

Clinical Task Instruction

DELEGATED TASK

D-VO03: Support lymphoedema risk reduction education and/or exercises

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- provide standard education/information to reinforce lymphoedema risk reduction advice, including the use of supporting resources e.g. client handout, poster.
- safely and effectively educate/instruct and supervise clients in an exercise regimen to support the prevention and management of lymphoedema e.g. pre, post-operative or maintenance.
- explain the purpose of the prescribed exercises, facilitate and monitor performance including correcting common errors or causes of ineffective performance, and providing clear and relevant feedback to improve the client's performance.

VERSION CONTROL

Version: 1.0

Endorsed: (Professional) Statewide Directors of Occupational Therapy and Statewide Directors of Physiotherapy Date approved: 13/08/2020

Approved: (Operational) Chief Allied Health Officer, Allied Health Professions' Office of Qld. Date approved: 4/09/2020

Document custodian: Chief Allied Health Officer, Allied Health Professions' Office of Qld. Review date: 4/09/2023

Acknowledgements: Metro North Hospital and Health Service

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

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

© State of Queensland (Queensland Health) 2020



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and authoring unit listed above, and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>.

For further information contact Allied Health Professions' Office of Queensland, PO Box 2368, Fortitude Valley BC QLD 4006, email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3328 9862.

Disclaimer

Queensland Health has made every effort to ensure that the information in this resource, at the time of distribution, is correct. The information in this resource will be kept under review and future publications will incorporate any necessary amendments.

The information in this resource does not constitute clinical advice and should not be relied upon as such in a clinical situation. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and readers are advised to verify all relevant representations, statements and information. Specialist advice in relation to the application of the information presented in this publication must be sought as necessary to ensure the application is clinically appropriate.

In no event, shall Queensland Health be liable (including negligence) for any claim, action, proceeding, demand, liability, costs, damages, expenses or loss (including without limitation, direct, indirect, punitive, special or consequential) whatsoever brought against it or made upon it or incurred by Queensland Health arising out of or in connection with a person's use of information in this publication

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
 - Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
 - Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Physiotherapy Learner Guide: Deliver and monitor a client-specific exercise program
- Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
 - a basic understanding of lymphoedema including common causes, risk factors, early warning signs, complications and usual management.
 - a basic understanding of the purpose of exercise to support lymphoedema prevention and management including common exercises, potential performance errors and strategies to correct performance and client resources used in the local service.
 - awareness of common signs and symptoms to be monitored during exercise performance including pain, signs of pressure injury or infection and oedema.
- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above).
 - reviewing the Learning Resource.
 - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task, and are required by an AHA delivering this task:
 - if required for the local service delivery model, the ability to use or acquire competence in the use of a pain rating scale e.g. Visual Analogue Scale (VAS).

Safety & quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - clients may be educated in exercises pre or post-operatively. If the client has had surgery, this should be part of the delegation instruction and include information on expected appearance of the wound and limb and any additional monitoring requirements during the task. For example, the presence of a dressing or drain may reduce the expected range of movement to meet protocol

requirements. The limb should also be observed for any altered/abnormal appearance. For example:

- signs of oedema e.g. the skin appearing shiny or tight, an observable difference in size of the limb compared to the unaffected side or baseline, the skin feeling hot to touch, or pitting on palpation.
- signs of infection e.g. redness, heat or swelling of acute onset, coloured exudate leaking from the wound, malodour or delays in wound healing including no new tissue granulation or the wound has not healed after three weeks.
- signs of abnormal scar formation e.g. raised, red, hot, non-pliable or thickened, or the client reports restricted movement, pulling sensations or pain over the scar area during movement.
- moderate pain at rest or prior to commencing range of motion (ROM) or increased pain during ROM or palpation. Pain should usually settle with cessation of the activity. Pain may be due to wound discomfort, poor pain management including ineffective medication regimen or activity pacing.
- other skin abnormalities, including signs of redness/blotching, sweating or pressure injury.
- if the client reports or is observed to have signs and symptoms develop, worsen or do not match the delegation instruction, cease the task and liaise with the delegating health professional.
- if the client becomes upset or expresses or shows signs of distress in relation to education on lymphoedema risk management, pause the task and provide reassurance. If the client's concerns do not quickly resolve with reassurance, implement CTI WTS01, ceasing the task and indicating that the delegating health professional will speak with the client further. Ensure the client is comfortable and distress has settled prior to contacting the health professional.

Equipment, aids and appliances

- If the client uses glasses or hearing aids, encourage they wear them.

Environment

- Ensure environment is managed appropriately for effective communication e.g. minimise distraction, close door/curtain.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - factors impacting communication such as hearing or sight problems, English as a second language, or neurological problems.
 - specific information to be adjusted, highlighted or discussed during the education session.
 - the exercise/s to be performed e.g. active range of movement at the shoulder for flexion and abduction.
 - the frequency, number of repetitions, sets and duration (hold time) for each exercise, amount and type of resistance and details for the home exercise program (if required).

- the position during exercise e.g. lying, sitting or standing.
- restrictions required for each exercise e.g. limited range of motion including angle to meet protocol requirements or within comfort.
- monitoring requirements and thresholds for each exercise e.g. expected movement patterns, pain or end of comfortable range.

2. Preparation

- Obtain the required equipment including:
 - the client information and/or exercise handout.
 - equipment required for the exercise e.g. mirror, resistance band, hand weight.

3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
 - “The (professional) has asked me to provide you some information on how to reduce your risk of developing lymphoedema and/or exercises you will need to perform”.
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client’s position during the task should be:
 - comfortably seated in a chair or sitting up in bed, in a position that allows the client to read printed resources (where relevant) with the AHA.
- The AHA’s position during the task should be:
 - facing the client and at eye level.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps.
 1. Where possible, move to a quiet area or close curtains/door to limit distractions for individual education, or to an appropriate environment for group education.
 2. Provide the information/education resource to the client.
 3. Present a summary of the key points on the information/education including any variants to the standard information requested by the delegating health practitioner. Discuss any particular strategies on the information brochure that have been highlighted by the delegating health professional.
 4. If the delegation instruction includes providing information on exercises:
 - i. observe the client’s limb. See Safety and quality section.

- ii. explain how to perform the planned program for each individual exercise including the goal, expected outcome, position, number of sets, repetitions/time, level of resistance. See the Learning Resource for specific details for each exercise.
 - iii. demonstrate how to perform each exercise, highlighting potential errors and the target level of performance for the training session.
 - iv. follow the training program described by the delegating health professional which will provide guidance on positioning, risks and precautions and any other relevant considerations for the individual client.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - check that the client understands the information provided by asking if he/she has any questions, and by gauging whether the client appears confused or concerned about the information. Note any questions that the client has that are not covered by the printed resource or by the AHA's training and indicate to the client that these questions will be provided to the (relevant health profession) for follow-up.
 - clients requesting information not covered in the standard education resource should be advised that information/clarification will be provided by the delegating health professional. The process will be determined by the local service model e.g. via a phone call during the consultation or at review time.
 - if the client presents with communication problems and this was not part of the delegation instruction or the prescribed compensatory strategies are ineffective, cease the task and liaise with the delegating health professional. Problems may include limited English language proficiency, or cognitive, speech or language problems.
 - During exercise instruction and supervision:
 - provide verbal correction and/or manual guidance for poor performance. Ask the client if symptoms are impacting performance of the exercise e.g. pain, or a previous injury. If difficulties persist, cease the task and liaise with the delegating health professional.
 - count repetitions or note the time elapsed for the client and indicate when to rest.
 - watch for signs of fatigue such as increasing use of compensatory movements. If the client is unable to complete the required number of repetitions without compensatory movements, cease the exercise, noting any symptoms identified by the client and the number of repetitions/ time elapsed achieved. Continue with the next exercise in the program if the client is able to perform this without compensatory movements.
 - if the client reports pain during or after exercise performance, pause the exercise and monitor the client's pain e.g. using a pain rating scale. See the "Safety and quality" section. If the pain does not settle to the baseline level, cease the task and discuss the parameters for exercise performance with the delegating health professional.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the "Safety and quality" section above including CTI D-WTS01 When to stop.
 - At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to client, emphasising positive aspects of performance and areas to work on.
 - if requested by the delegating health professional, provide instructions for independent practice of the task including safety considerations reinforced.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task the following specific information should be presented:
 - the topic of the education/information or title of the written resource provided.
 - if exercises were included:
 - observations of the client's limb including oedema, scars, wounds, movement patterns during the movement.
 - the name of each exercise practised and if resistance was included, the amount (weight, resistance band colour), number of repetitions, sets and duration of hold completed for each exercise, any difficulties experienced and/or monitoring requirements.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task, including:
 - observations of client performance, expected outcomes that were and were not achieved and difficulties encountered or symptoms reported by the client during the task. The AHA may also provide observations to the health professional that supports changes to the program such as observed ease of an exercise which may indicate progression is required.

References and supporting documents

- Queensland Health (2018). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

D-VO03: Support lymphoedema risk reduction education and/or exercises

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collection of the client education resource.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <p>a) Clearly explains the task, checking the client's understanding.</p> <p>b) Where possible, moves to a quiet area or closes curtains/door to limit distractions.</p> <p>c) Provides the information/education resource to the client.</p> <p>d) Presents information/education (e.g. a summary of the resource) including any variants to the standard information requested by the delegating health practitioner.</p> <p>e) Discusses any particular strategies on the information brochure that have been highlighted by the delegating health professional.</p> <p>f) Implements the prescribed exercise program by:</p> <ul style="list-style-type: none"> - appropriately describing and/or demonstrating the exercise. - correctly setting up the practice environment for the exercise. - accurately monitors the clients' performance during the task. - provides timely, accurate and appropriate feedback during the task. 			

<p>g) Determines client's capacity to participate in each prescribed activity before commencing.</p> <p>h) Reinforces exercises with the client by referring to the information resources.</p> <p>i) During the task, maintains a safe clinical environment and manages risks appropriately.</p> <p>j) Provides feedback to the client on performance during and at completion of the task.</p>			
<p>Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.</p>			
<p>Provides accurate and comprehensive feedback to the delegating health professional.</p>			

Comments on the local service model including name of resource

The AHA has been trained and assessed as competent to deliver:

- _____
- _____
- _____
- _____

Comments:

Large empty text area for comments.

Record of assessment competence:

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

Scheduled review:

Review date: / /

Support lymphoedema risk reduction education and/or exercises: Learning resource

Required reading

- Australian Government: Cancer Australia (2017). Breast cancer: surgery. Available at: <https://canceraustralia.gov.au/affected-cancer/cancer-types/breast-cancer/treatment/what-does-treatment-breast-cancer-involve/breast-cancer-surgery>
- Australian Government: Cancer Australia (2020). Lymphoedema. What you need to know. Available at: https://canceraustralia.gov.au/sites/default/files/publications/lnkc-lymphoedema-what-you-need-to-know_504af02fe04d6.pdf
- Australian Lymphology Association (2020). What is Lymphoedema? Available at: <https://www.lymphoedema.org.au/about-lymphoedema/what-is-lymphoedema/>
- Cancer Council (2019). Understanding Lymphoedema. A guide for people affected by cancer. Available at: https://www.cancer.org.au/content/about_cancer/factsheets/Understanding_lymphoedema_fact_sheet_May_2019.pdf

Example client resources

- Cancer Council (2018). Arm and shoulder exercises after surgery. A guide for people who have had breast cancer surgery. Available at: https://www.cancer.org.au/content/about_cancer/factsheets/Breast_exercises_after_surgery_poster_July_2018.pdf