Allied Health Professions' Office of Queensland

Occupational Therapy Learner Guide

Assist with the development and maintenance of client functional status

April 2017

Queensland Government

Occupational Therapy Learner Guide – Assist with the development and maintenance of client functional status

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An electronic version of this document is available at
https://www.health.qld.gov.au/ahwac/html/ahassist-modules/

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INTRODUCTION

Welcome to Occupational Therapy Learner Guide for *Assist with the development and maintenance of client functional status.*

Learner Guide Structure

This Learner Guide has been developed specifically for Allied Health Assistants to provide the skills and knowledge required to receive and respond to rehabilitation programs developed by Allied Health Professionals

This Learner Guide contains information and activities relating to key topics to enhance learning opportunities. The guide is broken up into three topic areas with sub-topics for each. These are as follows:

Organisation Requirements:

- Policies and procedures
- Record keeping practices

Active Support:

- Human Development
- Impact of ageing and disability
- Active support principles

Service Provision:

- Access to resources and information
- Models of Care
- Client-Centred Care

Each topic includes sub-topics which cover the essential knowledge from the unit of competency. You will be asked to complete the activities in each topic to support your learning. These activities address the essential skills from the unit of competency and will be part of your assessment.

Throughout the guide, you will be given the opportunity to work through a number of activities, which will reinforce your learning and help you improve your communication and organisation skills, manual handling skills and ability to apply therapeutic exercise practices. Take time to reflect during the module on how you may be able to apply your new knowledge and skills in your role as an allied health assistant.

Learning requirements

It is important that you have an allied health workplace supervisor who has agreed to support in your study. Regular clinical supervision during the course of your study should also assist you to stay “on track”, provide opportunities for your supervisor to monitor your progress, provide encouragement, and to check that you understand the information in the learning materials. This will be particularly important if you are having any specific learning difficulties.

Self-Completion Checklist

The Self Completion Checklist outlines the underpinning knowledge and skills contained in each of the topics for the unit of competency you will be assessed against. You will be asked to review the list and place a tick in the box if you feel you have covered this information in each section and if you feel ready to undertake further assessment. If you have any questions about this checklist, ask your supervisor.

Recognition for Prior Learning

If you subsequently enrol in the Certificate IV in Allied Health Assistance you may be able to undertake recognition assessment for the study that you have done. To enable you to gain recognition for the learning you have undertaken in this Learner Guide, it will be necessary for you to complete the Assessment Guide associated with this unit of competency. The assessment activities in this Assessment Guide must be signed off by an **occupational therapist.** Copies (Word version) of the Assessment Guide can be obtained by contacting the Allied Health Professions’ Office of Queensland via e-mail AH_CETU@health.qld.gov.au

Please Note

Due to the varied environments in which allied health assistance is carried out, the terms ‘patient’ and ‘client’ are used interchangeably throughout this resource. Please use your organisation’s preferred term when performing your duties.

Symbols

The following symbols are used throughout this Learner Guide.

Important Points – this will include information that is most relevant to you; statistics, specific information or examples applicable to the workplace.

Activities – these will require you to reflect on information and workplace requirements, talk with other learners, and participate in a role play or other simulated workplace task. You may use the space provided in the Learner Guide to write down a draft response. Record your final answer in the Assessment Guide.

Further Information – this will include information that may help you refer to other topics, complete activities, locate websites and resources or direct you to additional information located in the appendices.

Case Studies – these will include situations or problems for you to work through either on your own or as a group. They may be used as a framework for exploration of a particular topic.

Research – this refers to information that will assist you complete activities or assessment tasks, or additional research you may choose to undertake in your own time.

LEARNING OUTCOMES

As an Allied Health Assistant assisting with the rehabilitation of clients you will be required to perform the following tasks.

1. Plan to deliver skill development program activities (which may include ADLs, literacy, socialisation, mobility or personal care) based on identified goals by:
   - Obtaining information (which may include client care plan, case notes, Allied Health Professional instructions) about the developmental program from an Allied Health Professional
   - Consulting an Allied Health Professional about the developmental program requirements and desired client outcomes
   - Identifying program requirements outside scope of role and responsibilities as defined by the organisation and discuss with an Allied Health Professional
   - Identifying and confirm impact of the program's contribution to the client's overall care plan
   - Determining client availability according to organisation protocols
   - Identifying cultural and spiritual issues that might have an impact on client's maintenance of function

2. Develop a skill development and maintenance program based on identified goals by:
   - Assisting the Allied Health Professional to work with client and carers to identify current skills and abilities and how these can be built upon to participate more meaningfully in the client's environment(s) (which may include hospital, group home, school or rehabilitation setting)
   - Assisting the Allied Health Professional to work with client and carers to identify their needs and priorities in terms of specific skill development and maintenance
   - Identify skills that need to be developed that are outside scope of role and responsibilities as defined by the organisation and refer to the Allied Health Professional
   - Assisting the Allied Health Professional to work with the client and carers to develop goals that will enable work at the client's own pace to acquire and retain skills for daily living
   - Supporting the client and carers to identify methods that will build upon their strengths when developing, and retaining skills
   - Working with the Allied Health Professional and client to determine methods of evaluating the effectiveness of activities and methods

3. Deliver skill development and maintenance program by:
   - Gathering the equipment and materials to deliver the program, in line with client needs, specifications of the Allied Health Professional and legislative and organisation guidelines (which may include organisational policy and procedures or manufacturing specifications)
   - Checking safety and efficiency of any equipment and materials
   - Supporting the client to carry out activities in ways that promote safety, involvement and confidence, and adhere to the cultural and spiritual beliefs and preference of the client
   - Providing support according to principles and practices of active support, (which may include encouragement of clients to do as much for themselves as possible to maintain independence and physical ability or encouraging client to maximise own potential and etc.) in a manner that is respectful of the client and provides encouragement and motivation to optimise client interest and involvement
   - Setting up the environment to optimise client interest, participation and involvement
   - Identifying and respond appropriately to any risk to clients or others and report accordingly
   - Providing reinforcement and constructive feedback to client and carers about involvement in activities
   - Modifying approaches if client becomes distressed, in pain or communicate their desire to stop or amend the activity
   - Seeking advice if safety issues arise, does not wish to continue, is distressed or in pain or if conflict arises with client
   - Assisting the Allied Health Professional to work with client to review progress
   - Under the direction of an Occupational Therapist, adapting the environment and activity to maximise functional independence

4. Clean and store equipment and materials by:
   - Cleaning equipment and materials according to manufacturers requirements
   - Storing equipment and materials according to manufacturers requirements and organisation protocols
   - Reporting equipment faults to appropriate person

5. Document client information by:
   - Using accepted protocols to document information relating to the program in line with organisation requirements
   - Providing regular feedback to the client's care team
   - Using appropriate terminology to document symptomatic expression of identified problems related to the program

LEARNING TOPICS

The table below outlines the relationship between the topics presented in this Learner Guide and the Essential Knowledge required for completion of the unit of competency.

Topics	Essential Knowledge
Organisation Requirements	• Knowledge of codes of practice for work in Occupational Therapy. • Understanding of quality assurance, best practice and accreditation standards. • Legal and organisation requirements on equity, diversity, discrimination, rights, confidentiality and sharing information when supporting a client to develop and maintain skills. • A working knowledge of record keeping practices and procedures in relation to diagnostic and therapeutic programs/treatments. • OHS policies and procedures that relate to the Allied Health Assistant's role in implementing developmental programs. • Infection control policies and procedures that relate to the Allied Health Assistant's role in implementing developmental programs. • Supervisory and reporting protocols of the organisation.
Active Support	• Theories relevant to the client group, including: – Aspects of human growth and development and how these affect and are affected by developmental activities – Identity and self esteem and impact on involvement in developmental activities. • Concept of human development as a life-long process and the impact on developmental programs. • The impact of disability and ageing on daily living and working skills on clients, carers and others. • Working with client's, carers and others to: – Identify needs – Identify strategies to build on existing strengths and capacities – Evaluation of progress – Unmet needs • Strategies to support, motivate and encourage clients and carers
Service Delivery	• Principles and practices of active support and the promotion of individual's rights, choices and well being when supporting participation in developmental activities. • Access to relevant resources, aids and information. • Understanding of role within a care team and when and how to provide feedback about the client.

CONTENT

1. Organisation Requirements

This topic covers information about:

- Policies and Procedures
- Legal Requirements
- Record Keeping

Activities in this topic address the following essential skills:

- Work under direct and indirect supervision
- Communicate effectively with clients in a therapeutic/treatment relationship
- Communicate effectively with supervisors and co-workers
- Work within a multi-disciplinary care team

1.1 Policies and Procedures

Within all health settings, there are many documents that outline set standards of behaviour and formalised ways of doing things. These should guide actions of staff within that setting. These may be in the form of written policies, procedures, codes of conduct or codes of ethics.

These documents exist to make sure high standards of behaviour, safety and consistent ways of doing things are maintained. They help protect both clients and staff from questionable conduct, and support provision of efficient, effective, consistent health care. Basic knowledge of relevant policies and procedures is essential, as these documents underpin work behaviours in a health setting.

Queensland Health policies and procedures are managed in the following way:

Policy	A statement of intent to achieve a particular outcome
Policy Implementation Standard	Defines the parameters, including responsibilities and accountabilities, of implementing the policy
Procedure	Agreed set of practices, generally sequential, to support the consistency and quality of an activity or service in more than one work unit
Workplace Instruction	Procedures, protocols and guidelines which apply only to staff within a particular work unit.

(Queensland Health, 2009)

The most current state-wide policies and procedures are located on the Queensland Health Intranet site. Current district and work unit policies, procedures and work instructions will be managed on the District intranet site or local shared drive. It is important you ensure you have access to these.

You will need to be familiar with policies and procedures that address the following:

1. Supervisory and reporting protocols
2. Occupational health and safety
3. Infection control
4. Legal and organisational requirements
5. Quality assurance, best practice and accreditation standards
6. Codes of practice for work in occupational therapy

Queensland Health Policies

Queensland Health policies should always be aligned with Queensland Health's 'strategic direction'. They should be in line with the state and federal legislation on the same matter and be easily accessible for those required to implement the policies (Queensland Health, 2015). On an employee level, we must apply Queensland Health policies and guidelines to our work to ensure we are providing client care that is of a high standard, safe, and accessible to all.

You do not need to be aware of all of Queensland Health's policies. However, you should have an awareness of and understanding of specific Queensland Health policies that apply to your role.

To find out more about the Department of Health's policy framework: https://www.health.qld.gov.au/system-governance/policies-standards/types/default.asp

The following policies include some that you should consider when conducting your work as an Allied Health Assistant. Please note this is not an exhaustive list. There will be additional policies relevant to your particular workplace.

- Work Health and Safety Policy (July 2014)
- Anti-discrimination and vilification Policy (November 2016)
- Orientation, Induction and Mandatory Training Policy (November 2016)
- Workplace Equity and Harassment Officers Policy (May 2010)
- Performance and Development Policy (June 2014)

You should discuss with your supervisor or line manager which additional Queensland Health Policies (not listed above) are relevant to your particular workplace.

Activity 1 - How Policies and Principles Impact on Work

Please answer the following questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

1. Outline why it is important to be aware of relevant policies and procedures within your work area and within Queensland Health.

2. Describe how you would access relevant policies and procedures such as infection control, occupational health and safety and incident management policies. Consider access in terms of resources within the department, people and relevant technology.

Supervisory and Reporting Protocols

Supervision refers to instructing, advising, and monitoring another person in order to ensure safe and effective performance in carrying out the duties of their position. You will be responsible for reporting to the Allied Health Professional and providing supervision to less experienced Allied Health Assistants. To successfully achieve this, you will need to identify your organisations policies that outline how to complete this in relation to your role and boundaries.

Supervision can be direct with face to face contact or indirect, such as via electronic communications e.g. telephone and videoconferencing. The method and frequency of your supervision will be determined by other factors including:

- your experience
- task maturity
- your non-clinical skill development
- your organisation's reporting protocols on client treatment programs and progress

With your supervisor, you need to identify at what level you require direct or indirect supervision for what activities. A Performance Appraisal and Development plan (PAD) may be used by your supervisor to formally document your performance expectations, ensuring feedback and guidance and a way of jointly identifying your learning and developmental needs and activities.

Performance Appraisal and Development (PAD)

This is a process to be completed by all Queensland Health staff, which involves setting goals for improving work performance and progressing career paths. This is intended to benefit both staff and the organisation. Your PAD is usually completed once a year with a six monthly review of the goals that you set.

There is a clear process and structure for employees participating in a PAD including the use of standardised forms. Participating in PAD ensures:

- clear performance expectations for employees
- feedback and guidance on performance – both positive and negative
- joint identification of learning and developmental needs and activities

In addition, your PAD can be used to identify areas of work you would like to improve or develop. You and your manger can develop a plan about how to achieve your goal. For example, you may wish to improve your knowledge of wheelchair maintenance. In your PAD, you can record this as a goal and work out with your manager how you can learn more e.g. work-shadow another staff member or attend a workshop on the topic.

This plan is designed to be used for longer term career planning as well as short term needs. For example, perhaps you wish to work in an acute ward setting. Your manager may then plan with you how you can work towards that goal while still working in your current position.

Goals need to be relevant to your employer and their business of health care. Your manager may use your PAD to identify and discuss areas they require you to work on, including if parts of any of your work performance that may be a concern (Queensland Health, 2014).

Quality Assurance

Queensland Health has a set of policies, processes, and accountabilities that are aimed at improving client safety and the quality, effectiveness and dependability of its services. It does not replace, but is additional to, the professional self-regulation and individual accountability for clinical judgement that are an essential part of healthcare (Queensland Health, 2007).

Quality is a continuous process and you will find yourself participating in and leading quality activities within your department and unit. The guiding principles of quality are:

- respect for people
- client satisfaction
- improvement through change (plan, do, check, act quality cycle)
- management by fact
- teamwork

(Queensland Health State wide Occupational Therapy Clinical Education Program, 2007)

For more information on continuous quality improvement, see http://qheps.health.qld.gov.au/cqld/quality-safety/quality-improvement.htm

Accreditation

At an organisational level, all Queensland Health services must participate in a periodic accreditation process. The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care to drive the implementation of safety and quality systems and improve the quality of health care in Australia. The 10 NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health service organisations.

In September 2011, Health Ministers endorsed the NSQHS Standards and a national accreditation scheme. This has created a national safety and quality accreditation scheme for health service organisations. https://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/

The primary aim of the National Safety and Quality Health Service (NSQHS) Standards are to protect the public from harm and to improve the quality of health service provision.

 The National Safety and Quality Health Service Standards are clearly outlined on the following website.
http://qheps.health.qld.gov.au/psu/safetyandquality/standards/default.htm

Review the table and highlight those standards that you believe will apply to you in your workplace setting.

Best Practice

Best practice is a term used 'in referring to procedures which are believed to result in the most efficient provision of a product or service' (Canadian Association of Occupational Therapists, 2009). Other terms such as evidenced-based practice may also be used in this area. In the healthcare setting, you will be required to ensure your clinical practices are based on current best practice. Ways of achieving this include:

- reviewing the literature
- participating in ongoing professional development

 On an employee level, you must apply Queensland Health policies and procedures to ensure that you provide client care that is of a high standard, safe, and accessible to all.

Queensland Health is committed to providing a safe working environment for all staff, clients, visitors, students and volunteers. The following Queensland Health documents outline how this is achieved:

1. Work health and safety policy statement (Queensland Health 2015, http://qheps.health.qld.gov.au/safety/safety_topics/p_statement/unsigned.pdf, viewed 13 February 2017,)

2. Work health and safety policy (Queensland Health, 2014, https://www.health.qld.gov.au/__data/assets/pdf_file/0034/395764/qh-pol-401.pdf
   viewed 13 February 2017)

Under the Code of Conduct for the Queensland Public Service (2010) and the Queensland Workplace Health and Safety Act 2011, you have a duty of care to ensure the health and safety of yourself, colleagues, clients and members of the public. Many of the activities you carry out at work have the potential to cause harm. It is important to follow correct occupational health and safety (OHS) policies and procedures to prevent or minimise workplace injuries and harm.

Whilst delivering a client's program, it is your responsibility to put in practice these OHS policies and procedures such as:

- ensuring that the equipment, materials and environment used during programs is cleaned, correctly set up, maintained and stored appropriately
- ensuring correct client handling techniques are used when moving, positioning and transferring clients
- reporting all injuries, incidents and unsafe conditions or work practices appropriately
- reporting equipment faults to appropriate person

The Queensland Health OHS online learning packages will provide you with a summary of the Queensland Health's OHS strategic plan, policies and integrated safety management systems. These packages form part of your orientation to Queensland Health.

http://qheps.health.qld.gov.au/safety/elearning.htm

Activity 2 - The Quality Cycle

You have been ordering stock for the work area now for a few months, and you have some ideas about how you may be able to do this more efficiently. You think it will save time and make re-ordering easier to track. You may find it helpful to refer to the following quality cycle.

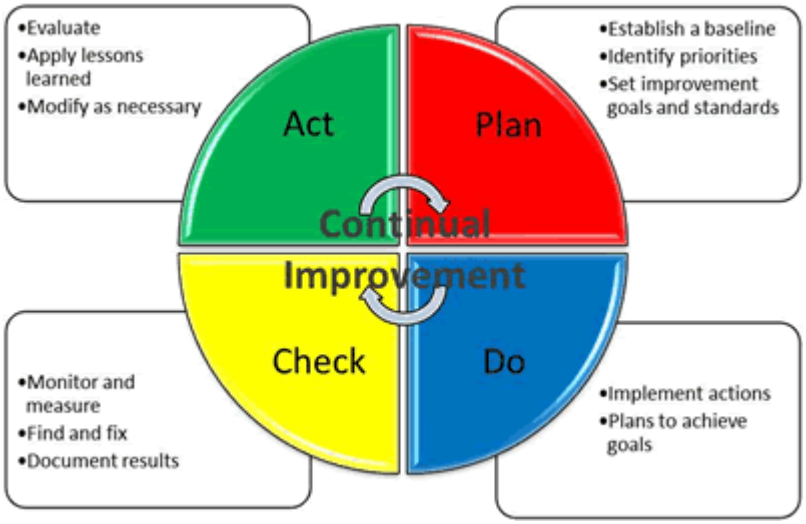

Figure 2 **Quality Cycle (Queensland Health, 2017)** http://qheps.health.qld.gov.au/darlingdowns/html/quality-safety/quality.htm

Answer the following question. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

How do you go about doing this?

Activity continues on the next page

Activity 2 - The Quality Cycle (continued)

Infection Control

In addition to the above policies, in your role as an Allied Health Assistant you are expected to stick to infection control procedures and take responsibility for ensuring your safety as well as the safety of others.

You should have developed an understanding of infection control principles whilst completing the following units for the Certificate IV in Allied Health Assistance:

- HLTIN301C Comply with infection control policies and procedures (pre-requisite unit)
- HLTIN403C Implement and monitor infection control policy and procedures (core unit)

'Infection control practices aim to prevent infection transmission by limiting the exposure of susceptible people (hosts) to micro-organisms (agents) that may cause infection.' (Queensland Health, 2008).

The Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) is the state-wide service for Queensland Health to assist with healthcare related infection. Further information is available at: http://www.health.qld.gov.au/chrisp/

Infection control policies and procedures provide the foundation for a safe health care environment for staff and clients. You will need to identify and apply the policies and procedures that relate to your role including:

- standard and additional precautions
- employee health issues e.g. immunisation
- infection surveillance
- environmental issues
- reprocessing of reusable medical and surgical equipment
- equipment and product purchases
- waste management
- building and refurbishment
- food safety
- laundry management

Many clients with infectious conditions may not be aware that they are a threat to others. Reading clients' notes comprehensively and communicating with Allied Health Professionals will assist you to prepare for group sessions that may include clients with infection precautions.

In some cases a client may not be appropriate to participate in group-based activities until clearance is provided by a medical officer.

Before seeing clients with an infection, seek further information from your supervisor or the infection control nurse. Participation in some activities like kitchen tasks may be inappropriate until the client is cleared of any possible infection risk.

Activity 3 - Infection Control Precautions

Refer to The Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) intranet site at http://www.health.qld.gov.au/chrisp/ and answer the following questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

1. As an AHA, you are working on an orthopaedic ward treating a patient following his total knee replacement .Identify eight standard precautions for limiting the transmission of infectious diseases.

2. If the patient already has an infectious disease, how would you know that this is the case? What notifications would be in place? What additional precautions may be required when treating this patient?

1.2 Legal Requirements

The policies and procedures in Section 1.1 exist to ensure Queensland Health employees follow a high standard of behaviour, safety and clinical skills.

Most Queensland Health (QH) policies and procedures are based on Australian or Queensland Government legislation or law. Some of the legislation that applies to your role as an Allied Health Assistant may include:

- Right to Information Act 2009
- Public Service Act 2008
- Building and Fire Safety Regulation 2008
- Public Health Act 2005
- Environmental Protection Act 1994
- Environmental Protection (Waste Management) Policy 2000
- Environmental Protection (Waste Management) Regulation 2000
- Disaster Management Act 2003
- Workers Compensation and Rehabilitation Act 2003
- Public Records Act 2002
- Crime and Misconduct Act 2001
- Industrial Relations Act 1999
- Work Health and Safety Act 2011
- Public Sector Ethics Act 1994
- Whistle blowers Protection Act 1994
- Anti-Discrimination Act 1991
- Public Safety Preservation Act 1986
- Health Practitioners (Professional Standards) Act 1999
- Therapeutic Goods Act 1989

Outlined below is a summary of some of the legal documents that are relevant to you as an Allied Health Assistant. It recommended that you familiarise yourself with these documents as they apply to your organisation.

Anti-discrimination Act (1991)

Queensland Health's policies and procedures support an inclusive workplace that is free from unlawful discrimination, where all individuals are accepted and valued. This means an individual's cultural beliefs, ethnicity, religion and sexual preference are

respected accepted and valued. The Anti Discrimination Act 1991 prohibits discrimination.

Clients who you will assist with rehabilitation include those from diverse backgrounds, religion, impairments and medical history, ethnicity, age and sexuality. The Human Rights and Equal Opportunities Commission Act describes discrimination as conduct which excludes or disadvantages a person based on their; race, colour, sex, religion, political opinion, national extraction or social origin. The Anti-Discrimination Act also prohibits discrimination against people based on their age, marital status, parental status, pregnancy and breastfeeding, impairment and disability, or sexual preference.

The term discrimination includes both direct and indirect discrimination. An example of direct discrimination would be choosing to spend less time working with a particular client in the group because their heavily accented language is difficult to understand. Indirect discrimination would be if you planned a group which required all clients to remove headwear. This places a rule with which a minority group (religious groups who wear veils and etc) may not be able to comply.

For a full copy of the Anti Discrimination Act 1991 refer to The State of Queensland, Office of the Queensland Parliamentary Counsel, Queensland Legislation Website:
http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/A/AntiDiscrimA91.pdf

Equal Employment Opportunity

Queensland Health (QH) is committed to providing a safe and equitable work environment. QH recognises that Equal Employment Opportunity (EEO) is achieved by identifying and eliminating all forms of discrimination in recruitment, selection, training, development, human resource practices and conditions of employment.

All employees are entitled to:

- be treated with fairness and respect
- work in a place free from all forms of harassment and discrimination
- have access to, and compete equitably for recruitment, selection, promotion and transfer opportunities
- have access to relevant training and development opportunities
- have all workplace grievances addressed promptly by their supervisor or other appropriate personnel and
- choose and pursue their own career path

(Queensland Health, 2009)

Privacy Act (1988)

The Privacy Act states that as a Queensland Health employee, you should only collect personal information that is directly required for the healthcare needs of clients. At commencement of most Queensland Health services, clients are provided with an overview of their rights under the Privacy Act (1988) and are asked to sign a consent form to enable Queensland Health to record and disclose health information.

Clients **DO NOT** have to provide consent to disclose personal or health information to other parties. If a client does sign the consent form, under the Privacy Act, they are able to retract their consent by providing their request in writing.

According to the Act, personal information or health information should only be used for the purpose of providing high quality healthcare. 'Health Information' means information or an opinion about a client's health or disability, or their expressed wishes about future health services. For example, in a group setting you should not discuss a client's opinion on organ donation. Also, this type of information is not limited to written information; it also includes photographs, pictures or case study information.

Right to Information Act (2009)

The Queensland Government is committed to giving the community greater access to information. The Right to Information reforms strengthen the community's right to access government-held information, unless releasing the information would be contrary to the public interest. Medical records departments will be able to direct you to an officer who deals with requests for copies of or information from medical records.

Do not show medical records to a client without first seeking further advice from your local medical records department.

Activity 4 – Legal and ethical requirements

Read the following scenario and answer the related questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

You are co-facilitating a group of ten clients interested in quitting smoking. After the group, one of the clients, Anthony, approaches you asking for clients' contact numbers. He explains that he is interested in starting a coffee group to help support each other through the difficult process of quitting smoking.

1. Are you able to give Anthony the contact details of the other group members? If 'yes', why? If 'no', why not?

Activity continues on the next page

Activity 4 – Legal and ethical requirements (continued)

2. How could you assist Anthony to get in contact with the other group members?

Therapeutic Goods Act (1989)

This provides for a national system of control over sales of therapeutic goods in Australia. Manufacturers may have to supply data supporting quality, safety and efficacy of the item (Therapeutic Goods Administration, 2009).

Most legal requirements focus on meeting standards set by legislation and policies. Allied health professionals working in Queensland are required to maintain state or national registration to practice. The Board sets standards of practice including adhering to professional codes of conduct and investigates any allegations of malpractice.

Public Sector Ethics Act (1994)

This Act (along with other Acts) underpins the Code of Conduct for the Queensland Public Service. The Act states that as a Queensland Health employee, you must uphold state and federal laws and carry out your work faithfully and impartially. It also states that you are responsible for operating at work honestly, fairly, and with regard to the rights and obligations to clients and colleagues.

Workplace Health and Safety Act (1995)

As an employer, Queensland Health has a legal obligation to ensure the workplace health and safety of employees and visitors. Employees have legal obligation to comply with their employer's reasonable instructions, including instructions for workplace health and safety, and not to wilfully place at risk the workplace health and safety of any other person.

Occupational Health and Safety (OHS) is a legislative requirement about keeping people safe in the workplace. Queensland is governed by the Queensland Government Work Health and Safety Act 2011.

One the main objectives of this Act is "to secure the health and safety of workers and workplaces by protecting workers and other persons against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work or from particular types of substances or plant." (Queensland Government, 2016, Work Health and Safety Act, viewed 13 February 2017, https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/W/WorkHSA11.pdf)

For a full copy of the Work Health and Safety Act 2011 refer to The State of Queensland, Office of the Queensland Parliamentary Counsel, Queensland Legislation Website: https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/W/WorkHSA11.pdf

Some client sessions you will be involved in won't appear to have a high risk of injury to you, your colleagues or your clients (e.g. education sessions on returning to driving post stroke). Others will be easily identified as potentially 'risky' situations (e.g. skill retraining groups). Safety risks can include a range of things including:

- incorrect use of equipment
- out of date testing and tagging of electrical appliances
- clients who are impulsive
- unfamiliarity with evacuation procedures or client handling issues

As an Allied Health Assistant, part of your role description will be to ensure clients receive healthcare in a safe, supportive environment. This includes taking responsibility for learning how to correctly operate, care for, and service therapy aids and equipment. You may also be expected to educate less experienced Allied Health Assistants about correct procedures.

Queensland Health (2010) outlines client handling as:

'...any workplace activity where a person or their body part is physically moved, handled, repositioned or supported'. Specifically, client handling tasks are those activities requiring the use of force by a worker to hold, support, reposition or transfer (lift, lower, carry, push, pull or slide) a person.

Queensland Health employees are expected to adhere to 'No Lift Principles', which are summarised as:

- the manual lifting of a client's weight is eliminated in all but exceptional or life threatening situations (such as evacuating for a fire)
- individual clients are assessed for their client handling needs at the start of service or admission
- clients should be prompted to participate and assist in client handling tasks where possible
- where clients are unable to assist, client handling equipment should be used
- all workers involved in direct client care are trained and assessed as competent in the use of client handling activities relevant to their work
- appropriate quantities of client handling equipment that is compatible with the work environment and tasks performed is provided, used and maintained

When assisting with the rehabilitation of clients you should consider what type of equipment or aids might be required. This might occur in the form of a 'Falls Risk Assessment' or liaison with the Allied Health Professional (AHP).

As an Allied Health Assistant, workplace health and safety applies to your day to day duties in terms of making sure you are careful and use techniques with tasks such as manual handling of clients and equipment. Another example would be labelling and removing any dangerous or broken equipment so it will not be re-used.

Find out who is the nominated workplace health and safety officer in your area – they will conduct regular audits to identify any risks in the workplace. In your work area, there should also be a register with information (Material Safety Data Sheets or MSDS) on any hazardous substances found in your area.

Visit the Queensland Health OHS online learning packages at http://qheps.health.qld.gov.au/safety/elearning.htm. These packages will provide you with a summary of the Queensland Health's OHS strategic plan, policies and integrated safety management systems. These packages form part of your orientation to Queensland Health.

Incidents and 'Near-Misses'

All Queensland Health facilities will have a system for reporting injuries, risks and incidents that could have or nearly happened. Examples that require reporting include the following:

- client falls or nearly falls
- staff injury or near injury at work or on the way to work

All incidents are recorded and reviewed by managers. When necessary, they are investigated by a multi-disciplinary team, usually led by the client safety officer for your district. There will be specific forms or paperwork that need to be filled out. If required, they will be able to link you to your workplace rehabilitation officer.

Any concerns or incidents must be reported to your senior staff and the senior staff member in the area where the incident occurred, as soon as possible. This is done whether staff, clients or visitors are involved or may have been involved in the incident (Queensland Health, 2009).

If yourself or a colleague are injured or have a ‘near miss’, seek medical help as required then report the incident immediately to your supervisor.

Reporting requirements and record keeping practices will be covered in topic 1.3 ‘Record Keeping’

Activity 5 - Implementing Safe Work Practices

Respond to the following question. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Referring to your local policies and procedures, identify and outline what steps you would take to report and manage a broken piece of equipment you were using in your treatment program. What policies or procedures are in place in your work setting to ensure the safety of equipment for ongoing use? If there are no policies in place, what could be implemented?

Codes of Ethics and Codes of Conduct

Allied health professionals generally have their own profession-specific guidelines and expectations of behaviour. This often takes the form of a published code of ethics or code of conduct within which members of that profession will work.

Codes of ethics are usually based around the principles of:

- doing no harm
- acting in the best interests of the client
- setting aside your own personal values and beliefs when working with clients
- maintaining access for all to services

Codes of conduct may set out expectations such as:

- maintaining up-to-date knowledge
- maintaining the good standing of the profession
- respecting confidentiality

Occupational Therapists (OT's) are required to maintain registration with the Registration Board to practice. The Board sets standards of practice including adhering to professional codes of conduct and investigates any allegations of malpractice.

Australian Association of Occupational Therapists states that 'the ethos of the occupational therapy profession and its practice requires its members to discharge their duties and responsibilities, at all times, in a manner which professionally, ethically, and morally compromises no individual with whom they have professional contact, irrespective of that person's position, situation or condition in society. The Code of Ethics is founded on the bio-ethical principles of beneficence, non-maleficence, honesty, veracity, confidentiality, justice, respect, and autonomy'(Australian Association of Occupational Therapist, 2001, p. 2).

The Occupational Therapy Code of Ethics is intended to act as clear guidance to all Occupational Therapists in their professional practice. It does not replace the principles and procedures adopted by the employers, relevant legislation nor other rights within society (Australian Association of Occupational Therapists, 2001).

These documents also help guide the OT's clinical decision-making at times when morals and values may make it unclear as to what is 'best' for a client. They help clarify between a personal opinion and a clinical decision.

The Code of Conduct for the Queensland Public Service reflects the principles of integrity and impartiality, promoting the public good, commitment to the system of

government, accountability and transparency. As an Allied Health Assistant, you need to be aware of this code and abide by it when working in a Queensland Health facility.

The Code of Conduct for the Queensland Public Service was developed in line with the government's commitment and in consultation with agencies, employees and industrial representatives. The Code was designed to be relevant for all public sector agencies and their employees and reflects the amended ethics principles and values contained in the Public Sector Ethics Act 1994.

(Public Service Commission, 2010)

Further information regarding the Code of Conduct can be found at:
http://qheps.health.qld.gov.au/hr/codeofconduct/home.htm

Other standards that Occupational Therapists must comply with regarding in-home modification are the Australian Standards. Information about the Australian Standards for ramps can be found on:
https://www.legislation.gov.au/Details/F2011C00214

Activity 6 - Ethical Decision Making

Respond to the following questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

1. The Occupational Therapist that you are working with is assessing a local public hall for disability access and toilets. What are some of the standards that the Occupational Therapist must comply with?

2. A client would like to make a complaint about the Occupational Therapist who has visited them at home. What two avenues could the client be directed to?

1.3 Record Keeping

The Public Records Act 2002 defines a ‘record’ as recorded information created or received by an entity in the transaction of business or the conduct of affairs that provides evidence of the business or affairs and includes:

a) anything on which there is writing or

b) anything on which there are marks, figures, symbols or holes having meanings for persons, including persons qualified to interpret them or

c) anything from which sounds, images or writings can be reproduced with or without the aid of anything else or

d) a map, plan, drawing or photograph

(The State of Queensland, 2002)

Therefore, everything you record in the course of seeing a client is considered a public record.

As an Allied Health Assistant, you have an important role in ensuring client records comply with legal and organisational requirements. Medical records should be complete, concise and accurate notes, which act as a permanent, continuous record of client care (Queensland Health, 2007).

Record keeping includes, but is not limited to, documenting progress notes. When you conduct group sessions, additional record keeping considerations may also include:

- secure storage of client files
- correct filing of notes, correspondence and reports within medical files
- electronic client information (emails, reports etc)
- maintaining your individual clinical statistics

Depending upon your workplace, most health service districts will have their own policy on documentation in client files. Some districts may even offer information sessions on clinical documentation. Your district health information manager can provide you with specific standards for various forms of documentation.

High quality documentation is important for all health services. Every Queensland Health employee must maintain high quality documentation standards to ensure the best outcome for client outcomes and medico-legal accuracy (Queensland Health, 2008).

Accurate documentation of client care is a legal requirement of clinical practice (Queensland Health, 2008). In your role you will be expected to take responsibility for, or at least contribute to, a wide range of documentation including:

- assessment forms
- progress notes
- care plans
- treatment plans
- referral documentation
- handover summaries
- case conference information
- discharge summaries

At different times you will need to use the above documentation formats to provide regular feedback to your colleagues, other Queensland Health services, and external agencies. For example, if you are the sole facilitator for a group session, you must use a reliable and accurate method of reporting back to the supervising Allied Health Professional. The type of information you must provide to the Allied Health Professional includes, but is not limited to:

- significant changes to a client's physical presentation or health condition
- changes in a client's functional status
- client deviation from an activity or task prescribed by Allied Health Professional
- client motivation and overall participation in rehabilitation and overall treatment plan
- any incidents (falls, seizures etc) or 'near misses'
- potential for onward referral within your team or external agencies
- any additional information related to the treatment and healthcare

The only information documented in the client chart should correspond directly to their healthcare. This is consistent with the Privacy Act 1988.

There are a number of record keeping practices applicable to you. These may include:

- documenting in a client's medical record and case notes
- documentation on a client's individual treatment plan and client care plan
- the Allied Health Professional's instructions

Documenting in the Client's Medical Record

Within Queensland Health, a client's clinical record (sometimes called the medical record or chart) has traditionally been the key way for capturing all clinical information relating to delivery of care to a client. The Queensland Health position statement on clinical records outlines Queensland Health's use of the clinical record.

For further information please refer to QHEPS Document 'Records Management for Administrative, Clinical and Functional Records'. This is located on the Queensland Health Intranet.
http://qheps.health.qld.gov.au/srmt/policy/rescinded_pol_rm_2012.pdf

The purpose of the medical record is to provide a:

- Record of continuity and evaluation of care
- Communication tool amongst team members
- Teaching tool
- Research and audits tool
- Medico-legal document
- Tool to evaluate the quality of care

(Staunton & Whyburn, 1997)

High Quality Documentation

The principles that promote the development of high quality documentation include:

- **Objective and accurate**: Factual evidence of the care given.
- **Concise**: Straight to the point and relevant.
- **Relevant**: Appropriate and includes evidence of the care given.
- **Complete**: Contains all aspects of care, the client's needs and provides evidence care has been given.
- **Timely**: The entry is made as soon as possible after an event of care. Recording the time of the event is important.
- **Legible**: All team members must be able to read your notes.
- **Informed consent**: must be obtained and documented.

(Queensland Health Occupational Therapy Clinical Education Program, 2009)

Documentation Standards

Standards in the development of documentation include:

- completion in black ball point pen
- each new page has the client's label on it
- don't make entries on behalf of another person
- date and time of the entry, your designation, signature and printed surname
- consider confidentiality and accessibility i.e. don't leave chart lying around
- no blank spaces left in entries
- hospital approved abbreviations only
- medical terminology used only if sure of exact meaning
- check name on medical record cover and on individual sheets before making an entry

For further information on documentation, refer to 'Guidelines for allied health assistants documenting in health records' at:

http://qheps.health.qld.gov.au/alliedhealth/docs/aha/ahadocguide.pdf

Format

You may be required to document your sessions in the medical chart or individual treatment plan. There will be specific guidelines relating to this in each individual workplace. Using a format will help you to identify what is important to document in relation to your diagnostic and therapeutic programs/treatments.

One widely used structure for documenting in the client's notes is the SOAP format.

S = Subjective information or what the client reports

O = Objective information or what you see

A = Assessment of how the client's going

P = Plan

For example: Mrs B has a goal of improved socialisation. Mrs B has presented to her therapy session for which the plan had been to attend a coffee shop and purchase a cup of coffee.

S	Mrs B reports she is 'anxious' about going to the coffee shop.
O	Mrs B has presented to therapy on time wearing appropriate clothing for the visit to the coffee shop as was asked at the previous therapy session. Provided reassurance that Mrs B would be accompanied by the Allied Health Assistant.

A	Mrs B independently ordered her coffee. Mrs B was observed to manage her anxiety by squeezing her therapy ball. Mrs B required assistance to manage her money.
P1	Continue with graded socialisation activities.
P2	Assess money skills.

Documentation on a client's Individual Treatment Plan (ITP)/Client Care Plan

Once the Allied Health Professional has assessed a client, they will formulate an individual treatment plan (or something of a similar name).

This document:

- outlines the client's goals
- progressively records the treatment the client receives
- is often specific to each workplace
- provides the OT's instructions

You will need to document each occasion of service on this form. Once completed, this form is filed in the client's medical records. This plan may require you to provide a treatment program to address the clients function limitations.

Common standards exist across all medical systems and facilities for writing in medical records. This ensures clear communication between the team, promoting the best client care and opportunities for evaluation of the care provided. The style of writing you need to use is formal, objective and to the point and as such you will come across a number of common abbreviations.

Ask your supervisor or medical records department for an accepted abbreviation guide available for your facility.

Standardised Assessment

Depending upon your workplace, you may be required to conduct standardised client assessments, from an approved list. A 'standardised assessment' is an assessment that is administered and scored in a consistent or standard way (Pedretti, 2001).

When you conduct these assessments, you must follow the administration guidelines (the Allied Health Professional should be able to assist locating these for individual assessments). Often there are a set of questions, in a set order, which are designed to enable consistent scoring and interpretation of scores. The questions must be recited exactly as indicated on the assessment. Deviation from the administration guidelines may render the assessment results invalid.

After you conduct a standardised assessment with a client, you must provide these results to the Allied Health Professional who will analyse and interpret the client's score(s). When entering a progress note in the client's file, you must record that liaison with the Allied Health Professional has taken place.

Remember when you are documenting information in client notes that under the Right to Information Act 2009, individuals may apply to Queensland Health for access to their files. There is a formal procedure for this to take place. You should **never** provide this information to clients or other persons unless approved by your supervisor.

In the rehabilitation setting where clients may be seen every day for therapy, it may be common practice to document at the end of the week. For example, a summary of the week's session; dates when the client was seen, and any significant information or comments on progress would be included.

Discharge summaries, home visit reports, and assessment forms may be filed on completion rather than recording a daily update. A note in the chart to refer to a certain form for details is required to ensure the rest of the team are aware that the report exists and are able to find it (Princess Alexandra Hospital, 2007).

Activity 7 - Documentation

Read the following case study and complete the relevant chart entry for the case study. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

It may be useful to refer to 'Guidelines for allied health assistants documenting in health records' at

http://qheps.health.qld.gov.au/alliedhealth/docs/aha/ahadocguide.pdf and 'Post Traumatic Amnesia Assessment' at http://qheps.health.qld.gov.au/cairns/docs/ot_post_traum_amnes.pdf

Case Study: Documentation

You are asked to see Mrs Jones, a 72-year-old lady, with some memory problems, who sustained a fractured neck of femur and has had a total hip replacement. Your task is to undertake daily dressing retraining as per activity of daily living (ADL) retraining guidelines with Mrs Jones, ensuring that Mrs Jones adheres to hip precautions.

The OT has done an ADL assessment and recommends that Mrs Jones use a shower chair and dressing stick. In this assessment Mrs Jones required moderate prompting to ensure she adhere to hip precautions and use the equipment appropriately.

On your second therapy session with Mrs Jones, she has agreed to shower this morning and is ready with her toiletries, clothes and dressing stick. The nurse reports no medical concerns. You observe that she is now able to use the dressing stick correctly, but still requires moderate prompting to stop her bending too much at the hip. Mrs Jones appears to remember all other hip precautions as she avoids these movements during the task.

Please complete a relevant chart entry for Mrs Jones.

More space is provided on the next page

Activity 7 – Documentation (continued)

Confidentiality of Client's Records

The use, storage of and access to a client's medical record are subject to clear guidelines by every hospital and health organisation. Part 7 of the Hospital and Health Boards Act 2011 identifies that "there is a strict duty of confidentiality imposed on the Department of Health and HHS staff in relation to the protection of confidential information. Where health information has been collected in the context of providing a health service, use and disclosure is governed by the duty of confidentiality in the HHB Act." https://www.health.qld.gov.au/__data/assets/pdf_file/0027/439164/doh-privacy-plan.pdf

Allied health assistants should follow guidelines related to the use, storage of, and access to health records. Consider the following:

- where you leave charts in the clinical and non-clinical areas
- are they accessible to passers-by including clients, visitors, and other staff who do not require access to them?
- if a client/other body requests access to their/an individual's medical record refer them to the medical records department

Further information about privacy and confidentiality can be found on:

https://www.health.qld.gov.au/global/privacy

Storage

When assisting with the rehabilitation of clients you will often need to refer to individual client files. These files should not be accessible or visible to others. Failure to store client information appropriately is in breach of the Privacy Act 1988. This also includes transfer of client notes between rooms and facilities. If you need to leave the room where a client is waiting, client files should be secured in a lockable cabinet or case.

Case Study

You are required to conduct a group activity for clients to learn basic cooking skills. The kitchen where you are instructed to conduct the group is a short drive from where your office is based. You realise that you need to take several client's files with you to conduct the session. In order to comply with legal and organisational requirements, you use a lockable briefcase from your office to transfer the files.

Filing

It can sometimes be a confusing when you need to file the various documents in a client's file. Each health service district will however have its own 'form filing guide'. Nevertheless, there are some standard rules that you will need to follow:

- documents should be filed in reverse chronological order (most recent on top)
- all documents should be clearly labelled with the client's name, client number, date of birth and contact details
- do not use 'post it' notes or 'unauthorised' forms in the file
- any relevant documents to the client's healthcare that have not been approved by your district's forms committee must be filed in the correspondence section of notes

Electronic Information

This can include e-mails, client reports (saved electronically) and fax messages. If a client prefers to correspond via email rather than on the telephone, be mindful that you should **avoid sending confidential information by e-mail**. This also includes correspondence between health and external services. If you unlawfully forward confidential information, you and the organisation can be held legally responsible.

All fax correspondence should have a 'fax cover sheet' and all emails must include your name and job title. Queensland Health automatically adds a disclaimer on fax cover sheets and beneath your signature on e-mails. You should also ensure you do not use e-mail for critically urgent communication.

Activity 8 - Managing Confidential Information

Answer the following question. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

You are working in the outpatient department with a number of clients in the gym. Outline 5 ways in which client confidentiality should be maintained. Consider the areas of client notes, telephone calls and communication with clients, family and other health professionals.

Key Points

- Organisational policies and principles exist to communicate the requirements, responsibilities and accountabilities you have as an employee

- It is your responsibility to implement these in all work practices

- Six key areas arise:
    1. Supervisory and reporting requirements
    2. Occupational Health and Safety
    3. Infection Control
    4. Legal and organisational requirements
    5. Quality assurance, best practice and accreditation standards
    6. Codes of practice for work in OT

- Queensland Health's core policies and procedures will help guide you on how to work within relevant state or national legislations. The Queensland Health specific documents will help to translate what this legislation means for you and your workplace

- You must report any accidents or incidents or near-misses to your supervisor or line manager

- If a client is under infection control restrictions, check carefully before involving them in rehabilitation activities

- Record keeping is a legal requirement that is integral to recording and communicating a client's participation in a treatment program

- Record keeping facilitates treatment planning and communication

2. Active Support

This topic covers information about:

- Human Development
- Impact of Ageing and Disability
- Active Support Principles

Activities in this topic cover the following essential skills:

- Implement active support strategies
- Work collaboratively with clients and carers in the pursuit of skill development outcomes
- Prepare and evaluate the effectiveness of skill development activities
- Develop activities to establish and maintain skills in an active support context
- Work under direct and indirect supervision
- Communicate effectively with clients in a therapeutic/treatment relationship
- Communicate effectively with supervisors and co-workers
- Work within a multi-disciplinary care team
- Demonstrate time management, personal organisation skills and establishing priorities

2.1 Human Development

It is important to understand human growth and development as it is directly linked to developing and delivering developmental programs that are both purposeful and meaningful to the client and their carer. Human development is the continuous chronological processes or changes that occur as a human being grows and matures from a single cell into an adult (Biology online, 2009). Human development itself forms the essential basis for all occupational therapy practice (Cummings, 1995).

Developmental Stages

Human development represents the stages that a human being progresses through the lifespan. Robert Havighurst divides human development into six developmental stages:

1. Infancy and early childhood (Birth – 6-7 years)
2. Middle childhood (6-12 years)
3. Adolescence (12-18 years)
4. Early adulthood (19-30 years)
5. Middle age (30-60 years)
6. Later maturity (over 60 years)

(Cummings, 1995)

Havighurst's developmental task theory identifies that critical tasks fall under each of these developmental stages. Mastery of these tasks is satisfying and encourages us to go on to new challenges. Difficulty with them slows progress toward future accomplishments and goals.


Research the developmental tasks Havighurst describes for each of the six developmental stages. Use this knowledge to become familiar with what is age appropriate for skill and maturity level.

The importance of having this understanding as an Allied Health Assistant allows us to understand and use activities that are developmentally appropriate for the client both at a skill and maturity level. Choosing developmental activities that are appropriate to both the client's age and skills will support, motivate, and encourage the person to participate in the activity program. In addition recognising that clients can keep learning, and enjoying new opportunities across the lifespan will assist in the identification of appropriate activities.

In delivering developmental programs it is essential that you are knowledgeable in the areas of human growth and development. Development occurs across a lifespan, with a number of areas of development these are:

- biomechanical (physical structures of the body)
- sensory motor (sensory input and motor responses)
- cognitive (mental processes)
- intrapersonal (internal psychological processes)
- interpersonal (continuing and changing interaction between a person and others during activity performance that contributes to the development of the individual as a participant in society)


These concepts are presented in greater detail in the Glossary.

Together these components interact and contribute to the ability of the performer to complete an activity. Difficulties in one or more of these areas will affect how a person completes this activity (Occupational Performance Model, 2006).

However, the person should be thought of as a whole. It is important to think of the person in terms of the particular stage of development they are in. Knowing not only the physical limitations experienced by the person but also the other internal and external processes will contribute to the client's ability to be motivated to participate in their developmental program.

Activity 9 – Understanding development

Fill in the following table. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Consider the six developmental stages of human development. Identify TWO age appropriate activities for each developmental stage that could be given for rehabilitation of a client who has suffered a shoulder injury and needs to practice overhead activities.

Developmental Stage	Activities
1. Infancy and early childhood (Birth – 6-7 years)	
2. Middle childhood (6-12 years)	
3. Adolescence (12-18 years)	
4. Early adulthood (19-30 years)	
5. Middle age (30-60 years)	
6. Later maturity (over 60 years)	

Identity and self-esteem

Participation in and performance of developmental activities often forms the basis of a person's identity. When this is disrupted by illness, disability or ageing, a person's self-esteem and self-fulfilment can be affected. In 1943 Abraham Maslow described a theory of human motivation (Cummings, 1995). In this theory he describes a hierarchy of needs which must be fulfilled in order for a human being to feel they have achieved full development:

1. Physiological (food and water)
2. Safety (security, protection, need for routine and predictability)
3. Belongingness and love (experience love and affection)
4. Esteem (feelings of adequacy, sense of competency, self-esteem and self-respect)
5. Self-actualisation (the highest level of need which is about the quest of reaching one's full potential)

Figure 3 Maslow's Hierarchy of Needs Chart (Abraham-Maslow.com, 2009)

Understanding and using what motivates a client will assist you with motivating the client to actively participate in their developmental program.

Activity 10 – Identity and self-esteem

Read the case study and answer the following questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Case Study: Mrs J

Mrs J is a 67-year-old woman who was diagnosed with Parkinson's disease five years ago. She has always been the main person to manage the household chores of a busy family of five. Her children have all left home and it is just her husband and herself now. She has a number of intrapersonal, interpersonal and sensory motor symptoms.

These include:

Intrapersonal: Depression

Interpersonal: Changing interactions between her and her husband, her main carer as her disease progresses, and

Sensory Motor: A tremor, rigidity, bradykinesia, freezing, gait disturbances, numbness, tingling and loss of smell.

These difficulties all affect how Mrs J completes an activity. In developing a treatment program for Mrs J, each of the core components biomechanical, sensory motor, cognitive, intrapersonal and interpersonal and how they impact on activity performance will need to be considered.

1. Consider the activity of grocery shopping. Based on her symptoms, identify three aspects of the activity that Mrs B may experience changes in and/or difficulty with over time.

Activity continues on the next page

Activity 10 – Identity and self-esteem (continued)

2. How will a client's ability (performance components) to participate in an activity be affected if they have:

a) A physical disability. Consider the impact of her sensory-motor symptoms.

b) A psychosocial disability. Consider the impact of her interpersonal and intrapersonal symptoms.

2.2 Impact of Ageing and Disability

The World Health Organisation defines disability as:

'....an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives'.

(World Health Organisation, 2010).

Ageing and disability affect all individuals differently but generally require the person to adjust to changes in their ability to participate in life's developmental activities.

Disability and ageing can be considered from different theoretical and philosophical models. Both, however, have the potential to influence a person's ability to participate in aspects of daily living, including self care, work, leisure, and rest. When a person's ability to perform their activities of daily living is altered this also has an impact on those around them such as carers and other family members.

Ageing defines the process of becoming older. Much discrepancy exists over what biological point we are considered to have achieved old age as ageing can affect us all differently. Some of the developmental tasks that Havighurst attributed to later maturity include adjustment to increasing health problems such as those affecting the cardiovascular system, the nervous system or the joints, adjustment to retirement, death of a spouse, and developing satisfactory living arrangements that meet our changing needs (Cummings, 1995).

The impact of ageing and disability on body image

The changes associated with ageing and disability can distort a person's body image. This includes their image of themselves and also their image as a social being that has family roles, social roles, vocational and leisure roles. Independence, self sufficiency and autonomy may have to be given up partially, totally, temporarily or permanently as a result of these changes (Pedretti, 1990).

In the treatment of a client with a change in function or activity performance consideration must be given to the whole person. Their capabilities, problems, interests, experiences, needs, fears, prejudices, beliefs, cultural influences and reactions to the loss of function are all important (Pedretti, 1990).

Activity 11 – Understanding disability, ageing and illness

Fill in the table. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Identify three ways in which you could support an individual to adjust to the changes they have experienced in function or activity performance as a result of a disability, illness or ageing. It may be useful to consider the impact of disability, illness and ageing on an individual's self-care, work and leisure activities. It may also be helpful to consider how this impacts on the individual and their support network (such as family and friends) and the role changes of a family member.

Disability	
Illness	
Ageing	

2.3 Active Support Principles

Active support is a way of providing assistance to people that has a focus on making sure that individuals are engaged and participate in their own support (Field, 2007). Active support principles bring the focus back to doing things 'with' clients and not 'for' clients. The goal is for people to be interested and engaged whilst participating in the skill development programs.

Active support principles can be used to plan and provide support for people with an intellectual disability, acquired brain injury, physical disability or age-related loss of ability or disabilities.

Active support is important to ensure:

- skill maintenance
- the opportunity for new skill development
- people are included in all aspects of their own lives
- confidence and motivation
- identity and self esteem
- a sense of involvement and achievement

These are the same results that everybody gets from meaningful participation in life and life's developmental tasks.

Providing Active Support

Providing active support will involve working with the OT, the client, carers, and any significant others to:

- identify needs, strengths and capacity
- identify client centred goals
- identify activities the client wants to be involved in and how they want to be involved
- identify the right level of support
- encourage clients to do as much for themselves as possible to maintain independence and physical ability
- evaluate progress, and revise goals and/or levels of support to suit the client
- encourage the client to maximise their own potential and independence
- structure skill development and maintenance activities to maximise client interest, involvement and participation

- identify unmet needs as the program develops

Understanding Activity

Activities used in occupational therapy fall into four categories:

1. **Adjunctive activities** - used to prepare the client for purposeful activity e.g. therapeutic exercise, physical agent modalities and splinting.
2. **Enabling activities** - used to simulate purposeful activity. These activities have a specific goal, but are not 'purposeful' in that they are not normal activities a person would do in the community. They do not have an 'inherent' goal. These activities may include clothing fastener board, sanding boards, stacking cones, and cognitive and perceptual tabletop media.
3. **Purposeful activities** - the foundation upon which Occupational Therapy is built. They are goal directed behaviours and tasks. These activities must have meaning for the client and requires active client involvement.
4. **Occupational performance** - the completion of activities or tasks that are a part of the client's role expectations of work, self-maintenance or leisure activities.

Environmental Modification

The environment includes the people, tasks and space in which the client performs tasks. Psychological and emotional aspects of the environment must be considered, as well as physical aspects. The OT will modify the task environment to permit successful task completion. An example would be sitting a distractible client away from other people.

Activities of Daily Living (ADLs)

ADLs are 'the things we normally do in daily living, including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing and grooming), work, homemaking, and leisure' (MedicineNet, 1998). They are divided into:

- basic ADL
- instrumental ADL

Basic ADL's (self-care tasks) including:

- personal hygiene
- dressing and undressing
- eating
- mobility and transferring
- toileting

(McDowell and Newell, 1996)

Instrumental ADLs or ADLs are the tasks and skills that are necessary to let an individual live independently in a community:

- doing light housework
- preparing meals
- taking medications
- shopping for groceries or clothes
- using the telephone
- managing money
- using technology

(Bookman et al, 2007)

Activity Analysis

Activity analysis is a process which allows us to determine the therapeutic potential of an activity by examining the elements related to age appropriateness, inherent properties, potential for adaptation, relationship to the interest of the client etc. (Ryan, 1995). Activity analysis breaks down the activity into a series of steps that are necessary for its completion.

Activity analysis has two main purposes:

1. To identify difficulties and problems experienced by the individual in activities
2. Provide specific interventions that are meaningful and purposeful to the individual

There is no universal method of activity analysis. Your Occupational Therapy department will have local forms and checklists to assist with this.

- firstly, you need to understand what is required of an individual to perform the activity competently
- secondly, you need to investigate the activity in context and discover how the client performs the required elements

Identifying the difficulties experienced by the client and understanding normal function, ability and developmental stages will contribute to formulating meaningful skill developmental programs.

Crepau (2003) demonstrates how skill development typically involves the use of graded activity, which gradually increases the demands of an activity on a person to stimulate improvement in their functional ability (cited in Meta-OT Tools and Discussions of Occupational Therapy, 2009). Adapting the activity may also be required. Adaption and

grading require modification and planning of both the activities steps and context (e.g. environment, task sequence, speed and adaptive equipment).

Activity Analysis Example	
1. Name of activity	
2. Number of participants	
3. Supplies and equipment	List all tools, equipment and materials needed to complete the activity. Designate optional items
4. Procedure	List all steps required to complete the activity.
5. Cost	List all steps required to complete the activity.
6. Preparation	List any preparation that must be completed before the treatment session.
7. Time	Identify total amount of time.
8. Space needs or setting required	State requirements relevant to where the activity will take place. (Activities performed in a clinic may not be suitable for a client's room).
9. Activity Qualities	Consider factors such as controllability, resistiveness, noise, cleanliness, practability, problem areas, and likely mistakes. List both positive and negative aspects.
10. Amount of supervision	Can the activity be completed independently, or must it be supervised? (To what degree?).
11. Physical requirements	Consider factors such as motions used, fine motor skills, gross motor skills, dexterity, eye-hand and bilateral coordination, posture / position (standing, sitting, leaning, bending, prone, supine etc.), strength, endurance and balance.
12. Sensory requirements	Consider visual, tactile, auditory, olfactory and gustatory factors.

Activity Analysis Example	
13. Cognitive factors	Consider requirements for organisation, concentration, problem solving, logical thinking, attention span, direction following (written, oral and demonstration), decision making and creativity.
14. Emotional factors	Consider aspects such as degree of structure, initiative, control, dependence, impulse control, frustration tolerance, opportunities to handle feelings, and role identification.
15. Social factors	Consider degree of communication, interaction, and completion required; opportunities for assuming responsibility and cooperating.
16. Potential for adaptation or modification	Consider points from 9 through to 15.
17. Precautions and contraindications	
18. Grading Potential	Consider how to change (simple, complex, rapid, slow).
19. Type of condition or problem for which activity is recommended	
20. Activity Category	(Functional, supportive, vocational, diversional).
21. Expected primary therapeutic goals	Consider age appropriateness, gender identification, cultural considerations and vocational implications.
22. Other pertinent information	

(Hopkins & Tiffany, 1988)

Assessing Client Needs, Strengths and Capacity

In order to identify needs, strengths, and capacity of the client and carer, appropriate assessments will need to be completed by an occupational therapist. As an allied health assistant you are able to provide a range of predetermined specialised clinical screening assessments for clients with complex needs, as delegated by the occupational therapist and allowed for by testing guidelines and legislation.

You will need to liaise with the treating occupational therapist as to what assessment is appropriate and this will define who will complete the assessment.

There are a number of assessment tools, techniques and methods. These include:

1. observation
2. checklists
3. standardised tests
4. rating scales
5. interviews
6. self report forms
7. cumulative client records

The assessment will allow you to identify the client's current skills and abilities and how these can be built upon to participate more meaningfully in their environment(s). They will also allow you to identify and prioritise a client's goals. You will need to identify skills that need to be developed that are outside your scope of role and responsibilities and refer these to the OT.

Re-assessment will be used to identify a client's progress, skill development, and the effectiveness of the activity program. It will provide the information to update the client's program ensuring it continues to meet their ongoing needs.

Planning a Skill Developmental Program

Following assessment you will need to plan to deliver the skill development program activit*ies* based on the identified goals:

- obtain information about the developmental program from the Occupational Therapist
- consult the Occupational Therapist about developmental program requirements and desired client outcomes
- identify program requirements outside the scope of your role and responsibilities as defined by the organisation and discuss these with the Occupational Therapist
- identify and confirm impact of the program's contribution to the client's overall care plan
- determine client availability to participate in the program
- identify cultural and spiritual issues that might have an impact on the client's participation in the program and maintenance of function
- support the client and carers to identify methods that will build upon their strengths when developing, and retaining skills
- work with the Occupational Therapist and client to determine methods of evaluating the effectiveness of activities and methods

Delivering a Skill Development Program

When delivering a skill development and maintenance program you will need to:

- gather the equipment and materials to deliver the program, in line with client needs, specifications of the Occupational Therapist and legislative and organisation guidelines
- check safety and efficiency of any equipment and materials
- Support the client to carry out activities in ways that promote safety, involvement and confidence, and adhere to the cultural and spiritual beliefs and preference of the client
- provide support according to the principles and practices of active support, be respectful of the client and encourage and motivate the client for optimal interest and involvement
- set up the environment to optimise client interest, participation and involvement
- identify and respond appropriately to any risk to clients or others and report accordingly
- provide reinforcement and constructive feedback to the client and carers about involvement in activities
- modify approaches if client becomes distressed, experiences pain or communicates their desire to stop or amend the activity
- seek advice if safety issues arise, the client does not wish to continue, is distressed or in pain or if conflict arises with client
- assist the Occupational Therapist to work with the client to review progress
- under direction of an Occupational Therapist, adapt the environment and activity to maximise functional independence

Activity 12 – Skill Development Program

Read the case study and answer the following question. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Case Study: Mr T

You work in a community rehabilitation centre. Mr T is a fifty-eight year-old man diagnosed with schizophrenia who experiences delusions of grandeur. He is the divorced father of three children and had previously worked as a general practitioner. He currently lives in a boarding house with assistance from community services. The assessment of this client has identified:

Goal: Improved personal hygiene

OT instructions: Whilst attending the centre assist the client to develop a morning personal hygiene routine that includes bathing, clean clothes, hair brushing, shaving and cleaning his teeth.

Identify the steps you will take to plan and deliver your skill development program and what further information you would require.

Motivating and Encouraging Client Participation in Therapy

What helps:

- buddy up and group work; having others to work with can make it a lot more fun
- having motivating, realistic, achievable goals
- record keeping or tracking of progress towards goals. Point out any small improvements or a good effort as you notice them
- explain what you're going to do and why
- keep activities meaningful, interesting and age appropriate
- listen to their story or objections; if they don't want to participate, try to find out why
- keep a positive attitude towards your work and the people around; smile, make encouraging comments, use gentle touch as appropriate, and pay attention to clients' work
- keep a positive environment to work in e.g. try music, encourage joking and laughing
- allow balance of rest and work i.e. let people take a short break for rest, food or toileting as needed
- allow some choice in activity as able e.g. order of activities
- allow people to make mistakes at times and give them the opportunity to fix a mistake themselves (if safe to do so)
- involve family and significant others in therapy sessions; ask them to provide sincere positive feedback for a person's efforts

(Pedretti, 2001)

Empowering Clients

Allied Health Assistants form a partnership based on the achievement of an agreed goal of improved functional status. For example, the goal may be to improve handwriting to enable a child to participate in classroom activities.

In forming an effective partnership, it is essential that all members are aware of their rights and responsibilities to ensure the outcomes of the service are safe, equitable, efficient, respectful and effective for everyone. It is important that you ensure the client understands their rights and responsibilities on your first contact with them.

Providing the client with their rights and responsibilities is an important step in empowering them to become an active member of the partnership. This will maximise their participation within the developmental program.

Things you can do to support the rights of your client when delivering a developmental program include:

- encourage independence

- allow the client to decide who they want with them
- allow the client to wear their own clothes if they don't restrict your care of them
- allow the client to choose a male or female allied health assistant if available
- allow the client to ask questions in regards to their care
- allow the client to take part in decisions
- provide easy-to-understand information about the client's treatment, including risks and other choices
- the right to a second opinion
- the right to give a compliment or make a complaint
- the right to have personal information kept private and confidential

You will also have expectations of your client during the course of your developmental program. These may include:

- the client needs to give you as much information as they can about their health
- the client needs to follow your instructions
- the client needs to tell you about any changes to their condition
- the client needs to be on time for appointments and let your health service know if they want to cancel, or if they change their contact details
- to provide respect to all people met in the course of their service provision this includes no harassment, discrimination, physical or verbal abuse
- to respect the confidentiality and privacy of others in the healthcare setting

Activity 13 – Promoting Client Participation

Please answer the following question. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide

1. Identify five ways in which you can promote client understanding, choice, control and engagement in their own health and wellbeing when delivering a developmental program.

2. What would you do if a client became aggressive towards you whilst you were providing a treatment program? You may find it useful to refer to aggressive behaviour management handout on http://qheps.health.qld.gov.au/safety/occup_violence/documents/Awareness-Handout.pdf

Activity continues on the next page.

Activity 13 – Promoting Client Participation (continued)

3. Outline what you would do at the time of the incident and any future action.

4. Identify what resources you would use to support your decision marking.

Key Points

- Human growth and development is a life-long process
- Critical tasks occur at different stages of human development that reflect maturity and skills.
- Ageing and disability can disrupt a client's ability to achieve developmental task performance at appropriate stages their life.
- Active support strategies include identifying activities appropriate to age, maturity and skill level.
- Active support strategies have the client participating within the activity at level unique to them, which supports skill development and intrinsic motivation.
- Understanding and using purposeful activity is fundamental to occupational therapy.
- Activity analysis assists with providing specific interventions that are meaningful and purposeful to the individual
- Skills in identifying a client's needs are essential in developing and re-evaluating a skill development program.

3. Service Provision

This topic covers information about:

- Resources and Information
- Models of Care
- Scope of Practice

Activities in this topic cover the following essential skills:

- Work collaboratively with clients and carers in the pursuit of skill development outcomes
- Work under direct and indirect supervision
- Communicate effectively with clients in a therapeutic/treatment relationship
- Communicate effectively with supervisors and co-workers
- Work within a multi-disciplinary team
- Demonstrate time management, personal organisation skills and establishing priorities

3.1 Resources and Information

There is much information and resources available for rehabilitation clients. The internet allows quick access to information from across the world – much has been published on clinical treatment, support, equipment, personal stories and experiences of individuals who have undergone rehabilitation.

Your department and organisation will provide the resources, aids, and information you require to assist with the development and maintenance of client functional status. It is worthwhile identifying what is available, how it is used and where it is located.

Useful information will include:

1. An understanding of conditions your client group is likely to experience and how they affect activity performance.
2. A knowledge of diagnostic and assessment tools and procedures, including professional boundaries
3. Knowledge of activities and their use in therapuetic programs
4. Knowledge of your activities of daily living equipment:
   - how the equipment is used
   - who can use the equipment

  - can the equipment be loaned
  - how the equipment is loaned
5. You will need to be familiar with the activity tools and resources to assist with delivering your program.
6. Other organisations and their resources

Where to start looking:

- departmental shared drive
- resource cabinets
- intranet
- library
- internet
- networks

For some specific questions, you can try:

- other hospital and rehabilitation centres
- Allied Health Professionals and their relevant professional organisations. There may be a special interest group for rehabilitation which can assist
- diagnosis-specific organisations such as The Stroke Association, Aphasia Association
- local support groups and community health centres

Other sources of information include:

- your hospital library. Most research and journal articles and books are kept online; libraries will still have books on a wide range of topics. Ask the librarians – they can often quickly search databases or find relevant books for you
- Allied Health Professional departments will usually have a collection of text books they use regularly or Allied Health Professionals themselves may keep some basic or specialised textbooks relevant to your clinical area.
- Queensland Health Intranet site - Clinician's Knowledge Network (CKN). This is the starting point for access to many on-line textbooks and journal databases including medical dictionaries and drug information. Ask the librarian for tutorials or assistance on searching for information or using this site.
- general internet searches. These often reveal a broad range of information from recent evidence-based practice to local organisations. Websites may be reliable and informative websites, or published by individuals about their own personal point of view on a topic. Check the author and the date where possible to assess whether the information in current and valid.
- companies who sell rehabilitation equipment. These businesses often have representatives who will come out to your centre to display or trial items for you. They will generally have online or hard copies of catalogues also with pictures of equipment. Local businesses may be found in the phone book under 'disability equipment' or similar headings.

Organisations as a source of information:

- LifeTec – Each state in Australia has a government-funded centre that displays and allows trial of aids and equipment for daily living. Devices and information on them including suppliers and cost are available for all types of problems, from specialist furniture to assistive speech devices. LifeTec's website www.lifetec.org.au allows online searching for information on equipment
- TADQ (Technical Aid to the Disabled, QLD Inc) – This volunteer organisation can make specific, unique pieces of equipment or modify items for those with special needs. For example, they may mount a special bracket for a feeding device to enable a person in a wheelchair to feed themselves off the wheelchair tray. For contact details look up www.tadq.org.au

Other useful information sources

Centrelink – Caring has many direct and hidden financial costs, which can stretch the budget. Financial assistance is available to help offset some of the costs. Centrelink offers payments to help people who are caring for someone who has a severe disability or medical condition or who is frail aged.

For further information on Centrelink's services:

Telephone: 13 2171

Web: www.centrelink.gov.au/internet/internet.nsf/home/index.htm

Carers Australia – The purpose of Carers Australia and the network of carers associations in each state and territory is to improve the lives of carers.

For further information on Carer's Australia:

Telephone: 1800 242 636

Web: www.carersaustralia.com.au

Commonwealth Carer Respite Centres – This service provides information on respite accommodation facilities for those with a disability.

For further information on Commonwealth Carer Respite Centres:

Telephone: 1800 059 059

The Commonwealth Carelink Centre – Provides a central point of contact to find out about services, supports and assistance in your area.

For further information on Commonwealth Carelink Centre:

Telephone: 1800 052 222.

Commonwealth Home Support Program (CHSP)

This is a government funded service providing assistance in the home, including help with personal hygiene, cleaning, respite, transport, and food preparation. There may also be community allied health services funded by CHSP. The service may actually be provided by a number of different non-government, not-for-profit organisations such as Blue Care, Spiritus and OzCare or by a local CHSP service. There may be different 'packages' of care available. These will usually be arranged by the discharge planning co-ordinator before a client leaves the hospital.

Home Assist Secure

A government funded service that assists the frail, aged or disabled to complete minor home maintenance tasks such as repairing locks, installing security screens and lighting. The Home Assist Secure service will also complete home modification work recommended by an Occupational Therapist such as installation of grab rails or construction of ramps. They may assist with finding reliable tradespeople or help fund major modifications such as necessary bathroom renovations.

Support Groups

There are many support groups for all kinds of specific illnesses or problems. Local free newspapers often publish meeting times for these groups or the local library may also have information on council programs that could be relevant to your clients. Most areas will have a stroke support group or carers support group.

As an Allied Health Assistant you may be involved in gathering information or maintaining a database with information about relevant services in the community.

Medical Aids Subsidy Scheme (MASS)

This is the Queensland Health funding scheme to assist with funding for large, necessary pieces of equipment for people with a disability or pension card. Allied Health Professionals are required to trial the actual model or type of equipment required with the person, fill out application forms, and check the equipment is correct and works for the client.

To ensure correct prescription of what can be very expensive items e.g. power wheelchairs, the MASS website and staff provide information sessions on equipment and how to assess what will best suit the client.

As an Allied Health Assistant you may be involved in tracking and following up on MASS and other funding applications to ensure that equipment is received in a timely manner to enable client discharge from hospital

Activity 14 - Information and Resources

Read the scenario below and answer the question that follows. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

You are talking to a carer when they burst into tears. They are not coping with looking after their partner as well as doing all the household chores. Who could you suggest they contact for information about what practical support is available in their area?

3.2 Models of Care

Queensland Health (2000) defines a model of care as; '…a multifaceted concept, which broadly defines the way health services are delivered'. It often describes what service will be delivered, how, by whom, and where the service will be delivered. For example, the 'Rehabilitation Unit Model of Care' for The Prince Charles Hospital, outlines the service that clients and their family can expect from the Rehabilitation Unit.

A model of care may describe:

- what services are provided
- who provides the service (which workforces)
- when the services is provided
- how the service is provided

(Queensland Health, 2000)

There are many theories and concepts that drive the general approaches a team will take to rehabilitation. Some are concepts which cross all allied health professions and relate to the idea of rehabilitation in general. Each profession will have their own models and theories from which they work, which is the basis for the differences between the professions and their approach to solving a problem (Pedretti, 1996).

Often, you will operate in a service that follows multiple models of care. Specific model(s) will differ between work settings, so remember to ask the supervising Allied Health Professional to clarify which models are used.

Rehabilitation Model

This model emphasises working with a person on their ability to live and work with remaining capabilities. A client will be assisted to learn how to work around or compensate for physical, cognitive and perceptual limitations. The focus is on performance areas or occupations such as self-care, leisure and work. There will be less attention to the components that are used to complete performance such as thinking skills or physical abilities.

Using this model, a therapist will work on minimising barriers to role performance such as the physical environment or equipment design. An example of this would be changing the kitchen bench height so a person in a wheelchair can reach to do the cooking. This approach is often used in combination with other models, for example, a

biomechanical model. It is always important to consider the potential for improvement in a person's abilities. A biomechanical model would look at a person's physical abilities and how to improve them. For most clients, restoration of sensorimotor, cognitive and psychosocial functions is required to improve function.

Occupational Therapy Models of Practice

There are a number of different Occupational Therapy models of care, and again, the specific model used will differ between service areas. Some of the models are: The Occupational Performance Model (Australia), The Model of Human Occupation (MOHO) and the Canadian Model of Occupational Performance (COPM).

One thing that all of these models have in common is that they view the health of a client as being influenced by many factors including; environment (physical, social and cultural), personal skills and abilities (cognitive, physical, emotional and spiritual) and the task which they aim to perform.

Occupational Therapy models focus on the interaction and balance between the many factors that affect a person's ability to complete a task or perform their chosen 'occupation'. Occupations are often grouped into self maintenance, leisure and work. Self maintenance refers to daily living tasks such as paying bills, managing money, using the telephone, getting around and etc. (Christiansen, Baum & Bass-Hauge, 2005).

Leisure consists of things people do for pleasure including hobbies, sports and reading. Work or productive occupations covers paid or volunteer work, and may include tasks like driving, typing, and communicating with other people.

The models may vary in their view of exactly how the different aspects of people's lives can interact. Aspects of life that are acknowledged in most models include:

- the environment (physical, cultural, social and time)
- the person's abilities, skills or life stage (cognitive, physical, emotional and spiritual)
- the task or occupation (self care, productivity and leisure activities)

All these parts of a person's life interact with each other and a problem in one area can affect all other areas of a person's life. For example, being in pain can mean a person becomes depressed. They may then not bother showering or grooming themselves as well as usual. This can affect relationships with other people, performance at work, or motivation to participate in hobbies.

Similar frameworks are used to analyse a person's performance of their occupation or a task, to identify problem areas such as why someone can't pick up a cup. Your analysis of the situation may include exploring the following ideas:

- is it because they don't want to pick up a cup and drink independently?
- if they are ill, does their cultural background tell them that their family should be doing that for them?
- are they too weak to pick up the cup or can they not see well enough to reach it?

The framework will then be used to plan how to improve performance of a specific task or skills (Pedretti, 1996; Polatajko & Townsend, 2007).

Client Centred

Client-centred practice involves a partnership between you and your client, which promotes client participation in decisions regarding the service they receive (Community Services and Health Industry Skills Council, 2009). It has an important role in rehabilitation as it encourages clients to work towards goals which they have themselves identified.

Ideas for using a client-centred approach to engage clients in a group setting may include asking individual participants about their interests, skills or previous experiences.

When you carry out your work that adheres to the client-centred approach, clients will feel in control of their health care and motivated to participate to their full potential (Community Services and Health Industry Skills Council, 2009).

Goal-Directed

As mentioned above, Queensland Health promotes client participation in all facets of their health care including goal setting.

By assisting clients to set goals, you will need to consider whether the goal is SMART:

Specific – clearly set out and includes the who, what, when, where and why

Measurable – so that you and the client are able to monitor and track their progress

Attainable or Attractive – within likely reach and appealing to the client

Realistic – the client is willing and able to work towards

Time-based – a timeframe for the client to achieve the goal

Example of a SMART goal

Specific	Walk to the dining room independently.
Measurable	Walk for 10 minutes. Other measurable variables could include distance mobilised.
Attainable or Attractive	Agreed goal between the OT and client. Client is currently able to do this in 12 minutes.
Realistic	Client-focussed goal.
Time-based	By the end of the week. This gives the client adequate time to practice and improve the skill.

The Interaction of Models

As most healthcare services will employ more than one model of care, you will need to understand how models of care link up with one another. The model below shows an example of how several models of care overlap with each other to shape the service that clients receive.

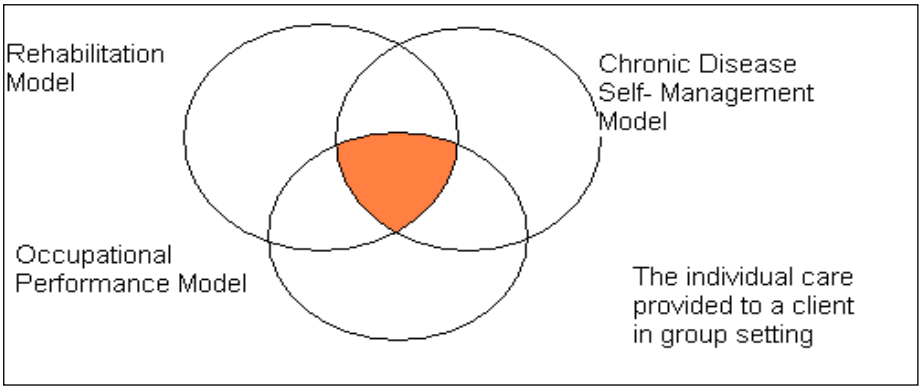

Figure 4 Interaction of Models

It is important note that the models are not always equally aligned. In some services, one model might be more central than others.

Some additional models of care that you may encounter in group work include:

- Case management model
- Slow stream rehabilitation
- Allied health assistant model (still in draft form at present)

Activity 15 – Client-centred Model

Imagine you work in a setting where therapy and intervention is highly client-centred.

Answer the following questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide. You may find if helpful to refer to "what is person-centred health care: research review and practice perspectives" at: http://www.powershow.com/view/3d448f-YmQ5M/What_is_person-centred_health_care_Research_review_and_practice_perspectives_powerpoint_ppt_presentation

1. What is a client-centred model of care?

2. What are the benefits of using client-centred models when planning interventions?

Activity continues on the next page

Activity 15 – Client-centred Model (continued)

3. How do you ensure your treatment continues to be client-centred?

4. You are working with a client who has reduced fine motor co-ordination in their left hand. This client has difficulty with dressing tasks (such as buttons and zips), handwriting, and cooking tasks (such as opening packages and using cutlery). Write 3 SMART goals for this client.

i

ii

iii

3.3 Scope of Practice

Scope of practice is the range of responsibility, e.g. types of clients, duties and practice guidelines that determine the boundaries within which an Allied Health Assistant works. All care delivered by an Allied Health Assistant needs to be within that individual's scope of practice.

The activity should be an activity that the Allied Health Assistant is trained, competent and authorised to perform. All delegated tasks must be appropriate for the Allied Health Assistant's role description and responsibilities. It is the responsibility of the Allied Health Assistant to inform the Allied Health Professional if they feel a task is outside their scope of practice.

As an Allied Health Assistant, your role will be varied depending on which profession/s you are assigned to assist. In general, the Allied Health Professional will assess the client and design programs for you to carry out. Clarifying exactly what is and isn't your job may take a little while to work through when you first start. Your job description and the instructions of staff should give you a clear idea. However, in rehabilitation, there is often no clear end to how much can be done for a client, which can cause confusion and stress for staff. There is often a lot that can or should be done for a person but limited time to do it in.

A clear timetable or schedule and checking in regularly with your supervisor/s can help you to manage your time. Learning to politely but assertively say 'no' may be necessary at times, particularly if you have a number of different supervisors to work with. An explanation of why you don't have time such as having other commitments, and an offer to negotiate another time or way to complete the task is usually helpful.

The ability to work efficiently and learning to prioritise the most important tasks is often the key to succeed in an Allied Health Assistant position.

Tasks you may be expected to do:

- arrange for clients to complete checklists or help them fill out self-report type assessments and forms
- complete administration tasks such as filling out equipment application forms
- prepare for and run individual or group therapy sessions, with program designed by Allied Health Professional
- make minor changes to therapy programs as required or with guidance from Allied Health Professional
- feedback on client condition or success of therapy sessions to Allied Health Professional

- order and maintain equipment, supplies and tidy work areas
- complete ADL re-training activities with clients
- monitor client progress in therapy programs
- accompany therapists on and assist with home visits
- apply assistive aids to clients
- arrange for equipment prescribed by Allied Health Professional
- provide education to clients and families, including practicing client care with them e.g. dressing and transfers
- attend department meetings and in-house training sessions
- contribute to department quality improvement activities

Queensland Health's Public Patients Charter

The Australian Charter of Healthcare Rights booklet will assist you with outlining to the client both of your rights and responsibilities. You will need to ensure your client has received a copy of the brochure and understands their rights and responsibilities at the start of their treatment program.

Copies of The Australian Charter of Healthcare Rights can be found on: https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/

This document is supported by Queensland Health.

Ensure your client has received a copy and understands their rights and responsibilities.

Queensland Health (2008) Models of Care draft role description outlines that the purpose of the Allied Health Assistant is to '…contribute to patient care by providing clinical support tasks delegated under the direct or indirect supervision of an AHP'. This explanation of the Allied Health Assistant role highlights some important issues regarding the Allied Health Assistant scope of practice:

- delegation
- supervision
- role within the health care team
- personal organisational skills

Delegation

Working alongside Occupational Therapists (OT) to assist clients to achieve their individual outcomes, will include the OT delegating tasks to you. When delegation

occurs, both Allied Health Assistants and Allied Health Professional have responsibilities. The table below summarises some of these responsibilities.

AHA Responsibilities	AHP Responsibilities
• must have the appropriate level of experience and competence (i.e. skills and knowledge) to carry out the activity and the activity should be within the scope of the allied health assistant role. • has responsibility for raising any issues related to undertaking the delegated task, and should request additional information and/or support as required • should be aware of the extent of their expertise and scope of practice at all times and seek support from allied health professionals as required • shares responsibility for raising any issues and requesting additional support throughout the delegation and monitoring process.	• establishes diagnosis, clinical management and treatment plans • should only delegate activities that are within the scope of their own professional practice and • that they are competent to assess, plan, implement and evaluate • must only delegate activities that are within the scope of practice and level of competency, • previously demonstrated experience and/or training and qualifications of an AHA • should determine whether it is appropriate to delegate a task to an AHA and only delegate • If/when it is appropriate is able to provide the type and frequency of monitoring (i.e. task supervision) the activity requires.

(AHA Framework, AHPOQ, 2016)

At no time should you be requested or required to undertake a task that is outside your level of competence or that is not identified by the Allied Health Assistant position description.

Supervision

Supervision refers to the monitoring, advice or instruction from another person to ensure optimal healthcare is provided to clients. The Allied Health Professions Office of Queensland (APHOQ) Allied Health Assistants Framework state that:

- AHA positions are to be clinically supervised by an allied health professional.
- AHA positions will have a designated clinical supervisor.
- Formal supervision sessions will be documented in accordance with local requirements.
- Clinical supervision may be direct, indirect and/or remote.

The two forms of supervision most commonly experienced by Allied Health Assistants are ‘formal’ and ‘informal’ supervision.

Also known as professional supervision (Queensland Government, 2011b), clinical supervision can be defined as a formal process of support and learning that involves:

- developing a mutual commitment between the AHA and allied health professional to reflect on the clinical practice of the AHA
- developing knowledge and skills competence
- clarifying boundaries and scope of practice
- planning and using personal and professional resources
- identifying training and education needs
- developing accountability for work quality (Queensland Government, 2010a).

Though an assistant should only have one primary clinical supervisor, there may be several allied health professionals of the same or different disciplines who delegate tasks to the assistant (Queensland Government, 2010b).Clinical supervision should be undertaken by an allied health professional although a senior AHA may co-supervise in collaboration with an allied health professional in some work units. Where an AHA is new to the service and/or the particular clinical area, they will initially require more frequent clinical supervision. It is the responsibility of the supervising and/or delegating allied health professional (potentially the same person) to:

- assess and verify the AHA’s competency within the clinical context
- define and clarify the tasks to be undertaken by the AHA within their scope of practice
- ensure the AHA has a clear understanding of the tasks to be undertaken within that context.

Delivery of clinical supervision

Clinical supervision can be delivered either directly, indirectly or remotely:

- Direct clinical supervision occurs when the supervising allied health professional:
  - works alongside the AHA
  - observes and directs the AHA’s activities
  - provides immediate guidance, feedback and intervention as required.

- Indirect clinical supervision occurs when the supervising allied health professional:
  - works on-site and is easily accessible, but not in direct view of the AHA while the activity is being performed—the AHA must rely on clear communication from the supervising allied health professional
  - is readily available within the same physical area or easily contactable (i.e. by phone or pager) should the need for consultation arise

  - designates an alternative contact person (should the need arise) if they will be unavailable.
- Remote clinical supervision occurs when the supervising allied health professional:
  - is located some distance from the AHA
  - is contactable and accessible to provide direction, support and guidance as required (e.g. telephone or video-conferencing).

(AHA Framework, AHPOQ, 2016)

Working with your supervisor

Communication – Regular communication is the key. Work out with your supervisor the best method of communicating with them. Have an agreement around how often, what method, and where you will meet to communicate.

For example, try:

- telephone, e-mail or weekly meetings if you are at different sites
- use set forms or leaving notes or reports for each other. Make sure there is a special place e.g. desk, pigeon hole, or in-tray to leave any written information
- regular meetings with your supervisor/s to review what you are doing. This provides an opportunity to raise any questions or issues before they become a big problem. It can also be a chance for you to show how much you have achieved. In addition to a regular whole team meeting, try a quick scheduled catch up each morning just with your supervisor
- be aware that your supervisor is not a mind reader - state any concerns clearly as they come up
- if in doubt, ask
- if instructions are not clear to you, ask for clarification or repeat back to check if you have heard or understood correctly

Examples of inconvenient times to try and speak with your supervisor are:

- when they are clearly busy with a client, staff member or task
- right at the end of the day as they are walking out the door
- when they do not have the time or resources available to answer your questions

It may be okay to ask a simple question of someone working with a client, but this is not the time for long complicated questions or reporting a non-urgent problem. In particular, you must not discuss one client in front of another as this is a breach of confidentiality.

For urgent matters, know who else you can contact and how, should your supervisor be unavailable. In terms of what to tell your supervisor, the level of detail they need to know will vary depending on what you are doing. It may take some negotiation with your supervisor over time to establish exactly what they like to know. Each supervisor, Allied Health Assistant and situation will be different.

Key points to report will generally include:

- any risk to, or concerns about safety
- sudden changes, whether in a client's condition, abilities or your roster or demands on your time
- specific commitments e.g. a day off training with another profession
- need for training or if you are not confident with a technique or treatment you have been asked to use
- treatment programs requiring adjustment, whether because they are too easy or too difficult for clients
- queries about prioritisation of tasks and which are most important


Additional information regarding the Queensland Health Allied Health Assistant Framework can be found on the website:
https://www.health.qld.gov.au/ahwac/html/ahassist

Feeding Back About Clients

When providing feedback about clients; clear and concise is best. Plan or think about what you will say prior to feeding back to your supervisor. Try to avoid vague and irrelevant details. For example, if reporting a chat with a client you may report that Mrs G is desperate to go home rather than adding in exactly what she said about her cat and how cute he is.

Consider what your supervisor needs to know – usually this is about the general progress of a client and any changes to their condition. At times specific details may be very significant e.g. if a person could find the items to make a cup of tea without help or not. Your Allied Health Professional should tell you ahead of time which specific details matter and what to watch for, or they may ask for more detail if required.

Activity 16 - Supervision

Answer the following questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

1. Do you have set times to catch up with your supervisor? Is that enough? Is it at a convenient time?

2. Who do you contact in an emergency if your supervisor is unavailable?

Activity continues on the next page

Activity 16- Supervision (continued)

3. What is an example of something you would report to your supervisor straight away?

Working in Care Teams

In your role as Allied Health Assistant, you may find yourself involved in a number of teams at any one time. This may include a ward team, occupational therapy departmental team and a professional team of Allied Health Assistants.

You will find your role varies within each team, but certain behaviours and skills will be necessary for you to be successful in each role. The teams will not be exclusive to client care. You may also find yourself involved in teams relating to projects and your department.

The most common models of teams in healthcare are:

- **The multi-disciplinary team** – In this team health professionals each perform individual assessment and management strategies. Their recommendations are then pooled together to make an overall plan for the client.
- **The inter-disciplinary team** – In this team all health professionals consult with one another at all stages including assessment, planning and evaluation.
- **The trans-disciplinary team** – In this team, one team member acts as the primary therapist, and other team members provide advice and information through the primary person.

(Queensland Health Statewide Occupational Therapy Clinical Education Program, 2009)

Most commonly you will find yourself working within the multi-disciplinary team model within the healthcare setting.

Multi-disciplinary Team

A multi-disciplinary team (MDT) is a group of health professionals who meet to discuss all relevant treatment options and develop an individual treatment plan for each client. This joint approach allows the team to make decisions about the most appropriate treatment and supportive care for the client while taking into account the individual client's preferences and circumstances.

Teams can consist of medical staff, nursing staff, social workers, dieticians, speech pathologists, physiotherapists, Occupational Therapists and Allied Health Assistants (The Cancer Institute NSW, 2010).

Generally, each discipline conducts an independent assessment of the client. Then each discipline develops their treatment plans independently. One person, usually the physician, orders the services and co-ordinates the care. There may be meetings to discuss progress, however often there is little direct communication amongst team members. Team members work in parallel with one another and often the medical

chart serves as a vehicle to share information (Geriatric Interdisciplinary Team Training, 2001).

It is important for you to understand your tasks and responsibilities within each team you are involved in. Where appropriate you will need to lead departmental and team meetings, case conferences as well as other team projects and activities.

When an OT is unable to attend a case conference you may be required to attend in their place. To assist with this, the OT will provide you with the relevant information for each client. You will need to be able to interpret the information and present it in a manner that is meaningful to the team.

Team Member Roles

Medical practitioners or doctors (MD):

- diagnose, treat and assist in the prevention of human physical and mental illness, disease and injury and promote good human health
- are involved in a wide range of activities including consultations, attending emergencies, performing operations and arranging medical investigations
- work with many other health professionals

Nursing staff (NUM, RN and EN):

- provide care for clients in a variety of healthcare settings
- provide physical and technical care and support for clients
- take part in the daily ward round with other nurses, doctors and allied health
- ensure clients receive treatment prescribed by health professionals
- provide emotional and psychological support and information to clients and their families

Occupational therapists (OT):

- work with people of all ages with a variety of conditions caused by injury or illness, psychological or emotional difficulties, developmental delay or the effects of aging
- their goal is to assist individuals to improve their everyday functional abilities and enable independence, well being and quality of life
- help clients maximise function and enable participation in their own lives
- Physiotherapists (PT):
- provide treatment for people with physical problems caused by injury, illness, diseases and ageing
- use a range of treatments including mobilisation and manipulation of joints, massage, therapeutic exercise, electrotherapy and hydrotherapy to reduce pain, restore function and improve an individual’s quality of life

Speech pathologists (SP):

- assess, diagnose, treat and provide management services to people of all ages with communication and/or swallowing impairments
- work with people of all ages who have difficulties swallowing food and drink
- people seek the assistance of a speech pathologist if they have speech, language, voice or fluency difficulties which impact on their ability to communicate effectively

Social workers (SW):

- provide information, counselling, emotional and practical support
- their primary concern is to address the social and psychological factors that surround clients' physical and/or medical presentations
- also provide assistance with resourcing care packages, information and referral to community services, advocacy and practical assistance

Dieticians (Diet):

- health professionals who improve the health of individuals, groups and communities by applying the science of human nutrition
- use their skills and knowledge to modify diets to treat medical conditions, and to advise other health professionals about the role of diet in health care, as well as educate the general public about eating for health

Psychologists:

- are experts in human behaviour, personality, interpersonal relationships, learning and motivation
- play an important role in helping individuals to enjoy and improve their quality of life by assisting in the management of many common mental health disorders, and by equipping people with the skills needed to function better and to prevent problems.

(Queensland Health, 2008)

Allied Health Assistant Role within Care Team

Allied Health Assistants are an integral part of a multi-disciplinary team (MDT) and often off act as a 'lynch pin' within the team. This tends to occur when the Allied Health Assistant works collaboratively with multiple Allied Health Professionals. Communication between you and the rest of the team is a vital component for effective team work.

Key responsibilities as a member of a care team:

- have a good understanding of the roles of your colleagues, both Allied Health Assistant and Allied Health Professional
- maintain regular feedback to Allied Health Professionals regarding client progress

- provide regular feedback to Allied Health Professional regarding your workload levels (are you run off your feet or could you potentially take on additional responsibilities?)
- maintain positive relations including open and honest communication and a constructive climate for discussion
- demonstrate a commitment for the team
- have organised procedures

Effective communication is the ability to convey your message to other people and have that message understood without any misinterpretation. The information transferred should:

- include all relevant data
- be accurate
- be unambiguous
- occur in a timely manner

This information enables actions to be taken to provide the care that a client needs. When providing feedback to the OT and the team about a client, it is important that you are able to provide a summary of the key points relating to your contact with the client. You will need to be able to identify what information is important to the continuing care of the client.

When appropriate, this may include attending ward team meetings and ward rounds with the team to assist with discharge planning and equipment, client education and home visits. You may also need to report back to the multi-disciplinary team and departmental team meetings as a representative of Allied Health Assistants.

Occasionally you may be required to provide feedback regarding a client's progress during team case conferences. The Allied Health Assistant Model of Care outlines that when an Allied Health Professional is unable to be present at case conference, the Allied Health Professional must supply or pre-approve the feedback that the Allied Health Assistant is to provide at the case conference. The Allied Health Assistant needs to be able to interpret the information and present it in a meaningful manner to the team.

Limitations of Role

The Allied Health Assistant should discuss with the Allied Health Professional if the delegated tasks are outside scope of role and responsibilities as defined by the organisation (role description). This may occur for a number of reasons:

- lack of understanding of the role (by the AHA or the AHP)
- the Allied Health Assistant may be new to the job and not have had all the required training.

- the Allied Health Professional may have worked in another setting where the Allied Health Assistant role was different.

This communication is to ideally take place as soon as scope-of-practice issues come up. However, it may be appropriate to discuss these issues in a formal meeting.

Non-clinical Responsibilities

Managing a complex environment of teams requires good non-clinical skills such as time management, personal organisation and prioritisation.

Time Management – This can be anything you do to organise your time in your day. Suggestions to assist with this include:

- plan and schedule activities e.g. use a diary and schedule in routine activities such as ward meetings
- delegate effectively
- be efficient e.g. one task at a time, handle paper and e-mails once only and learn to say ‘no’ when it is appropriate
- control the small things such as talking, day dreaming and over debriefing

Personal Organisation – Organise yourself both now and in the future. Strategies to assist with this include:

- effective scheduling e.g. block in essential tasks to complete your job, schedule in high priority tasks and ensure contingency time to handle interruptions
- use ‘to do’ lists
- action planning for the day, week and year prioritising what you need to achieve

Prioritisation – Determine which tasks need to be achieved and manage competing demands. Strategies to assist with this may include:

- scheduling as outlined above
- use of prioritisation policies and procedures
- recommendations from OT

(Queensland Health Statewide Occupational Therapy Clinical Education Program, 2009)

Activity 17 - Working with a MDT Part A

Respond to the following activity. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

From a multi-disciplinary team (MDT) perspective draw a flow chart that illustrates your role within your MDT. Include yourself and clients in this model as well as Allied Health Professional, line mangers, dieticians, nurses and etc. In this flow chart indicate who you have direct and indirect supervisory responsibilities to.

Activity continues on the next page

Activity 17 - Working with a MDT Part B (continued)

The following is an observation activity to see how effective your team is. Complete the activity after attending a team meeting. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Team Observation Tool	
Team:	Date:
Does this team have an apparent goal?	☐ Yes ☐ No
What it the goal?	
Professional Goals	
Circle the disciplines attending the meeting	MD SW NUM RN Diet SP OT PT
Do team members appear knowledgeable about their roles?	☐ Yes ☐ No
Do team members appear knowledgeable about the roles of other disciplines?	☐ Yes ☐ No
Are there disciplines participating in the team with whose roles you are not familiar with?	☐ Yes ☐ No
If so which ones?	
Leadership	
Who is (are) the team leader(s)?	
Does the leadership change during the meeting?	☐ Yes ☐ No
What behaviours do the leaders use (summarising, initiating…)?	

Activity continues on the next page

Activity 17 - Working with a MDT Part B (continued)

Communication and Conflict	
Is there any open sharing of information?	☐ Yes ☐ No
Note any barriers to communication you observe (side conversations…)	
Is there an opportunity for differences of options to be discussed?	☐ Yes ☐ No
What are the examples of conflict?	
How were they handled?	
Meeting Skills	
How is the meeting organised? (agenda…)	

Activity continues on the next page

Activity 17 - Working with a MDT Part B (continued)

Outcome	
What was accomplished or produced during the meeting?	
Are decisions and next steps clear?	☐ Yes ☐ No
Was the meeting efficient? Why	

(Long & Wilson, 2001).

Key Points

- Extra information and resources are available for staff and clients through a variety of ways e.g. internet, libraries, local newspapers, council pamphlets and other people who work in the area.

- The models of care used by your service will influence how they work with clients.

- Client Care Principles:
  - Client-Centred
  - Occupational Therapy Models of Practice
  - Goal-Directed

- All care delivered by an Allied Health Assistant needs to be within that individual's scope of practice

- Queensland Health Models of Care (draft role description) outlines that the purpose of the Allied Health Assistant is to '…contribute to client care by providing clinical support tasks delegated under the direct or indirect supervision of an AHP'.

- Allied Health Assistant scope of practice:
  - Supervision
  - Delegation
  - Role within the health care team
  - Personal organisational skills

- Multidisciplinary Team may include Medical staff, Nursing staff, Social Workers, Dieticians, Speech Pathologists, Physiotherapists, Occupational Therapists and Allied Health Assistants

SELF-COMPLETION CHECKLIST

Congratulations! You have completed the topics for HLTAH408B Assist with the development and maintenance of client functional status.

Please review the following list of knowledge and skills for the unit of competency you have just completed. Indicate by ticking the box if you believe that you have covered this information and that you are ready to undertake assessment.

Assist with the development and maintenance of client functional status

Essential Knowledge	
Legal and organisation requirements on equity, diversity, discrimination, rights, confidentiality and sharing information when supporting a client to develop and maintain skills	☐ Yes
Principles and practices of active support and the promotion of rights, choices and well being when supporting participation in developmental activities	☐ Yes
Knowledge of codes of practice for work in occupational therapy	☐ Yes
Understanding of quality assurance, best practice and accreditation standards	☐ Yes
Theories relevant to the client group, including: Aspects of human growth and development and how these affect and are affected by developmental activities Impact of identity and self esteem on involvement in developmental activities	☐ Yes
Concept of human development as a lifelong process and the impact on developmental programs	☐ Yes
The impact of disability and ageing on daily living and working skills on clients, carers and others	☐ Yes
Working with client's, carers and others to: identify needs identify strategies to build on existing strengths and capacities evaluation of progress unmet needs	☐ Yes

Access to relevant resources, aids and information	□ Yes
Strategies to support, motivate and encourage clients and carers	□ Yes
Understanding of role within a care team and when and how to provide feedback about the client	□ Yes
A working knowledge of record keeping practices and procedures in relation to diagnostic and therapeutic programs/treatments	□ Yes
OHS policies and procedures that relate to the allied health assistant's role in implementing developmental programs	□ Yes
Infection control policies and procedures that relate to the allied health assistant's role in implementing developmental programs	□ Yes
Supervisory and reporting protocols of the organisation	□ Yes

Activity 18 - Questions

For this task you are required to answer questions that relate to your work as an Allied Health Assistant assisting with the development and maintenance of client functional status. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

1. Provide example/s of how disabilities/illnesses can impact on a client's function within their activities of daily living.

2. Why is important to consider a client's cultural/religious/spiritual beliefs and interests when planning a program?

Activity continues on the next page

Activity 18 - Questions (continued)

3. What is self-esteem and how can it impact on a client's involvement in developmental activities?

Activity 19 - Scenarios

For this task you are required to read and respond to the three scenarios provided. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Scenario

You have been referred a 65-year-old lady who has had a stroke. Her impairments include right upper limb weakness, reduced mobility (able to stand with supervision and walk short distances indoors with a frame and supervision), reduced memory and difficulty sequencing steps when completing basic ADL tasks.

1. What developmental skills do you consider a priority area and how may this impact on the client's function?

2. Provide examples of activities or tasks you could incorporate into the program to assist with developing and maintaining these developmental tasks.

Activity 20 - Workplace Observation Checklist

You will be observed providing support to clients participating in meaningful developmental activities that will enhance or maintain their function within activities of daily living. You may chose activities from the following categories:

1. Fine motor skills activities (e.g. practising handwriting, using adaptive cutlery to eat, undoing and doing buttons on clothing)
2. Gross motor skills (e.g. standing to dress self, standing with assistance of a rail to shower, outdoor / community mobility)
3. Cognitive skills (e.g. remembering to take their medication by using memory aids, making a cup of tea / snack using a checklist to ensure task is perform in the correct sequence)

You will need to assist the OT with planning, developing and implementing the program. The learner must perform these tasks on at least two occasions to demonstrate competence.

WORKPLACE OBSERVATION CHECKLIST

Workplace supervisor to date and sign (draft only, please record in the Assessment Guide)

Essential Skills and Knowledge The learner demonstrates the following skills and knowledge	1st observation date & initials	2nd observation date & initials	Comments	FER
Plan to deliver skill development program activities based on identified goals				
• Understands developmental activities and the impact of illness / disability on a client's function in activities of daily living				
• Understands different types of activities / tasks to assist with maintaining or improving a client's function				
• Liaises with OT regarding purpose and goals of the client's developmental program				
• Considers client's cultural / religious beliefs and potential impact on the program (e.g. does the client use cutlery to eat food, can the client read and write in English?)				
Develop skill development and maintenance program based on identified goals				
• Assists OT to assess the client's current function (including identifying their strengths and weaknesses)				
• Assists OT to work with client and significant others to set goals and determine client's wants and needs (including identifying meaningful activities that the client wants to maintain / develop)				
• Assists OT and client to identify developmental				

Essential Skills and Knowledge The learner demonstrates the following skills and knowledge	1st observation date & initials	2nd observation date & initials	Comments	FER
skills that are a priority and need to be maintained (e.g. client has fine motor coordination difficulties resulting in difficulty with self-care tasks, cooking tasks and feeding tasks)				
• Assists OT to develop a rehabilitation program that focuses on maintaining and developing the identified developmental skills. Considers options for client to independently practice these skills outside of sessions (e.g. practice pegging washing on the line to develop fine motor coordination)				
• Refers to other health professionals if goal areas outside OT have been identified				
Deliver skill development and maintenance programs				
• Obtains client consent				
• Organises equipment before session (including signing out / reporting to appropriate persons) and ensures equipment is safe and appropriate for the client to use				
• Provides client and significant others with information on the purpose, goals and benefits of the program				
• Provides ongoing education and instructions to client (e.g. how to safely use equipment, how to effectively complete ADL tasks, examples of tasks / activities to practice these				

Essential Skills and Knowledge The learner demonstrates the following skills and knowledge	1st observation date & initials	2nd observation date & initials	Comments	FER
developmental skills at home)				
• Encourages client to participate and remain engaged in the program				
• Demonstrates ability to modify the program if client loses motivation (implements different activities / tasks that are more relevant and appropriate to the client, liaises with OT if required)				
• Provides client with ongoing feedback regarding performance and progress and offers strategies to assist with improvement / making task easier				
• Maintains client safety and stops activities if determined unsafe or if client becomes agitated / distressed				
• Maintains appropriate client therapist relationships and uses appropriate communication with the client				
• Assists OT to evaluate and adapt the program (including client progress, compliance, interest)				
Clean and store equipment and materials				
• Cleans any equipment as required by hospital/ centres policies and procedures				
• Returns equipment / sign in / inform appropriate personals				
• Reports any broken / unsafe equipment				
Document client information				

Essential Skills and Knowledge The learner demonstrates the following skills and knowledge	1st observation date & initials	2nd observation date & initials	Comments	FER
• Documents all client interactions in case notes / medical records				
• Continuously liaises with team regarding client program (goals, progress, compliance, difficulties, concerns)				
• Maintains client confidentiality				

*FER – Further Evidence Required

RESOURCES

Occupational Therapy specific text books

Occupational Therapy specific text books can be particularly useful in your use of activity. Some well known ones include:

- Crepeau, EB, Cohn, ES & Boyt Schell, BA (ed) 2008, *Willard & Spackman's Occupational Therapy*, 11th edn, Lippencott Williams & Wilkins, Philadelphia.

- Radomski, MV & Trombly Latham, CA, 2007, *Occupational Therapy for Physical Dysfunction: Comphrehensive Atlas*, 6th edn, Lippencott Williams & Wilkins. Philadelphia.

- Pedretti, LW, & Zoltan, B 2006, *Pedretti's Occupational Therapy Practice Skills for Physical Dysfunction*, 6th edn, Elsevier Health Services. United States.

Intranet and Internet sites that maybe useful

- Occupational Therapy Australia
  Web: https://www.otaus.com.au/
  This site provides a link to a range of organisations sites for various clinical areas.

- Queensland Health Allied Health Assistant Framework can be found on the website: https://www.health.qld.gov.au/ahwac/html/ahassist

- The Australian Charter of Healthcare Rights can be found on:
  https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/

GLOSSARY

Words	Definition
Biomechanical	This component refers to the operation and interaction of and between physical structures of the body during task performance. This can include range of motion, muscle strength, grasp, muscular and cardiovascular endurance, circulation, elimination of body waste. From the perspective of the task or sub-task, this component refers to the biomechanical attributes of the task, for example, size, weight, dimension and location of objects.
Bradykinesia	Bradykinesia is the term used for slowness in initiating and executing movement, and difficulty in performing repetitive movements.
Cognitive	This component refers to the operation and interaction of and between mental processes used during task performance. This can include thinking, perceiving, recognising, remembering, judging, learning, knowing, attending and problem solving. From the perspective of the task or sub-task, this component refers to the cognitive dimensions of the task or sub-task. These are usually determined by the complexity of the task.
Freezing	Rigidity is the reason for the common complaint of 'freezing'. The person feels that some muscles are so rigid they will not move, this usually occurs at the point of commencement of movement, such as trying to stand up or walk.
Immunisation	Immunisation refers here to the optimal use of vaccines that prevent acquisition and transmission of vaccine preventable diseases and eliminate unnecessary work restriction
Interpersonal	This component refers to the continuing and changing interaction between a person and others during task performance that contributes to the development of the individual as a participant in society. This can include interaction among individuals in relationships such as marriages, families, communities and organisations both formal and informal. Interactive examples include sharing, cooperation, and empathy, verbal and non-verbal communication. From the perspective of the task or sub-task, this component refers to the nature and degree of interpersonal interaction required for effective task performance.
Intrapersonal	This component refers to the operation and interaction of and between internal psychological processes used during task performance. This can include emotions, self-esteem, mood, affect, rationality and defence mechanisms. From the perspective of the task or sub-task, this component refers to the intrapersonal attributes that can be stimulated by the task or sub-task performance, such as valuing, satisfaction and motivation.
Microorganisms	Microorganisms are very small organisms that are often unicellular and belong to the principle types of: bacteria, fungi, protozoa, algae and viruses. Microorganisms are

Words	Definition
	considered here as agents capable of transferring an infection to and colonising a susceptible host e.g. client or health care worker, with or without subsequent invasion and infection.
Rigidity	This refers to the resistance felt in a person's joints and muscles when they are passively moved.
Sensory Motor	This component refers to the operation and interaction of and between sensory input and motor responses of the body during task performance. This can include regulation of muscle tone during activity, generation of appropriate motor responses, registration of sensory stimuli and coordination. From the perspective of the task or sub-task, this component refers to the sensory aspects of the task, for example, colour, texture, temperature, movement, sound, smell and taste.

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