Queensland Health

Clinical Task Instruction

Delegated Task

D-SP06: Support the review of activities that contribute to the care plan

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant in a mental health setting to:

- support the client to develop and/or review activities related to strategies/interventions in the care plan. The strategies/interventions will align to recovery and clinical goals that have been collaboratively developed between the delegating health professional and the client and recorded within the multidisciplinary team care plan.

VERSION CONTROL

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Acknowledgements:	West Moreton 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 must 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

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

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- apply motivational interviewing techniques and Specific, Measurable, Attainable, Realistic, Timely (SMART) goal setting principles to support the client with the activities.

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.
- Content knowledge can be provided by a motivational interviewing course e.g. training opportunities provided by the HHS. If a local course is not available, complete the Insight Motivational Interviewing eLearning course:
  - Motivational Interviewing 1: Spirit and Core Skills

  Available at: https://insight.qld.edu.au/training/motivational-interviewing-1-spirit-and-core-skills/detail

  - Motivational Interviewing 2: Change Talk

  Available at: https://insight.qld.edu.au/training/motivational-interviewing-2-change-talk/detail
- Completion of the following Mental Health Professional Online Development (MHPOD) learning portal modules available at: https://www.mhpod.gov.au/
  - Recovery
  - Recovery based practice.

Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
  - the role of the client and the healthcare team in contemporary, consumer-centred mental health services, including the planning and development of a care plan, recovery and clinical goals, strategy/ies and intervention/s.
  - the role of the AHA in supporting the client to plan and/or review activities that align to their care plan. This includes trouble-shooting and problem-solving to support completing activities within the parameters of the delegation instruction.
  - common social, emotional, physical, intellectual and spiritual recovery and clinical goals, strategies and interventions. This includes the usual activities and graduated steps, relevant to the local context and client group/s e.g. steps to obtain employment, pathways to access training/education and/or healthcare services.
  - tools and resources relevant to the local service that support activities including client handouts, brochures and websites e.g. community managed organisations that provide support, goal setting templates.
- 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:
  - experience and skills in recovery-oriented care and practice.

Safety and 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:
  - a comprehensive care plan is a document describing agreed goals of care (ACSQHC, 2019). Care Plan clinical goals are informed by clinical assessment and should align to the consumer's recovery goals as outlined in their recovery plan (Queensland Health, 2020, p88). Strategies/ interventions detail how the clinical goals will be met as part of working towards meeting the consumer's recovery goal. As part of care plan monitoring, the health professional may delegate to the AHA the support of the client to plan and/or review and progress specific activities. These activities will be within defined parameters of (and linked to) a specific strategy/intervention. If the client does not have a documented care plan, including clinical goals and strategies/ interventions, or they do not match the delegation instruction, liaise with the delegating health professional.
  - clients seen by a mental health service will routinely have a mental health services risk screening tool completed including mitigation strategies. If the client does not have a current risk screen or their presentation does not match the risk screen, liaise immediately with the delegating health professional. If the client demonstrates risk behaviours such as engaging in, or threatening to harm self or others, including articulating plans, implement occupational violence strategies, risk assessment training responses and local procedures e.g. call 000 and as soon as practical, advise the delegating health professional.

Equipment, aids and appliances

- If the client is reliant on hearing aids or reading glasses, these should be applied prior to commencing the task.

Environment

- A private location with minimal background noise and distractions that enhances communication with the client about their recovery goals.

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:
  - information on the relevant clinical and recovery goal and associated strategies/interventions. If multiple goals and/or strategies/interventions are being delegated this includes the recommended order for the session.
  - the activity/ies for collaborative development, review and/or monitoring, including recommendations and limits for the delegated activity. If multiple activities are being delegated this includes the recommended order for the session.
  - tools for use during the activity e.g. information brochures, recovery plan, SMART goal handout, client diary/journal.
  - client specific restrictions, adaptations or requirements for the activity e.g. need for literacy or carer support, interpreter, glasses, hearing aids.

2. Preparation

- Collect handouts, recovery plan and pen.

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:
  - “I’ve been asked to assist you to develop/review the activities you are working on to achieve your recovery goals”.
- 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:
  - sitting comfortably in a supportive chair.
- The AHA’s position during the task should be:
  - sitting beside and at eye level with the client. To support a sense of safety, the delegation instruction may direct the AHA to sit with an increased interpersonal distance or across the table from the client.

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. Ask the client to confirm/read their recovery goal and provide information on progress made for each strategy/intervention identified in the delegation instruction.
     a. If the task includes planning of an activity,
        a. prompt and guide the client to identify the required activity/ies to complete the strategy/intervention using motivational interviewing techniques and SMART goal principles.
        b. Confirm that each activity is within the prescribed limits of the task.
     b. If the task includes reviewing of an activity,
        a. ask the client to reflect and provide information on actions/progress they have made. Prompt the client to describe the progress for the activity.
           i. If part of an activity is not completed, support the client to identify and problem solve any barriers to achieving the activity.
           ii. If an activity is completed, support the client to reflect on their strengths that supported the achievement. Then prompt the client to review the next/ remaining activity/ies.

     In all discussions, apply motivational interviewing techniques and SMART goal principles and the parameters of the delegation instruction.
  2. If the delegation instruction includes having the client record the planned activity to aid recall, pause and support the client to use their memory aid e.g. diary, journal, phone calendar. This may include allowing time to do this or providing a prompt.
  3. Repeat steps 1 and 2 until all activities for the strategy/intervention in the delegation instruction have been reviewed and there is a list of agreed activities for the client to continue to implement.
  4. Repeat step 1 -3 for the next delegated recovery goal.
- During the task:
  – provide feedback and correct errors in the performance of the task including:
    - if the client becomes frustrated, upset or angry during the task, pause the task and check in with the client as to how they are feeling. Provide encouragement and support to re-engage with the task. If the client does not wish to continue the task or remains distressed, ensure the client is safe and liaise with the delegating health professional.
    - if the client focuses on barriers to activities including the limits of the delegated task, provide encouragement, including reflecting on client's strengths and problem-solving skills that have supported achievement of other goals. For example, a client may identify not owning a car as a barrier to seeking employment. The AHA can provide an example of catching the bus or car-pooling with friends to support the clients' action planning. If during the task it is evident that the activity cannot be achieved within the delegated parameters, cease the task and inform the delegating health professional.
    - if the activity does not use SMART goal principles, provide information on setting a SMART goal to assist the client to refine and specify the goal. Include an example of how the planned activity may be improved e.g. by setting a timeframe, or by re-focusing the client to break down the activity into steps. Support the client to review the planned activity using SMART goal principles.

    - if the client reports having achieved a recovery goal or has completed all activities for the strategy/intervention, request additional information for feedback to the delegating health professional. For example, if the goal is to secure employment, confirm details on commencement date, employer, type of work; if to join a support group, confirm details on name/type of group, date/s attended.
    - if during the task the client identifies a new recovery or clinical goal that is not recorded, pause the task, acknowledge the new goal and confirm understanding e.g. "Can I confirm that you would like to get a job?". The AHA can advise the client that this is a new goal and they will inform the delegating health professional. Depending on access to the health professional this may occur during or after the task.
    - if during the task the client identifies a strategy/intervention that is not part of the delegation instruction for the session, pause the task, acknowledge the activity and confirm understanding e.g. "I can see that you are also planning on getting a job". The AHA can advise the client that the delegating health professional has identified the activities for planning and/or review for the session and they will feedback to the delegating health professional. Depending on access to the health professional, this may occur during or after the task.
    - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section 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.
  - 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:
  - information on the activities developed/reviewed including
    - the strategy/intervention that the activity is associated with
    - those completed, progress made, barriers or problems identified.
  - planned activities the client has set during the session.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Australian Commission on Safety and Quality in Health Care (ACSQHC) (2019). Implementing the Comprehensive Care Standard: Identifying goals of care. Sydney. Available at: https://www.safetyandquality.gov.au/sites/default/files/2019-06/implementing-the-comprehensive-care-standard-identifying-goals-of-care-final-accessible-pdf-24-apr-2019.pdf
- Cairns AJ, Kavanagh DJ, Dark F, McPhail SM (2019). Goal setting improves retention in youth mental health: a cross-sectional analysis. Child and Adolescent Psychiatry and Mental Health. 31. https://capmh.biomedcentral.com/articles/10.1186/s13034-019-0288-x
- Grenville R, Smith L (2018). Mental health recovery, goal setting and working alliance in an Australian community-managed organisation. Health Psychology Open. https://journals.sagepub.com/doi/10.1177/2055102918774674
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp.
- 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.
- Queensland Health (2020). Comprehensive care documentation guide: Partnerships in care and communication. For a copy contact MHAODB_OCP@health.qld.gov.au, phone 07 3328 9374. Queensland Health staff can access at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0033/2587542/comprehensive-care-documentation-guide.pdf

Assessment: performance criteria checklist

D-SP06: Support the review of activities that contribute to the care plan

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 collecting handouts, recovery tools and a pen.			
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.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Asks the client to read their recovery goal/s and provide information on progress made on associated activities. c) Asks the client to reflect on a strategy/intervention and supports the: - planning of activities - review of activities including identifying if achieved. d) Supports the client using motivational interviewing and SMART goal principles. e) Ensures activities are within the parameters of the delegated instruction. f) Repeats process until all activities have been planned and/or reviewed.			

g) During the task, maintains a safe clinical environment and manages risks appropriately. h) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments:

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved: / /

Scheduled review:

Review date: / /

Support the review of activities that contribute to the care plan: Learning resource

For people accessing mental health services, goal setting has been shown to improve service engagement and contribute to improved client outcomes and recovery (Cairns, Kavanagh, Dark, McPhail 2019; Grenville and Smith 2018). Evaluation of goal attainment is supported by using SMART goal setting principles. Mental health services apply SMART goal setting principles at a range of levels.

Role of the client and healthcare team members in the planning and development of a care plan

A comprehensive care plan is a document describing agreed goals of care and may be called different things in different health service organisations (ACSQHC, 2019). Care Plan clinical goals are informed by clinical assessment and should align to the consumer's recovery goals as outlined in their recovery plan (Queensland Health, 2020, p88). Strategies/interventions detail how the clinical goals will be met as part of working towards meeting the consumer's recovery goal. The client plans component activities that, when completed, will enable the client to achieve the outcomes identified in the care plan and contribute to achieving their recovery goal. Additional details for Queensland Health Mental Health Alcohol and Other Drug (MHAOD) services can be found in the Documentation guide https://qheps.health.qld.gov.au/__data/assets/pdf_file/0033/2587542/comprehensive-care-documentation-guide.pdf

Clients of mental health services may require support to identify, plan and problem solve for activities. The activities may be identified and recorded in the care plan by the health professional when meeting with the client. Support for the development of the activities may form part of the delegation instruction to the AHA. The AHA, within defined parameters set by the health professional, supports the client to plan activities and problem solve by using the principles of motivational interviewing and knowledge of SMART goal setting. The process is monitored by the delegating health professional who continues to provide guidance and oversight of the care plan and its implementation. See Figure 1.

It should be noted that clinical and recovery goals may have a number of associated strategies and interventions, which in turn will have one or more supporting activities. The delegating health professional determines the timing and order in which activities occur as part of delegation.

See Table 1 for example goals, strategies and activities.

Required reading

Goal setting

- Australian Commission on Safety and Quality in Health Care (2019). Implementing the comprehensive care standard: identifying goals of care. SMART and SMARTER goals p 7. Available at: https://www.safetyandquality.gov.au/sites/default/files/2019-06/implementing-the-comprehensive-care-standard-identifying-goals-of-care-final-accessible-pdf-24-apr-2019.pdf
- Healthdirect (2018). Goal setting. Available at: https://www.healthdirect.gov.au/goal-setting
Optional reading

Optional viewing

Motivational interviewing

- MHSS Gold Coast (n.d.) Motivational Interviewing with Leah McClaren Gold Coast Health:
  - Video 1. Available at: https://youtu.be/eGzxljnjC6g
  - Video 2. Available at: https://youtu.be/GONdBFKl-PY
  - Video 3. Available at: https://youtu.be/2BaJu-ocaAs
  - Video 4. Available at: https://youtu.be/CKML41dqED0
  - Video 5. Available at: https://youtu.be/v6LRGJBRsW0
- TheIRETAchannel (2013). Motivational interviewing – Good example – Alan Lyme. Available at: https://www.youtube.com/watch?v=67I6g1I7Zao
- TheIRETAchannel (2013). Motivational interviewing – A bad example – Alan Lyme. Available at: https://www.youtube.com/watch?v=_VlvanBFkvI

Example resource to support client goal setting in the local service

- Process.st (n.d.) SMART Goal Setting Checklist. Available at: https://www.process.st/checklist/smart-goal-setting-checklist/

Example templates (Queensland Health employees only)

- Mental Health Recovery Plan. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0043/2586994/care-plan.pdf
- Mental Health Service Care Plan. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0014/351230/sw671.pdf

Figure 1: Flow chart depicting the relationships between recovery plan, recovery goals, care plan, clinical goals, strategies/interventions and activities

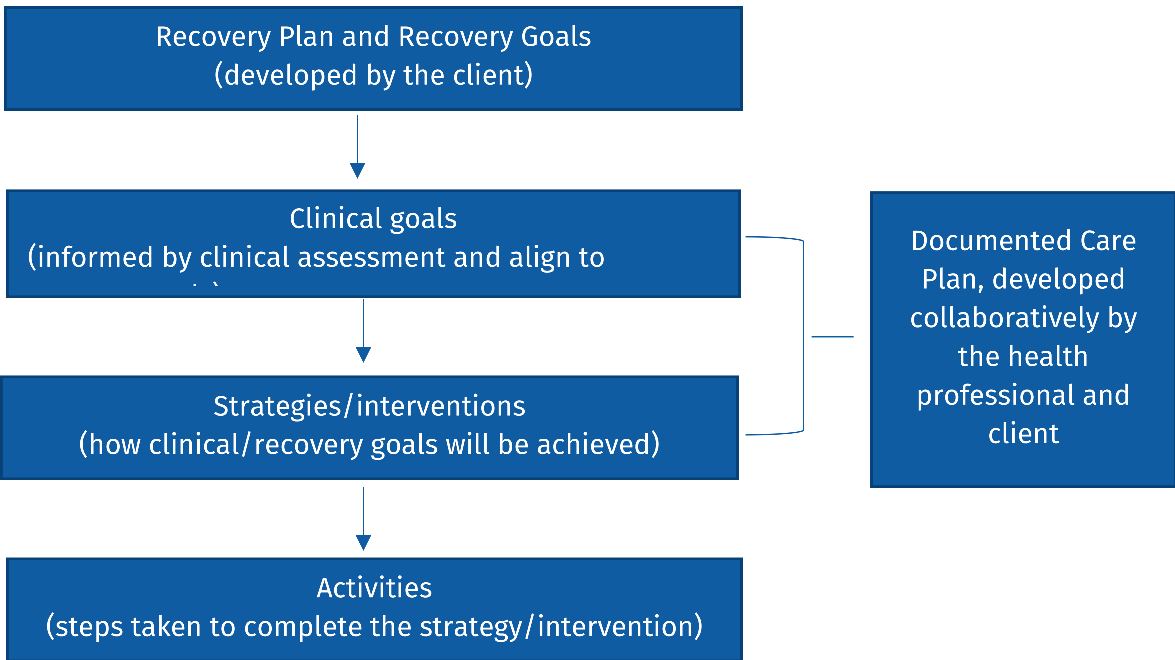

Table 1: An example plan demonstrating the relationship between the clinical goal, the strategy/intervention and the delegated task including activities and their parameters

Clinical goals	An example strategy/ intervention and activity outcome	Example delegated task including activities and their parameters
Social To increase engagement in social activities and hobbies in the next 3 months	Become an active member of a local gardening group run by a community managed organisation (or other appropriate service / organisation) within one month.	The AHA will support the client to identify and review activities that can support the care plan strategy and intervention. For this example: • identify a suitable group for community and council garden groups. Parameters on a suitable group may include type, size, location, timing (to coincide with work or medical appointments), cost (or free) • identify available transport options. Parameters for suitable transport may include availability, type (driving, public transport, community bus, carer), cost • action plan for initial attendance at the identified group • collaboratively monitor ongoing attendance including emergent barriers. Support of the client may include problem solving and guidance to: • source and compare information on gardening groups by using the internet, library, brochures • compare the available choices and options to support the client to choose a group and identify groups for attendance (short term and future) • problem-solve any barriers to attendance e.g. identifying a suitable bus route and timetable to get to the group.
Emotional Feel happier in my relationship with my sister (carer) over the next 3 months	Engage in a regular peer support group and encourage my family members to do the same in the next month.	The AHA will support the client to identify and review activities that can support the care plan strategy and intervention. For this example: • identify a suitable peer support group. Parameters for a suitable group may include condition specific/generic, size, location, timing, frequency, cost (or free), access (face to face/online) • identify available transport options. Parameters on suitable transport may include availability, type (driving, public transport, community bus, carer), cost • action plan for initial attendance at the identified group

Clinical goals	An example strategy/ intervention and activity outcome	Example delegated task including activities and their parameters
		• collaboratively monitor ongoing attendance including emergent barriers. Support of the client may include problem solving and guidance to: • source information on peer support groups by using the internet, library, brochures • compare the available choices and options to support the client to choose a group and identify groups for family/carer attendance • problem-solve any barriers to attendance e.g. arranging childcare to support attendance.
Physical Improve my physical health by increasing engagement in physical activity/movement (2-3x/week)	Engage in a free community based physical activity exercise group/session in the next month.	The AHA will support the client to identify and review activities that can support the care plan strategy and intervention. For this example: • identify a suitable group community-based physical activity exercise group/session. Parameters for a suitable group may include condition specific/generic, size, location, timing, frequency, cost (or free), access (face to face/ online), carer support inclusion • identify available transport options. Parameters on transport may include availability, type (walk, cycle, drive, public transport, community bus, carer), cost • action plan for initial attendance at the identified group • collaboratively monitor ongoing attendance including emergent barriers. Progress with the activities and provide support for barriers to completing activities • source information on community based physical activity exercise group/session by using the internet, library, brochures • compare the available choices and options to support the client to choose a group and identify groups for family/carer attendance • problem-solve any barriers to attendance e.g. inviting a friend to support attendance.
Intellectual To get a job in the next 3 months	Link with a Disability Employment Service (DES) provider to access support to obtain employment and attend	The AHA will support the client to identify and review activities that can support the care plan strategy and intervention. For this example: • details of DES provider the client will be linked with • appointments for supported attendance by the AHA e.g. initial or ongoing

Clinical goals	An example strategy/ intervention and activity outcome	Example delegated task including activities and their parameters
	scheduled appointments in the next month.	• employment parameters e.g. full time or part time (and hours), type (manual labour, retail, administration), employment locations • action plan for initial attendance at the identified group • collaboratively monitor ongoing attendance including emergent barriers. Progress with the activities and provide support for barriers to completing activities • making initial contact and scheduling a suitable appointment time • completing preparation for the initial appointment including pre-requisite paperwork completion, locating documentation to take e.g. resume, references, high school certificate, birth certificate and volunteer records • problem-solve any barriers to attendance e.g. arranging access to partner's car to drive to appointment, accessing "Dress for success" for attire.
Spiritual To meditate at least twice per week over the next 3 months	Engage in regular mindfulness / meditation practices that support my mental wellness, and that keep me well spiritually	The AHA will support the client to identify and review activities that can support the care plan strategy and intervention. For this example: • details of the education to be/has been provided to the client regarding mindfulness and relaxation including parameters for the type, duration and frequency of performance, tools for use during practice (information sheet, apps, script) • the elements to be reviewed with the client e.g. practice and feedback on performance including number of sessions, home diary and reflections of performance • action planning and monitoring of a relaxation practice routine. Progress with the activities and provide support for barriers to completing activities • problem-solve any barriers to regular attendance e.g. pre-setting a daily alarm as a reminder, keeping a daily record or journal to record barriers to performance and effect of sessions.