Foundations of Delegation Training Package

Participant workbook

Access the training package at:
https://www.health.qld.gov.au/ahwac/html/ahassist/training-package

In Partnership:

Griffith UNIVERSITY
Queensland, Australia

Queensland Government

Office of the Chief Allied Health Officer
Clinical Excellence Queensland
https://www.health.qld.gov.au/ahwac

Published by the State of Queensland (Queensland Health), 2022

For further information contact Office of the Chief Allied Health Officer, PO Box 2368, Fortitude Valley BC QLD 4006, email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3708 5069.
An electronic version of this document is available at www.health.qld.gov.au/ahwac/default.asp

Welcome

This workbook has been designed to accompany and complement your learning journey through the *Foundations of delegations* training package. This may be as an independent learner, who is completing the self-paced online learning content, or by learners who are participating in peer/small group or facilitated workshop learning approaches. You may also complete the learning in a blended approach that involves a combination of self-paced online learning and face-to-face workshops. For more information on learning approaches access the learning modality summary available at: https://www.health.qld.gov.au/ahwac/html/ahassist/training-package

Foundations of delegation consists of:

- Training package overview
- Topic 1: Understanding delegation
- Topic 2: The delegation process
- Topic 3: Delegation and the healthcare team
- Topic 4: Critical success factors for delegation – Part 1
- Topic 5: Critical success factors for delegation – Part 2
- Conclusion and assessment

This workbook provides you with an opportunity to record your learning and reflections as you progress through the training package. Also included are a variety of multiple-choice question knowledge checks and scenario-based self-assessment activities. In these activities, you will be asked to consider a scenario and either select an answer, reflect on a question or record a learning or reflection. These activities have been designed to be administered in the online, peer/small group, and facilitated workshop to enhance your learning and will not be formally assessed. It is recommended that you complete these knowledge check and self-assessment activities as you work through the package. This will assist you to consolidate and apply your learning, and also familiarise you with the type of questions that you will encounter in the formal assessment quiz. The *Foundations of delegation* assessment quiz covers all 5 Topics and can be undertaken at any time via iLearn.

We hope you enjoy working through this training package. Should you wish to revisit any of the content presented in the workshops, you can access the learning content via the online training package: https://www.health.qld.gov.au/ahwac/html/ahassist/training-package

Topic 1 Understanding delegation

Learning outcomes

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

- apply core concepts of delegation, including scope, roles, responsibilities, and accountabilities of those involved in delegation.
- describe the value of delegation.

Learning content

Slide content	Your reflections and notes
What is delegation?	
Core concepts of delegation Scope of practice in delegation: • Scope of practice for a health workforce group • Scope of practice for an individual healthcare worker	

Activity 1: Scope of practice and delegation

Jim is a psychologist, and Jenny is a social worker, in an older persons' healthcare team that includes inpatient, residential aged care and community outreaches services. A new allied health assistant position has been funded for their service and they will be the first assistant for the team. Jim and Jenny are discussing the tasks that the allied health assistant will be trained to perform, including administering the Geriatric Depression Scale (short form) (GDS-SF), a test that includes recording and scoring 'Yes/No' responses to a standard list of questions:

Jim says

"Given I am only at the residential aged care facility twice a month, I think that the allied health assistant could administer the GDS-SF. He will already be working with clients in occupational therapy and physiotherapy and if he suspects a client might be depressed, he could administer the GDS-SF straight away, instead of waiting for me to return to the facility. The GDS-SF is a basic standard test, so it would be quick and easy for us to train the assistant. If the GDS-SF indicates there might be a problem, he could refer the client to me to follow up."

Jenny says

"I completely disagree, Jim. The GDS-SF is an assessment. By definition, an assessment requires clinical reasoning and decision-making, so it's not consistent with an allied health assistant's scope of practice. It would be unethical and dangerous if an allied health assistant is responsible for diagnosing depression."

Consider Jim and Jenny's statements. What do the statements tell us about Jim and Jenny's understanding of delegation and the role and scope of an allied health assistant. The task can be broken up into themes or stages:

- Task initiation
- Task components
- Task outcomes
- Allied health assistant training and scope in workplace

Theme	Jim's understanding	Jenny's understanding
Task initiation		
Task components		
Task outcomes		
Allied health assistant training and scope in a workplace		

Slide content	Your reflections and notes
Core concepts of delegation Roles, accountability, and responsibility in delegation	

Activity 2: Core concepts of delegation

Location: Acute hospital, orthopaedic ward
Service: Social work inpatient care

A social worker is coordinating discharge for an elderly client who broke her leg. The client's leg is in plaster, and she cannot put any weight through it when she walks. The physiotherapist has assessed that the client can mobilise short distances safely and independently using a walking frame. Her home does not have any steps. She has been provided with a walking frame to take home with her, but she will need some assistance from her husband for daily activities.

On the morning of discharge, the social worker finds out that the patient's husband has been admitted to hospital the night before. The client's son contacts the social worker to request his mum's discharge proceed that day, but to his home. The son's house has six internal stairs to access the bathroom.

The social worker has realised that the planned walking frame will not be suitable for the interim discharge destination. The social worker is aware that the physiotherapist delegated mobility practice to the allied health assistant earlier in the week, including practising walking with the frame and trying crutches. The social worker also knows that the allied health assistant routinely supervises patients practising stairs with crutches.

The physiotherapist is on leave and physiotherapy cover is limited to urgent matters / new referrals. The social worker recognises that the client's discharge could be delayed if she waits for the usual ward physiotherapist to return to work on Monday.

The social worker contacts the allied health assistant and asks to provide the client with crutches and to ensure that she practised using them on the stairs today. The allied health assistant delivers the crutches to the client and reinforces education on their use. The allied health assistant also supervises the client walking and practising stairs. The allied health assistant records the outcomes of the task in the client's health record i.e. "mobilised safely on gym stairs (2 x 4 steps) with crutches with stand-by assistance / prompts".

At lunchtime, the social worker notes the allied health assistant's client health record entry and telephones the doctor and then the client's son to arrange for discharge that afternoon.

Question: Which aspects of this scenario are consistent with delegation?

Your reflections and notes:

Question*:* Which aspects of this scenario are inconsistent with delegation?

Your reflections and notes:

Slide content	Notes/Your reflections
The value of delegation • For clients • For teams and organisations	

Knowledge check

1. Delegation:
    a. Is the process by which an allied health professional allocates clinical and health related tasks to an allied health assistant with appropriate education, knowledge and skills to undertake the task.
    b. Relies on the allied health assistant having appropriate education, knowledge and skills to undertake the delegated task.
    c. Should only occur if tasks are within the scope of practice for both the allied health assistant and the delegating allied health professional.
        - a and b
        - a, and c
        - b, and c
        - a, b, and c (all of the above)

2. Jasmine worked as an allied health assistant and care worker in a non-government organisation that provides community-based disability services. She recently moved to a regional centre and now works as an allied health assistant in the nutrition and dietetics team at the local Queensland Health hospital. Jasmine's previous training and experience included assisting clients with enteral nutrition such as Percutaneous Endoscopic Gastrostomy (PEG) care and maintenance. Is it appropriate for Jasmine to implement these tasks in her new role?
    a. As Jasmine's individual scope of practice includes these skills, she can use them if they serve the best interests of her clients.
    b. Jasmine may use the skills if the tasks are relevant to the service model and a dietitian, who has knowledge of Jasmine's skills and competencies, provides a suitable delegation instruction and appropriate task monitoring.
    c. Jasmine can implement the skills if she is credentialled to perform the tasks by the Director of Nutrition and Dietetics.
    d. As Jasmine was trained in another organisation and clinical setting, it would not be appropriate to use these skills in a Queensland Health facility.

Resources I want to access after completing this topic:

Questions to ask my supervisor after completing this topic:

Topic 2 The delegation process

Learning outcomes

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

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

Learning content

Slide content	Reflections and notes
The delegation process • Anatomy of a delegated task image	

Activity 1: Decision to delegate the task

Tony is a multidisciplinary allied health assistant and Miriam is a speech pathologist, who both work in the rehabilitation unit at a regional hospital.

Miriam: “I feel confident about my knowledge of the delegation process. I have developed skills and experience in delegating tasks. Tony and I have worked together for quite a few years now. I have also been involved in creating the training and competency resources we use as a team to develop the skills of our allied health assistants.”

Tony: “I have worked as an allied health assistant for 12 years. In my current role, I routinely complete delegated tasks as part of the team’s service model. I feel confident and competent with these tasks, especially the speech rehabilitation exercises. Miriam and I make a good team. I regularly do work-based training and competency assessments to maintain and develop my skills and knowledge. We use a number of local clinical task instructions as resources, including the CTI - When to Stop.”

Mrs Singh: “I am 72, and the doctors have just told me that I’ve had a mild stroke and it’s led to me having slurred speech. They say that it is called ‘dysarthria’. My goal is for my speech to be as close as possible to how it was before my stroke and be able to speak clearly to my children and grandchildren.

Additional scenario information:

TASK information

- Exercise 1 – 'Speech intelligibility practice drills at phrase level' has a local CTI
- Exercise 2 – 'Activities to work on prosody' does not have a local CTI, and is not frequently used in the service

SETTING information:

- Speech rehabilitation exercises are routinely completed during quieter periods of the day in the rehabilitation unit gym or in one of the two private therapy rooms that would need to be booked in advance.
- Relevant clinical equipment is readily available
- There is access to immediate assistance and support if required such as alarms, phones, nursing staff in adjacent ward area (across the corridor).
- Given Mrs Singh has a mild hearing impairment, Miriam identifies the need to book one of the private therapy rooms to ensure the background noise can be controlled.

CARE PLAN information:

- Miriam has successfully trialled both exercises with Mrs Singh and judges that both exercises will be used in twice daily sessions for approximately 2-3 weeks until the rehabilitation goal is achieved. This schedule is frequent enough to consider delegation.

CLIENT information - Mrs Singh:

- is medically stable,
- has some mobility limitations that can be managed by allied health team members through applying standard manual handling competencies and procedures,
- responded well to the trial of the exercises with Miriam, with no negative effects noted other than fatigue which can be managed through rest breaks.
- requires bariatric seating, which is available in the clinic room, and is not a barrier to delegating either of the speech exercises.
- has English as a second language but has demonstrated comprehension skills that are adequate for the task.
- has a hearing impairment but can follow instructions with her hearing aids in and the speaker being visible and speaking clearly.
- Has consented to Tony working with her on her speech rehabilitation program

TEAM information:

Miriam:

- has completed training in delegation practice and is experienced working with allied health assistants. She understands her responsibilities and accountabilities, and those of the allied health assistant.
- is competent to prescribe and deliver the speech rehabilitation program and feels confident that she can provide clear instructions and guidance, particularly for the task that Tony is unfamiliar with.
- has completed work-based training in supervision and providing feedback. Miriam has previously trained allied health assistants in other tasks and supported the development of training resources including Clinical Task Instructions.

The team regularly uses and has systems in place to support indirect monitoring as Miriam also works in the rehabilitation gym, hospital and outreach services.

Tony:

- has implemented Exercise 1 with several patients in the past year. He has completed work-based training and competency assessment using the local CTI for though Exercise 1 – 'Speech intelligibility practice drills at phrase level' about 10 months ago.
- This task is within Tony's scope of practice.
- has not been trained to deliver Exercise 2 and the systems used by the team that support indirect monitoring.
- has current training and competency in CTI When to Stop. This CTI supports Tony's decision making if the task is not going as planned or if unanticipated risks emerge.

Step 1: Miriam's decision to delegate – scenario information		
	Exercise 1 – 'Speech intelligibility practice drills at phrase level'	Exercise 2 – 'Activities to work on prosody'
Is the task suitable to be delegated to an allied health assistant? Consider: • Is the task routinely delegated in this setting as part of the team's service model? • If no, have the risks associated with performing the task been identified, including required training, safety considerations and risk control strategies? • Are there any barriers to delegation of the task including legislative/regulatory, financial/funding, or policy barriers?		
Does the specific context of the task's implementation make it appropriate for delegation on this occasion? Consider: • setting in which the task is delivered. • patient-specific needs and risk factors. • client care plan requirements.		

Step 1: Miriam's decision to delegate – scenario information		
	Exercise 1 – 'Speech intelligibility practice drills at phrase level'	Exercise 2 – 'Activities to work on prosody'
Is the allied health professional competent to delegate the task? Consider: • training and experience in delegation practice in the setting. • knowledge in competencies required to effectively undertake the task. • ability to clearly communicate task requirements to the allied health assistant and implement required monitoring.		
Is the allied health assistant competent to undertake the task and willing to do so? Consider: • the education, training, experience and skill of the allied health assistant.		
Can the activity be appropriately monitored? Consider: • frequency and form • of monitoring indicated to manage identified risks • communication systems and processes available. • See Monitoring –Step 4		
Does the client consent to undertake the task with an allied health assistant?		

Slide content	Your reflections and notes
The delegation process • Step 2: The delegation instruction The delegation process • Step 3: Allied health assistant accepts the task	

Activity 3: Intensity of monitoring required

Step 4: Task is administered / monitoring occurs
Using the information from the scenario above, mark this on the continuum for monitoring on the Figure 4 'Factors that influence the intensity of monitoring (*Delegation framework – allied health*) below. and make notes to support your decision for the intensity of monitoring required in this scenario.

Not intensive	Continuum for monitoring	Intensive
Routinely delegated in the team and care setting Team has well established governance and processes for delegation	Team delegation model ⟷	Novel task not usually delegated in this team or care setting Team are new to or under-developed delegation governance and process
Allied health professional has experience in delegation practice	Allied health professional delegation practice ⟷	Allied health professional is new to, or inexperienced in delegation practice
Stable Limited or slow progression/ regression Limited anticipated change	Clients presenting health condition ⟷	High variability within and/or between sessions Unanticipated changes are likely
Lower complexity and limited variation between and within sessions	Health and other client other characteristics ⟷	Complex and high potential for rapid changes between and within session
Trained and competent Experience delivering the task Frequently performs the task	Allied health assistant characteristics ⟷	Not trained or competent in the task Inexperienced delivering the task Infrequently performs the task
Low procedural complexity Task done with limited variation between clients or sessions	Procedural complexity of the task ⟷	High procedural complexity (i.e. numerous steps, high variation in sequence of steps, intermediate decision-points) Regular decision making required during/ between sessions to adjust tasks
Not likely	Poor performance of the task attributed to an adverse event ⟷	Likely
Significant time can elapse before error has impact and error is reversible	Error in task performance amelioration ⟷	Immediate, irreversible impact evident.

Slide content	Your reflections and notes
The delegation process • Step 5: Feedback	
The delegation process • Step 6: Task outcomes integrated into the care plan	

Activity 4: The delegation process

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

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

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

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

Slide content	Your reflections and notes
Protocol driven delegation	

Knowledge check

Question 1
Place the steps of the delegation process in the correct order (1-6):

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

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

Tracey will be taking measurements and administering a basic assessment tool. This is a task that Tracey has been trained to do. The unit has a clinical task instruction that defines the task procedure.

Kelly, the orthotist/prosthetist has provided the following information to Tracey:

- relevant healthcare information for Arthur including age, previous history of lower leg amputation secondary to trauma, current stage in his care plan.
- parameters for undertaking and completing the task including any specific considerations or amendment to the usual measuring procedure, special equipment, or environmental set up requirements (e.g. positioning)
- safety and quality factors for delivering the task including:
    - anticipated outcomes for Arthur and clinical observations to monitor during the task. For example, if Tracey notices that Arthur has a wound or pressure area on his leg, she should cease the task and contact Kelly.
    - monitoring (type and frequency) required for Tracey during the task
- the information Kelly would like Tracey to specifically include as part of feedback.

Question 2
This is an example of:

a) a delegation instruction
b) indirect monitoring
c) feedback on the delegated task
d) acceptance of the delegated task
e) the decision to delegate

Question 3
When deciding on the level of monitoring required during the task, what factors would Kelly (orthotist/prosthetist) consider:

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

Your reflections/Notes:

Resources I want to access after completing this topic:

Questions to ask my supervisor after completing this topic:

Topic 3 – Delegation in the healthcare team

Learning outcomes

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

- outline the principles a team should adopt when making decisions relating to delegation in their service model.
- outline the common risk management strategies used by teams to support the service with delegation in the delivery of client care and apply these to a scenario.

Learning content

Slide content	Your reflections and notes
The healthcare team and their local delegation framework	
Step 1: Identify the allied health tasks performed in the service	
Step 2: Decide on the tasks to assess for possible inclusion in the local delegation model	
Step 3: Develop and agree on a task descriptor	

Slide content	Your reflections and notes
Step 4: Evaluate the risk of implementing the task into the service	

Activity 3: Evaluating risk - The Tidy town healthcare team

- Refer to Appendix 1 for this activity

Slide content	Your reflections and notes
Step 5: Evaluate the net benefit	

Knowledge check

Question 1
Place the steps of the delegation process in the correct order (1-5):

Number	Step
	Evaluate the net benefit of implementing the delegated task into the service model.
	Develop and agree on the task descriptor.
	Decide which tasks to assess for possible inclusion in the local delegation model.
	Evaluate the quality and safety risks of implementing the task into the service model.
	Identify allied health tasks performed in the service.

The dietetics team review the list of tasks for delegation to an allied health assistant. Included in the list is a task that the team have described as: “Client reception including recording the attendance on the booking system, collecting/checking client details (name, address, date of birth), and accessing test results from a clinical information system and recording / printing them for the paper chart for the dietitian to review on initial assessment.”

Question 2
To determine if the task should be included in the local delegation model, the team decide to review the clinical risks associated with this task by completing the Delegation Task Review Form - Clinical Risk Assessment.

Do you agree?

a. Yes
b. No

Question 3
All tasks delegated by allied health professionals in a service must be listed in the local delegation model that is approved by the relevant team Director/Manager.

a. True
b. False

Resources I want to access after completing this topic:

Questions to ask my supervisor after completing this topic:

Topic 4 – Critical success factors for delegation – Part 1

Learning outcomes

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

- describe how to operationalise common risk management strategies to promote safe and effective delegation in practice.
- identify how the critical success factors can be applied to a range of scenarios.

Learning content

Activity 1 – identifying risk management strategies

Factor	Risk management strategy examples
Task	
Client	
Clinical pathway/care plan	
Setting / environment	
Team	

Slide content	Your reflections and notes
Critical success factor: Role clarity	

Activity 2 – Role clarity

Role	Role responsibilities that are directly and indirectly related to delegation
Service director	
Clinical supervisor	
Delegating allied health professional	
Operational / line manager	
Allied health assistant	

Activity 3 – Orientation and onboarding

Chris is providing backfill for a podiatry position while the usual podiatrist is seconded to a project. The podiatrist has spent time with Chris explaining their role at the local hospital. Although the podiatrist introduced Chris to Matthew, the allied health assistant, there was no time to provide orientation to the local delegation model.

Under the local delegation model, Matthew works with clients at the residential aged care facility, providing foot screening and low-risk foot care using protocol-driven delegation.

A requirement for this delegated task is for Matthew to contact the podiatrist at the end of his visit to provide routine feedback on the clients.

What problems can you see unfolding due to the limited orientation received by the locum podiatrist to the local delegation model?

Slide content	Your reflections and notes
Critical success factor: Communication and collaboration mechanisms	

Activity 4 – Workload management

A regional allied health service provides outreach services to a rural clinic that has a resident allied health assistant, Michael. Lily, the team's senior dietitian, is working with Michael and the four other allied health professionals in the outreach team to improve communication processes.

What processes and resources are required for our team to support communication for the delegated task and for workload management?

Slide content	Your reflections and notes
Critical success factor: Integration processes for delegation	

Activity 5 – Integrating the local delegation model

An outreach team wish to extend their local delegation model to include outreach by the allied health assistant to a Queensland Health Residential Aged Care Facility (RACF). The team have used the *Task Review form* to review the clinical risks. Their next step is to review the operational risks that have been identified to ensure that the local delegation model has the necessary scaffolding for it to be safe, effective, and sustainable in the new setting.

If you were supporting this team, what are some of the operational systems and processes that could be reviewed to support implementation of delegation into the RACF? Record your brainstorm below:

Operational Systems	Elements the team will need to consider

Knowledge check

The dietetics team have identified that the following task is an administrative task that can be completed by the allied health assistant to support the team when the administration officer is not available:

"Client reception including recording the attendance on the booking system, collecting/checking client details (name, address, date of birth), and accessing test results from a clinical information system and recording / printing them for the paper chart for the dietitian to review on initial assessment."

Identify examples of quality and safety processes that the team could introduce to support the allied health assistant's ability to deliver this activity (choose all that apply):

a) A template and checklist to support consistent data collection
b) A workplace instruction that describes how to manage appointments and access information from the data bases
c) A Clinical Task Instruction
d) A training resource with completed worked examples, including information collected and common errors made
e) A process to support monitoring of the client during the task

Resources I want to access after completing this topic:

Questions to ask my supervisor after completing this topic:

Topic 5 – Critical success factors for delegation – Part 2

Learning outcomes

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

- recognise the common training requirements and methods used by teams to support delegation.
- explain how to integrate delegation into a team member's performance development planning, supervision, and continuing education activities.

Learning content

Slide content	Your reflections and notes
Training • mapping team requirements • records and registers • methods	
Clinical task instructions	

Activity 1 – planning and implementing task training

A large metropolitan hospital provides an outpatient cardiac rehabilitation program. The exercise component of this program is currently implemented by the Sue, the exercise physiologist. Sue sees each client, checks the referral, and asks the administration officer to book an outpatient appointment for the client. At this appointment, Sue conducts a series of tests to collect a suite of outcome measures at the start of the rehabilitation program to inform the design of the exercise program for each client. At the conclusion of the program, Sue repeats these outcome measures to then determine the discharge exercise program for the clients.

There are two new allied health assistant roles being added to this cardiac rehabilitation program. Sue wants to embed the following delegated service model:

1. The exercise physiologist confirms referral requirements for each client.
2. The exercise physiologist provides a verbal delegation instruction to the allied health assistant to collect the necessary outcome measures and notes this delegation in the client's healthcare record. This includes the allied health assistant working with the administrative officer to arrange the appointment.
3. The allied health assistant conducts the tests and records the outcomes in the client's healthcare record. Then, the allied health assistant provides verbal feedback to the exercise physiologist.
4. The exercise physiologist then designs the client's exercise program.

Record your ideas for Sue to help her plan and implement training for the team

Questions?	Responses/ideas/reflections
Who needs training?	
What will be trained?	
How will training occur?	
How will task competence be assessed?	
When and where will training occur?	
What training resources are required / available?	
Who is responsible for providing the training?	
Who is responsible for assessing for competence?	
How will training be evaluated?	

Activity 2: Planning the task training for 'When to Stop'

- For each learning need, identify the type of training required (e.g. content learning – independent, content learning – observation, technical skills, clinical reasoning/decision making)
- Provide an example training method

Learning need	Type of training required	Example training method
Knowing and applying normative values associated with specific tests		
Responding to aggressive behaviour, withdrawal of consent, or rapid onset shortness of breath during a delegated task		
Responding to an injury to a client or the allied health assistant, a rare event, or after the allied health assistant has implemented 'When to Stop'		
Slide content	Your reflections and notes	

Performance development and planning	

Activity 4 – performance development and planning (PDP)

Mary is a new graduate audiologist who has recently started a new job in a metropolitan hospital. She has completed the online Foundations of delegation training and has been orientated to the local delegation model by her supervisor, David, including the tasks routinely undertaken by the Advanced Allied Health Assistant, Joan. Mary understands the overarching principles of delegation, and she feels that she has open communication with Joan. However, Mary does not feel comfortable delegating tasks to Joan, who has worked as an allied health assistant at the hospital for many years.

Brainstorm some strategies that Mary could use as part of her PDP to improve her confidence and skills with delegation

Slide content	Your reflections and notes
Supervision	

Scenario – Supervision vs Monitoring

Teddy, a physiotherapist, is providing direct monitoring to Louisa, the allied health assistant, as she completes a six-minute walk test with a client at the other end of the gym. Teddy observes that Louisa was not well positioned to provide support for the client when walking, and chose a busy time in the gym, with the client appearing distracted and anxious about bumping into other clients and staff during the test. Teddy later identifies that the test is not recorded well in the healthcare record.

If Teddy perceived there were safety risks for the client while he was monitoring the task, he would have interceded. What type of feedback could Teddy provide to Louisa to assist her to develop her capabilities in this task.

Slide content	Your reflections and notes:
Continuing education and development	

Knowledge check

Question
To support safe quality delegation practice:

a) Team members should reflect on their skills and capabilities, and include delegation in performance and development plans, supervision goals and/or continuing education as required.
b) The training plan for all new team members should be the same, regardless of prior knowledge, skills and/ or experience in delegation
c) An allied health assistant must be competency re-assessed every 12 months.
d) All of the above are true.

Resources I want to access after completing this topic:

Questions to ask my supervisor after completing this topic:

Appendix 1: Topic 3 Example of completed 'Task review form' for Tidytown

(Source: Office of the Chief Allied Health Officer (Queensland Health), *Delegation Framework – Allied Health.* Office of the Chief Allied Health Officer. Queensland Government: State of Queensland). A print version of this form is available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0016/1171015/T3-Task-Review-Form.pdf

Task title: Graded exposure program	**Team / service unit: Tidytown Mental Health Team**	**Date: 3/5/2022**
Task Description: Educate/ instruct and supervise a client undertaking a graded exposure program as part of self-management for anxiety. This includes explaining the purpose and procedure for the graded exposure program and facilitating practice. The program may include the use of body scanning, breathing control, meditation, mindfulness, progressive muscle relaxation, reality checking, sensory strategies, thought evaluation and/ or visualisation techniques.	☑ Clinical task *(complete clinical risk assessment – next page)* ☐ Not a clinical task (e.g., operational / administrative task)	
Included in local delegation model:	☑ Included	☐ Not included

If included in local delegation model:

1. Specific limitations to scope of delegated task: *(e.g. client groups, settings, roles)*

Delegated program will frequently include: body scanning, breathing control, meditation, mindfulness, progressive muscle relaxation, reality checking.

Implementation setting: clinic, clients' home, or in the community (e.g. shopping, bus) using practice during an activity of daily living.

Clients: community dwelling adults (will not include inpatient mental health facility in scope of delegated task at this time – revisit after 6-month trial).

2. Quality and safety management requirements identified by team

Management strategy	**Details**	**Responsible**	**Timeframe**
☑ Clinical task instruction / clinical procedure	Source and review available Statewide CTI D- SP07: Support a graded	Rachel (OT)	3 weeks

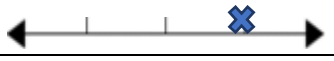
	exposure program for anxiety – activities of daily living Collate and review current client instructional handouts for procedures – confirm consistency with best practice	 Troy (Psych)	 3 weeks
☑ Clinical training & competency development / maintenance	Plan assistant group training session or inservice. Update training and competency register to include new task Use Psychosocial Intervention Frameworks to support topics for Inservice roster: o Managing Mental Health o General Coping Strategies o Emotional Regulation Support o Anxiety Psychoeducation	Jo (SW) Charlie (SP) Troy (Psych) Jo (SW) Troy (Psych) Rachel (OT)	10 weeks 2 weeks 4 weeks 5 weeks 6 weeks 7 weeks
☒ Clinical documentation / processes	Nil changes required		
☑ Operational / administrative resources and processes	Workplace procedure required for monitoring and feedback as the task will potentially be performed outside the clinic environment. Considerations include routine urgent and non-urgent feedback, and a contingency plan – develop draft for team to review Check if the current delegation work instruction needs to be amended to support a task being in community settings with indirect monitoring.	Jill (AHA) and Tom (Ex Phys) Jill (AHA) and Tom (Ex Phys)	2 weeks 2 weeks
☑ Orientation, supervision and other training	Task training to be included in peer supervision and 1:1 sessions Assistants to work with supervisors to complete outstanding training prior to task training: • CTI D-WTS01: When to Stop • Queensland Centre for Mental Health Learning (QCMHL) courses: o BE03: Growing a Recovery Orientated Mental Health Workforce in Queensland o QCMHL course: QC2 Engage, Access, Respond to and Support Suicidal People	ALL Supervisors/ AHA	June June

	• MHPOD courses:
	  ○ Mental Health and mental illness across the lifespan
	  ○ Mental health care and human rights
	  ○ Recovery based practice
	
	Training requirements to be included in training and orientation materials
		Barry (Team Leader [TL)	June

☑ Other	Assistants will change from carrying DECT phone to mobile phone when outside the clinic – need to arrange new mobile phone and data plan	Barry (TL)	6 weeks

Clinical Risk Assessment

Factor	Considerations	*Lower risk*	Risk assessment	*Higher risk*	Comments
Task	Complexity of task procedure	Low procedural complexity		High procedural complexity	Large range of graded exposure programs available – restrict to just the most common for local delegation model
	Technical demands (skills)	Limited technical requirements		High technical requirements	Client anxiety monitoring & response skills: use training and a simple anxiety scale
	Variability of task outcomes and client response to task	Low variability		High variability	Use written procedure based on resources used for training clients. Statewide clinical task instruction (CTI) available
	Consequence of harm	Limited / negligible consequence		Serious irreversible consequence	Distress during session; Suicide/Self harm cues – QCMHL course (QC2)
	Likelihood of harm	Low likelihood		High likelihood	CTI: D-WTS01: When to Stop; Mental health orientation and training – see list above; Inservice roster topics
	Frequency task is delivered in service	High frequency		Low frequency / rarely	Task implemented 2-3 times a week across the service
	Barriers/restrictions to task (e.g. legislation)	Nil barriers/restrictions		Extensive and persistent barriers	Nil identified
Client (or client group)	Complexity of health care needs	Limited complexity		High complexity	Clients are community dwelling adults – anxiety is preventing participation in Activities of Daily Living
	Risk of deterioration	Low risk of deterioration		High risk of deterioration	Parameters of task will include type of graded exposure and environment/setting.
	Other client factors (e.g. age, behaviour)	Negligible impact of other factors		High impact of other factors	Restrict graded exposure practice to activities of daily living (see scope above)
Care plan/ pathways	Stage of care the plan task is delivered	Review / established care plan		Intake / initial stage of care plan	Clients have Recovery Plan in place, but task may be early in the plan. Clients may be known to service / delegating allied health professional.
	Frequency task is delivered in care plan	High frequency		Low frequency ('one-off')	Program will generally be implemented multiple times with each client
Setting/ environment	Access to task monitoring, support and direction	Highly accessible		Limited or delayed access	Indirect monitoring – workplace procedure required for feedback, need mobile phone & contact list

	Environmental and situational factors	Highly appropriate for task		Not appropriate for task	Home/community risk assessment procedure available; allied health assistant requires training to implement procedure, monitoring by the team leader.
Team	Allied Health Assistant: task training and competencies	Relevant training completed		No / limited training completed	New task for allied health assistants. Statewide CTI available (DP007). Task would need to be added to training register for allied health assistants.
	Allied Health Assistant: task experience	Highly experienced and capable		No relevant experience / capabilities	New task for allied health assistants. Experienced assistants with transferable experience in mental health settings
	AH Professional: delegation practice	Highly experienced and capable		No / limited training or experience	Variable – some allied health professionals have limited delegation experience. Would require training at implementation / staff induction.
	Team: local delegation model	Highly developed and embedded		Not developed or implemented	Local delegation model is new. Existing collaboration and communication processes available to support.

Access the training package at:
https://www.health.qld.gov.au/ahwac/html/ahassist/training-package

In Partnership:

Office of the Chief Allied Health Officer
Clinical Excellence Queensland
https://www.health.qld.gov.au/ahwac