinas, I., Giroux, F. (2013). Cooking task assessment in frail older adults: who performed better at home and in the clinic? Scandinavian Journal of Occupational Therapy 20(5):374-285. Available through CKN.

## Energy conservation and work simplification

- Independent Living Centre WA: Conserve energy and simplify tasks. Available at: https://ilc.com.au/wp-content/uploads/2015/03/Work-Simplification-and-Energy-Conservation.pdf

**Example client fact sheet**

- Queensland Government (2015). Darling Downs Hospital and Health Service. Energy conservation and work simplification fact sheet. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0018/425052/fact-2164.pdf

## Environmental set up

- Independent Living Centres Australia (2011). Reducing bending and reaching. Available at: http://ilcaustralia.org.au/Using_Assistive_Technology/in_the_home/reducing_bending_and_reaching

## Equipment

**Kitchen and household**

- Independent Living Centres Australia (2011). Kitchen and Household. Available at: http://ilcaustralia.org.au/Using_Assistive_Technology/in_the_home/kitchen
- Independent Living Centres Australia. Kitchen & household tasks. Available at: http://ilcaustralia.org.au/search_category_paths/5
- Government of South Australia (2013). Disability information: Stroke: equipment to assist with daily living. Available at: http://www.sa.gov.au/__data/assets/pdf_file/0016/15604/stroke-equipment-daily-living.pdf

[1] Laver Fawcett A (2007). Principles of assessment and outcome measurement for occupational therapists and physiotherapists: theory, skills and application. Wiley.

**Perching stool**

- Independent Living Centres Australia (2011). Home and kitchen stools. Available at: http://ilcaustralia.org.au/search_category_paths/541
- Okamura (n.d.) Chapter 3: Changing your work posture. Perching. Available at: http://www.okamura.jp/en_mea/about_us/posture/

## Food hygiene

- Australian Government (2010). Department of Health and Ageing. National Healthy School Canteens. Food safety – fact sheet. Available at: https://www.health.gov.au/internet/main/publishing.nsf/Content/5FFB6A30ECEE9321CA257BF0001DAB17/$File/Food%20Safety%20Fact%20Sheet.pdf

## One handed techniques

- Stroke Foundation (2013). Coping with hemiplegia and hemiparesis. Available at: https://strokefoundation.org.au/Blog/2015/05/20/Coping-with-hemiplegia-and-hemiparesis

## Required viewing

- Kopeshke R (2016). The kitchen assessment 1. Available at: https://www.youtube.com/watch?v=pn2g0eq6NFE

An example assessment form has been completed for this task. See Appendix 1.

- Independent Living Centre WA (2014). Assistive equipment in the kitchen. Available at: https://www.bing.com/videos/search?q=kitchen+adaptive+aids&&view=detail&mid=9F4B0B8199371CD263469F4B0B8199371CD26346&FORM=VRDGAR

An example assessment form has been completed for this task. See Appendix 2.

## Optional reading

- Hartman-Maeir, A., Harel, H., Katz, N. (2009). “Kettle test – a brief measure of cognitive functional performance. Reliability and validity in stroke rehabilitation.” American Journal of Occupational Therapy 63(5): 592-599. Available through CKN.
- Grimm, E.Z., Meus, J.S., Brown, C., Exley, S.M., Hartman, S., Hays, C., Manner, T. (2009). Meal preparation: comparing treatment approaches to increase acquisition of skills for adults with schizophrenic disorders. OTJR: Occupation, Participation & Health 29(4): 148-153. Available through CKN.

## Optional viewing

- Rogers D (2012). AMPS – task A-3. Pot of boiled/brewed coffee or tea. Available at: https://www.youtube.com/watch?v=Bdb8B8caL4E

An example assessment form has been completed for this task. See Appendix 2.

- Rogers D (2012). AMPS task I-5. Vegetable preparation. Available at: https://www.youtube.com/watch?v=EaTmzfHS_Ek
- Villareal R (2015). Kitchen task assessment. Available at: https://www.youtube.com/watch?v=jZp2dNUROJE

## Information required prior to meal preparation assessment

- Mobility history. See CTI S-MT01: Functional walking assessment
- Upper limb movement. If the medical record does not indicate an upper limb movement problem the client should be asked “do you have any issues using your arms or hands?” If upper limb problems are identified, refer to “Limitations” and “Safety and quality” section of this CTI.
- Sensation. Intact sensation is required for safety in the kitchen, this includes hot and cold for water temperature monitoring and proprioception for limb positioning. If the medical record does not indicate sensation impairment, the client should be asked “do you have any issues with feeling hot and cold, or do you experience numbness or pins and needles in your arms or legs?” If sensation problems are identified, refer to the “Safety and quality” section of this CTI.
- Skin integrity. Skin integrity including frail skin or problems with pressure injuries will be noted in the medical record. If the medical record does not indicate skin integrity concerns, the client can be asked “do you bump and bleed easily or have any problems with your skin?” If skin integrity concerns are identified, refer to the “Safety and quality” section of this CTI.

## Guide to undertaking a meal preparation history

1. Ask the client if they normally prepare the meals at home.

   If the client does not prepare the meals at home determine the purpose of performing the task, see “Indications and limitations” section of this CTI.
2. Ask the client if they would prefer tea or coffee with their toast, and how they would normally prepare the tea/coffee and toast.
3. Ask the client if they have (or expect) any difficulties, including how they think they will go with making tea/coffee and toast today.

   This question provides insight into the client’s problem solving and level of functioning. If difficulties are expressed e.g. lifting the kettle to pour the water, carrying objects from the fridge to the bench, opening jars or stabilising plates to spread the butter, confirm the client is happy to proceed and note the difficulty as part of the assessment. Ask the client how they currently manage the difficulty. Support the client to use their usual adaptive strategy e.g. use of a kettle tipper, trolley, jar opener, non-slip matting or assistance. If no adaptive strategies are used, consider introducing a brief/basic bridging intervention following the assessment if appropriate.

   Note: if the client expresses concern about locating equipment in the ward kitchen environment orientate the client to where items are stored.

# Meal preparation – observations

- As part of observing the client standing up and mobilising to and from the kitchen environment observe the client’s ability to orientate and memory/recall.
  - Do they know where the kitchen area is located?
- Example questions include:
  - Does the client remember why they are walking to the kitchen today e.g. to make tea and toast, to be assessed to go home?
  - Does the client recall what task they will be doing in the kitchen?
  - Can the client remember your (the health professional’s) name and what you do e.g. name, “occupational therapist”, “helping me go home”, “assessing me”.
- The components of making tea or coffee are listed in Table 1.

## Safety and judgement checkpoints

As part of the assessment the client should be questioned regarding safety and judgement. Safety and judgement questions assist in determining the client's awareness of safety issues, judgement of their risks and associated danger. Verbal responses support the interpretation of observations during the assessment by gauging the client's insights into their ability to recognise and respond to safety problems in the kitchen environment. Questions include:

- What would you do if the toaster caught fire? e.g. use a fire extinguisher/blanket to put out the fire, turn the power point off or unplug the toaster, call for help or call 000.
- What would you do if the toast got stuck in the toaster? e.g. turn it off and unplug it and use something get it out or tip it upside down.
- What would you do if you spilt the hot cup of tea on yourself? e.g. cool the burnt body part under cool running water. If the client states call the ambulance, ask the client what they would do to manage the burn whilst they wait for the ambulance.
- What would you do if you realised the milk for your tea had gone off or the bread was mouldy? e.g. throw it out, not use it.

The questions are designed to give insights into the client's problem solving skills and if they are suitably matched to the client's current level of function. Calling emergency services often demonstrates a learnt response and does not necessarily demonstrate problem solving abilities. Further questioning is therefore required to allow demonstration of problems solving skills.

These questions can occur either before, during or after the task. It may be more appropriate for clients with hearing difficulties or concentration problems to ask questions when concentration is enhanced i.e. before or after the task. Alternatively, it may also be appropriate to ask questions whilst the task is being performed e.g. waiting for the bread to toast or the water to boil.

## Task completion

The task is completed once the tea and toast are placed on the table for consumption and the kitchen area is clean and tidy.  Table 1 outlines the usual observation and task sequence for making tea an toast.

**Table 1 Usual observation and task sequence for making tea and toast**

| Usual sequence | Observation |
|---|---|
| **TEA** | |
| Checks water level in the kettle. | The client identifies and refills water to an appropriate level. The client may prefer to use a pot on the stove or cup in the microwave. The client is able to access taps and transport the kettle to/from the tap to the heating source. |
| Checks power point on/off at wall | The client identifies the heating source e.g. electric kettle, stovetop (gas or electric) or microwave. |
| Turns kettle on to boil water | The client determines the need to use the heating source correctly and is able to manipulate the settings as required e.g. switches, plugs, matches. |
| Identifies when the kettle has boiled | The client identifies when the kettle has boiled. This may include touching the kettle to ensure it is boiled or re-boiling the kettle to make sure the water is hot. |
| Collects cup and spoon | The client is able to locate items, including opening/closing the cupboard door and/or drawer. Items may also be stored on the benchtop in racks or a caddy. |
| Places ingredients into cup<br>- sugar (if required)<br>- tea/coffee<br>- milk (if required) | The client is able to sequence the ingredients to make the drink.<br>Order may differ according to client preference e.g. sugar added after hot water, milk before hot water. |
| Pours boiled water into cup | Client is observed to safely lift and pour the hot water source e.g. kettle.<br>Client may use two hands or adaptive equipment e.g. kettle tipper. |

| Usual sequence | Observation |
|---|---|
| Removes tea/bag (if required) | Fine motor, ability to remove the teabag from the hot cup.<br>The client may also prefer to leave the bag in the cup or use a tea pot with loose leaf tea or a diffuser. |
| Stirs with teaspoon | Fine motor skills required to stir to complete task. The client may not stir if they do not add sugar or milk.<br>Adaptive equipment includes built up cutlery. |
| Carries cup to table | The client is able to carry the hot beverage from the kitchen bench to the table. This includes observation of upper limb function, mobility, balance and cognition. The client may use a cup with a lid to prevent spillage. |
| Cleans up and puts items away | The client completes the task by putting things away in their correct place and is able to clean items thoroughly. |
| **TOAST** | |
| Collects bread | The client identifies and locates the bread. Storage areas include fridge, pantry or on the bench in a bread bin. |
| Collects spreads/condiments | The client plans the task selecting and preparing required items stored in the pantry, fridge or on the bench |
| Collects cutlery and plate | The client plans the task by choosing and preparing the required items. They are able to locate items, including opening/closing drawers and doors.<br>Observation includes the method of transporting items while walking. |
| Removes bread from packaging | The client prepares the bread for the toaster. This includes removing from plastic or paper bag, manipulation of the bread clip or tie. |
| Checks toaster power point | The client identifies the heating source for making toast, generally a toaster. Alternative toasting methods include use of a frypan or grill. |
| Places bread in toaster | The client puts the bread correctly into the toaster or alternative heating source. |
| Orientated to operation of toaster | The client is able to use the toaster including pressing the lever down and adjusting the toasting dial. |
| Locates cancel button (if required) | The client locates specific functions of the toaster including the cancel button. |
| Identifies when bread is toasted | The client identifies when the toast is ready. Personal preference will determine the level of cooking required for toast. |
| Removes toast and places on plate | The client safely plans and executes the removal of hot toast from the toaster onto a plate.<br>The client may prefer to use the bench or a bread board to prepare toast. |
| Applies spreads/condiments to toast | The client is able to use a butter knife to apply spreads to the toast.<br>Adaptive equipment includes built up cutlery. |
| Carries to table | The client is able to safely carry the toast on a plate from the kitchen bench to the table. This includes observation of upper limb function, mobility, balance and cognition. The client may use a plate guard to prevent spillage. |
| Cleans up and puts items away | The client completes the task by putting things away in their correct place and is able to clean items thoroughly. |

Table 2 provides a clinical reasoning guide to common observations and adaptive strategies for tea and toast meal preparation. It is designed to guide planning for brief/basic interventions. If the client has a rehabilitation goal, a plan to access a functional retraining program is required e.g. CTI S-AD11: Provide basic/bridging functional cognitive retraining program or referral to an occupational therapist.

**Table 2 Clinical reasoning guide to common observations and adaptive strategies for tea and toast meal preparation**

| Observed problem | Brief/bridging intervention | Resources and considerations |
|---|---|---|
| Breathlessness and fatigue during the task | Encourage rest periods throughout the task.<br>Introduce a perching stool and provide education on pacing and energy conservation techniques | Introduce a perching stool consider cost and fit in the environment. See required reading in the Learning Resource.<br>If symptoms persist provide standard education on pacing. See required reading in the Learning Resource. |
| Difficulty walking to, from or in the kitchen environment | Conduct walking assessment | CTI S-MT01: Functional assessment walking |
| Difficulty reaching into cupboards or transporting items to/from the kitchen bench | Re-locate items to be within easy reach and at hip height. | For example keep the toaster and kettle on the bench, keep bread and spreads on higher shelves. See the Learning Resource |
| | Introduce a household trolley for transporting items | For examples see:<br>http://ilcaustralia.org.au/products/1285?search_tree=761 |
| Difficulty with task performance due to upper limb problems including reduced strength, co-ordination or range of movement | Teach one-handed techniques | See the Learning Resource |
| | | Trial of non-slip matting for positioning items securely. For examples see:<br>http://ilcaustralia.org.au/products/search?utf8=%E2%9C%93&q=non+slip+matting |
| | For co-ordination problems holding cutlery | Trial weighted cutlery. For examples see Independent Living Centres:<br>http://ilcaustralia.org.au/search_category_paths/408 |
| | For reduced range of movement in the hand or poor grip strength | Trial built up handles on cutlery. For examples see Independent Living Centres:<br>http://ilcaustralia.org.au/products/search?utf8=%E2%9C%93&q=built+up+cutlery |
| | For poor upper limb strength or co-ordination with lifting and pouring the kettle | Prompt the client to fill only the volume required for one cup.<br>Trial of a kettle tipper, including filling the jug with water from a smaller jug<br>For examples see Independent Living Centres:<br>http://ilcaustralia.org.au/products/search?utf8=%E2%9C%93&q=kettle+tipper<br>Use of a microwave to heat 1 cup |

| Observed problem | Brief/bridging intervention | Resources and considerations |
|---|---|---|
| | For poor co-ordination or to support one-handed techniques whilst applying spreads | Trial of a plate guard. For examples see Independent Living Centres: http://ilcaustralia.org.au/products/search?utf8=%E2%9C%93&q=plate+guard |
| | For poor co-ordination or reduced grip strength or difficulty with grip positioning | Trial a jar opener. For examples see Independent Living Centres: http://ilcaustralia.org.au/products/search?utf8=%E2%9C%93&q=jar+opener |
| For poor sensation | To reduce risk of hot water burns | Trial of a kettle tipper, including filling the jug with water from a smaller jug |
| Problems with cognition including initiation, completion, orientation, sequencing, memory/recognition, problem solving, planning, judgement and safety | Provide education to the client and carer regarding limitations and safety concerns. Develop a safety strategy for preparing meals. | Strategies to support meal preparation include carer support for supervision, assistance or provision of meals.<br>If a carer is not available to assist or supervise discuss alternative provision strategies including access to meals on wheels or pre-packaged and frozen meal options.<br>For more information on Meals on Wheels Queensland see: https://www.qmow.org/ |
| | Cognitive retraining program | Liaise with a health professional with expertise in the task. |

# Appendix 1 - An example completed assessment for required viewing 1.



Queensland Government

## Occupational Therapy Simple Meal Preparation Assessment

Facility: .....

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

**Date:** / / **Ward/Unit:** Rehabilitation **Attempt:** ☒ Initial ☐ Repeat ☐ Group

**Diagnosis:** Fall- L hand injury **Cautions:** use of L hand splint at all times

**Current mobility/transfers:** Supervision mobilising with 4WW, supervision with transfers.

**Diet modifications** *(fluids/food)*: Nil

**Task description:** to prepare a piece of toast and cup of tea

| Task components | Independent | Verbal cue required | Physical assistance required | Total assistance required | Comments |
|---|---|---|---|---|---|
| **Mobility**<br>• Mobility aid used: .....<br>• Balance<br>• Reach/bend | | | X | | - poor balance mobilising with 4WW<br>- unsteady sit to stand transfers<br>- poor use of 4WW, forgets to use the 4WW and brakes when mobilising. |
| **Upper limb function**<br>• Bilateral upper limbs used for task<br>• Upper limb coordination and strength<br>• Use of utensils | | X | X | | - splint insitu L hand, tasks one handed<br>- reduced ability to open milk bottle with one hand. |
| **Task initiation/completion**<br>• Begins the task and recognises when the task is completed<br>• Perseverance | | X | | | - was able to start the task but reported task completion when only toast was made.<br>- prompting required to complete tea task |
| **Concentration/Attention span**<br>• Able to complete task without redirection<br>• Maintain attention to task<br>• Able to complete task in a timely manner | | X | | | - tea task was forgotten during toast task<br>- instruction for tea (cup, sugar, milk) were unable to be recalled with prompting.<br>- placed 3 pieces of bread in toaster- prompt to alert this required.<br>- put 4 sugars in tea when 1 requested. |
| **Orientation**<br>• Able to navigate kitchen to find cupboards and fridge<br>• Able to locate required items *(i.e. plates, cutlery, food items)*<br>• Ability to navigate to ward *(topographical orientation)* | | X | | | - prompting required to obtain objects from the kitchen- plate for the toast- chose a bowl. |
| **Sequencing**<br>• Performs the task in an appropriate order | | X | | | - could sequence through the task but required prompting at times - to get plate for toast and milk for tea. |
| **Memory/Recognition**<br>• Able to recognise items to complete tasks and steps<br>• Able to recall the task | | X | | | - unable to recall request of making tea or the instructions white mug, milk, 2 sugars).<br>- chose a bowl for toast instead of plate.<br>- constant prompting re use of the 4ww for mobility and use of the brakes.<br>- feels the kettle to recall if it has been boiled. |
| **Problem solving**<br>• Ability to recognise and solve a problem if presented, *e.g. Recognises to fill jug if water level low; if toaster not toasting – turn on at the wall* | | X | | | - recognised toaster not working but prompting to find a solution.<br>- chose bowl or toast- difficulty spreading butter, required prompt for solution.<br>- needs prompt to recognise 2 pieces of bread are in one side of the toaster. |
| **Judgement and Safety**<br>• Uses equipment and appliances correctly and safely. Is aware of potential dangers. | | X | | | - chose to put toaster on stove top- did not identify as safety risk<br>- unsteady and unbalanced using 4WW<br>- unable to identify carrying hot tea without 4WW was risk.<br>- feels the kettle to recall if it has been boiled. |
| **Foresight and Planning**<br>• Obtains all equipment and ingredients prior to commencing task | | X | | | - task was not planned, objects were not gathered before task commenced- as needed. |



Occupational Therapy Simple Meal Preparation Assessment

v3.00 - 05/2017
00104:16bac

| Family name: | Given names: | URN: |
|---|---|---|

| Stages of task** | Completed | | | Comments |
|---|---|---|---|---|
| **Making a cup of tea** | **Yes** | **No** | **N / A** | |
| 1. Locates:<br>• Kettle | x | | | Verbal assistance required after briefing of the kitchen environment. |
| • Cups | x | | | |
| • Spoon | x | | | |
| • Tea/coffee | x | | | |
| • Sugar | x | | | |
| • Milk | x | | | |
| 2. Checks water level in kettle and fills if necessary | | x | | Doesn't fill or boil the kettle |
| 3. Turn on kettle | | x | | |
| 4. Boil water | | x | | |
| 5. Put tea/coffee in cup | x | | | |
| 6. Put sugar in cup | x | | | adds 4 teaspoons sugar when 1 was requested. |
| 7. Pour water from kettle into cup | x | | | |
| 8. Add milk | x | | | |
| 9. Stir | x | | | |
| 10. Carry cup to table | x | | | assistance provided as unsafe to mobilise without 4ww and hot tea cup |
| 11. Take a sip from the cup | | | x | |
| 12. Clean up and place items away | | | x | |

| Stages of task** | Completed | | | Comments |
|---|---|---|---|---|
| **Making a piece of toast** | **Yes** | **No** | **N / A** | |
| 1. Locates:<br>• Toaster | x | | | |
| • Bread | x | | | |
| • Butter | x | | | |
| • Spreads | x | | | |
| 2. Collects equipment:<br>• Plate | x | | | used a bowl instead of a plate |
| • Butter knife | x | | | |
| • Adaptive equipment | | | x | |
| 3. Remove bread from packet | x | | | |
| 4. Turn on toaster | x | | | prompting required to turn toaster on when toaster was not working. |
| 5. Put bread in toaster | x | | | prompting required when extra pieces of bread were put in the toaster. |
| 6. Toast bread (without burning) | x | | | prompt required to make aware toast was cooked. |
| 7. Locate cancel button on toaster if required | | | x | |
| 8. Remove toast from toaster | x | | | |
| 9. Put toast onto plate | x | | | used bowl instead of plate |
| 10. Butter toast | x | | | |
| 11. Apply chosen spread on toast | | | x | |
| 12. Clean up and place items away | | | x | |

** Adapted from the PRPP System Observation and Recording Sheet, Chapparo & Ranka, 2002, University of Sydney

Name *(print)*..... Designation *(print)*.....

Signature ..... Date...../...../.....



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# Appendix 2 - An example completed assessment for required viewing 2.

Developed by Queensland Health, Townsville Hospital and Health Service

Queensland Government

## Simple Meal Preparation Observation Record
### Occupational Therapy

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐M ☐F ☐I

| Performance | Key | Definition |
|---|---|---|
| Independent | I | Performs the activity without cueing, supervision, with/without assistive devices, at normal or near normal speed |
| Supervised | S | Performs the activity alone but needs someone nearby for safety. May require 1-2 verbal cues or stand by for contact guarding |
| Minimal Assistance | Min A | Cueing and physical assistance < 25% of the task |
| Moderate Assistance | Mod A | Cueing and physical assistance 25% - 49% of the task |
| Maximum Assistance | Max A | Cueing and physical assistance 50% - 75% of the task |
| Dependent | D | Performs only one or two steps of the activity, or fatigues easily/performs very slowly. Requires more than 75% physical assistance |
| Seated | SE | Task performed in seated position |
| Standing | ST | Task performed in standing position |

Date: ..... / ..... / .....

Mobility status: Independent no aids

Mobility aid required: Nil aids

Daily Living Aids required: Nil

| Action | Performance |
|---|---|
| 1. Mobilises to kitchen | I |
| Comments: Independent Mobility in the kitchen observed. | |
| 2. Orientated to kitchen items | I |
| Comments: Independent orientation to kitchen, noted in own home. | |
| **TEA or COFFEE** | |
| 3. Checks water level in kettle | I |
| 4. Checks power point on/off at wall | I |
| 5. Turns kettle on to boil water | I |
| 6. Identifies when the kettle has boiled | I |
| 7. Collects cup | I |
| 8. Collects spoon | I |
| 9. Places sugar and tea/coffee into cup | I |
| 10. Pours boiled water into cup | I |
| 11. Adds milk (if required) | I |
| 12. Removes tea/bag (if necessary) | I |
| 13. Stirs with teaspoon | I |
| 14. Carries cup to table | I |
| 15. Cleans up and put items away | N/A |
| Comments: INDEPENDENT WITH TASK | |

| Action | Performance |
|---|---|
| **TOAST** | |
| 16. Collects bread | N/A |
| 17. Collects spreads/condiments | N/A |
| 18. Collects cutlery | N/A |
| 19. Collects plate | N/A |
| 20. Removes bread from packaging | N/A |
| 21. Checks toaster power point | N/A |
| 22. Places bread in toaster | N/A |
| 23. Orientated to operation of toaster | N/A |
| 24. Locates cancel button (if required) | N/A |
| 25. Identifies when bread is toasted | N/A |
| 26. Removes toast and places on plate | N/A |
| 27. Applies spreads/condiments to toasts | N/A |
| 28. Carries to table | N/A |
| 29. Cleans up and put items away | N/A |
| Comments: NOT OBSERVED | |

Name: ..... Signature: ..... Designation: .....

Page 1 of 1

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v1 - 04/14

00200:VAR-060-0432

SIMPLE MEAL PREPARATION OBSERVATION RECORD