GUIDELINES FOR ADVANCED ASSISTANTS WORKING IN COMMUNITY REHABILITATION AND THEIR SUPERVISORS

2008
# TABLE OF CONTENTS

INTRODUCTION .................................................................................................................... 3  
1. Intention of the Guidelines ........................................................................................... 4  

SUPERVISION OF ADVANCED ASSISTANTS WORKING IN COMMUNITY REHABILITATION ......................................................................................................................................................... 5  
1. Intention of guidelines .................................................................................................. 5  
2. Legal Framework ......................................................................................................... 5  
3. Selection and Appointment .......................................................................................... 6  
4. Scope of supervision .................................................................................................... 6  
5. Supervision agreements ............................................................................................... 8  
6. Supervision Sessions .................................................................................................... 9  
7. Training, mentoring and career progression .................................................................. 9  
8. Rural and remote model .............................................................................................. 10  

ADVANCED ASSISTANTS WORKING IN COMMUNITY REHABILITATION .......... 11  
1. Intention of guidelines .................................................................................................... 11  
2. Legal & regulatory information ..................................................................................... 11  
3. Scope of Practice ............................................................................................................ 11  
4. Roles outside advanced assistant scope of practice ....................................................... 13  
5. Skills and Competencies ................................................................................................ 13  
6. Training ......................................................................................................................... 13  
7. Confidentiality and Ethics ............................................................................................. 14  

APPENDIX ONE- Definitions .......................................................................................... 16  
APPENDIX TWO: Sample Task List ............................................................................. 19  
APPENDIX THREE: Supervision Log ............................................................................ 26  
APPENDIX FOUR: Sample Agreement for Practice Supervision ........................................ 27  
APPENDIX FIVE: Record of Supervision Meetings ........................................................ 31  
APPENDIX SIX: Evaluation of Supervision .................................................................. 32  
APPENDIX SEVEN: Generic Job Description – Advanced Community Rehabilitation Assistant ................................................................. 36  
APPENDIX EIGHT: Community Rehabilitation Competency Domains and Descriptors ... 42  
REFERENCES ....................................................................................................................... 45
INTRODUCTION

A growing aging population, workforce shortages, advancing technology and increasing consumer expectations have resulted in the need to investigate new models for delivery of healthcare services. The Queensland Health Community Rehabilitation Workforce project (CRWP), funded through the Australian Government's Pathways Home Program, was developed with the aim to optimise the capability of the current and future workforce to provide Community Rehabilitation (CR) services to meet the current and emerging health needs of the Queensland community.

The Community Rehabilitation Assistant Workforce Project (CRAWP), a major initiative of the CRWP, commenced with the aim of developing, implementing and evaluating new roles for assistant level health workers in CR, including appropriate support, education and training. The CRAWP developed and trialled an advanced community rehabilitation assistant role in six sites across Queensland.

A number of pieces of work were undertaken to inform the direction of this workforce redesign process. In 2006 the CRWP commissioned Griffith University to conduct an audit of the training and education needs of staff working in community rehabilitation in Queensland. The full report is available at http://www.health.qld.gov.au/qhcrwp/docs/comp_audit_summary.pdf

The audit revealed ten key competency domains that were relevant to good CR practice in Queensland. These are:

1. Frameworks of understanding
2. Consumer engagement
3. Holistic focus
4. Service continuity
5. Networks
6. Cultural Awareness
7. Community Engagement
8. Boundaries and Safety
9. Reflective Practice
10. Systems Advocacy

The Centre of Allied Health Evidence (University of South Australia) was also commissioned to undertake a systematic literature review on the utilisation of support workers in community rehabilitation. The full report is available at http://www.health.qld.gov.au/qhcrwp/docs/qh_final_report.pdf

In brief, it was found that there was clear evidence for the value of support workers in CR, but further work was needed around models of service delivery,
developing clear boundaries, roles and responsibilities, training, supervision and accountability, and outcomes.

In developing and trialling advanced CR assistant roles as part of the CRAWP, the need for a framework to guide the practice and scope of these new roles was identified. The CRAWP also identified the need to develop guidelines around the supervision of these assistants.

1. **Intention of the Guidelines**

The guidelines will provide support, direction and assistance with the development, implementation, management and evaluation of advanced assistant positions being established in health services that deliver community rehabilitation.

These guidelines have been developed for advanced assistants working in CR, their directors, line managers, supervisors and co-workers (including nursing and allied health professionals).

Whilst the guidelines are designed for service providers involved with CR, however many parts of the guidelines may be generalised to other support worker and allied health assistant positions. The advanced community rehabilitation assistant role developed as part of the CRAWP, was formally evaluated to be an OO4 level as an initial pay point only. This award level for these roles will need to be reviewed after the trial of the roles, to determine if it is a true reflection of the roles.

It is not the intent of the guidelines to be prescriptive but to provide a framework to guide the practice of advanced assistants working in community rehabilitation and their supervisors.
SUPERVISION OF ADVANCED ASSISTANTS WORKING IN COMMUNITY REHABILITATION

1. Intention of guidelines
The intention of these guidelines is to provide a framework for supervisors to use when considering
• Incorporating advanced assistant roles in their workplace and
• Developing a supervising relationship with an advanced assistant.

The guidelines should be used in context with local workplace policy and procedures including organisational codes of conduct and relevant legislation.

Health professionals also need to:
• adhere to relevant health professional and professional association codes of conduct, codes of ethics; and
• maintain their supervision competency through ongoing professional development activities.

2. Legal Framework
The registered health professional is ultimately responsible for the overall client care, including client assessment, diagnosis, and development of client rehabilitation plan, management, evaluation and discharge. These tasks may not be delegated. The health professional has a legal and ethical responsibility to ensure high professional standards to the client are maintained. (3)

Whilst the responsibility for the overall care of a client cannot be wholly delegated away from the registered health professional, the performance of tasks can be. When a task is transferred, so is the accountability for the performance of that task. (17) Delegated practice models and supervision are intimately linked, therefore the health professionals delegating tasks have a legal and ethical responsibility to provide supervision to the advanced CR assistant.

The supervising health professional must ensure the advanced assistant working in CR:
• is clearly identified as an assistant and understands their role;
• is trained to the level appropriate for tasks required and provided with clear directions;
• has clearly identified communication lines;
  • is not delegated tasks outside their competence;
• has the quality of their work regularly evaluated for safety, effectiveness, efficiency and competence.
3. Selection and Appointment

The selection of the advanced assistant is important. The advanced assistant must have highly developed skills including the ability to

- Identify and work within professional boundaries;
- Work autonomously with the support and guidance of health professionals; and
- Confidently communicate with health professionals regarding tasks delegation and working within their scope of practice.

Prior to the appointment of an advanced assistant, supervision and management roles and responsibilities should be considered. They will be particularly important in situations where:

- The line manager is not supervising the advanced assistant
- There is more than one supervising health professional
- There is more than one discipline involved in delegating tasks to the advanced assistant
- The advanced assistant is not routinely located at the same work site as the supervising health professional/s.

4. Scope of supervision

Advanced assistants working in CR, should only work where supervision is provided by a registered health professional. The registered health professional must have skills relevant to the program / client care being delegated.

Supervision of the advanced assistant working in CR is complex. Advanced assistants may be utilised in a variety of health settings including situations where their place of work may be located away from their supervisor; they have multiple supervisors from a variety of different disciplines; and where there is high health professional staff turnover. Minimum standards of supervision, clarification of the supervisor’s role, identification of a primary clinical supervisor and training in the supervision of assistants will help in addressing these challenges.

Prior to delegating tasks to the advanced assistant, it is necessary for the supervising health professional/s to ensure:

- Tasks are clearly defined;
- Training needs have been clearly identified and provided; and
- Competencies successfully signed off and achieved.

A sample of Task List and Competencies is attached in appendix 2.
The supervising health professional is accountable for the program that they have delegated to the advanced assistant. The advanced assistant working in CR must also ensure they have the necessary skills and knowledge to undertake the delegated task.

Supervision methods include
- Direct (face to face) supervision, including discussion, shadowing, observation, teaching, instruction, and modelling; and
- Indirect supervision including written material, teleconferencing, videoconferencing, video recording and electronic emailing. (8)

Supervision is an ongoing process that is aimed at enhancing the professional development of the advanced assistant and supervisor. Frequency, amount and type of supervision may vary depending on
- level of competency of the advanced assistant;
- workplace setting; and
- client group serviced.

Ensuring the health professional has time to undertake additional tasks required to effectively provide supervision must be considered.

In many cases the advanced assistant working in CR will have multiple accountabilities and responsibilities including to:
- Line management; and
- Delegating health professional/s.

The organisational chart, in the job description of the advanced assistant should clearly reflect accountabilities. When there are a number of health professionals delegating tasks to an advanced assistant, it is important to ensure that these lines of communication and the roles of the supervisors are clearly defined. Allocating a primary clinical supervisor is recommended.

Roles & responsibilities of the supervising health professional may include:
- Participating in planning process where new advanced assistant positions are being created, including development of task list and competencies;
- Participating in the recruitment process;
- Documenting the orientation and training of the advanced assistant;
- Ensuring they, as the supervising health professional have the knowledge and skills to supervise the advanced assistant;
- Providing ongoing task and competency development, delegation, and supervision to the advanced assistant.

Roles & Responsibilities of the primary clinical supervisor may include
- Providing regular supervision sessions and contact to the advanced assistant;
• Ensuring competency development and assessment are scheduled and achieved as appropriate;
• Ensuring self directed workbook activities are completed, reviewed and updated as required;
• In consultation with delegating health professional(s), overseeing the development of new tasks for the advanced assistant role and identifying the competencies required to undertake these tasks;
• In consultation with delegating health professional(s), reviewing existing tasks and competencies for advanced assistant;
• Reviewing time management skills and prioritisation of advanced assistant workload including negotiating with or on behalf of the advanced assistant and/or the delegating health professional(s);
• In consultation with the advanced assistants’ line manager, reviewing Performance Appraisal and Development plans for the advanced assistant.

5. Supervision agreements

It is recommended that the primary clinical supervisor and line manager formalise a supervision agreement with the advanced assistant. The use of a formal agreement to clarify the aims and goals of supervision will ensure that mutual obligations and expectations are clear. Information regarding supervision agreements can be found online through Queensland Health Electronic Publishing Service (QHEPS) (give links) and a sample of a supervision agreement is included in appendix 4.

Supervision agreements include:
• Goals, aims and objectives;
• Obligations of participants;
• Structure of sessions;
• Process of evaluating supervision;
• Confidentiality and ethical issues.

The line manager in collaboration with the primary clinical supervisor, delegating health professionals and the advanced assistant will need to determine minimum levels of supervision required, examples can be accessed in the Therapy Assistant Project. (23)

5.1. Supervision Log

Effective communication between the advanced assistant, the delegating health professional and the primary clinical supervisor is important. The use of supervision log (see sample appendix 3) will provide a tool to keep an ongoing record of supervision sessions. The supervision log is maintained by the advanced assistant and reviewed regularly, by the primary clinical
supervisor and supervising health professional(s) to ensure locally defined minimal levels of supervision are being achieved. This document will also be a useful tool for the line manager and the primary clinical supervisor during the advanced assistant’s performance appraisal and development process.

6. Supervision Sessions

Supervision of the advanced assistant may be complex; however the appointment of the primary clinical supervisor will assist to coordinate the process.

It is recommended, within the supervision sessions, that the primary clinical supervisor:

- Complete a formal supervision agreement;
- Review supervision log (which has been maintained by advanced assistant) to ensure supervision by the delegating health professional(s) meets or exceeds identified minimum standards set;
- Discuss administrative issues including time management and work prioritisation;
- Maintain a record of supervision sessions;
- In collaboration with the line manager, be involved with performance appraisal and development of the advanced assistant.

In addition to the formal supervision sessions outlined above, all health professionals who delegate tasks to the advanced assistant will need to be involved in supervision, this may include:

- Program demonstration – when delegating new task and changing existing programs;
- Observation of advanced assistant conducting therapy session;
- Discussion – client focussed.

It is recommended that these “informal” supervision sessions be recorded by the advanced assistant, in a supervision log.

Supervision sessions for the advanced assistant working in CR need to be regular, ongoing and the process evaluated. Information regarding recording and evaluation of supervision sessions can be found on Qld Health intranet site QHEPS and a sample of supervision meetings and evaluation of supervision sessions are included (see appendix 5 and 6).


7. Training, mentoring and career progression

Supervising health professionals require support (with appropriate resources) to ensure that they develop and maintain the necessary skills in supervision. Where the health professional has little supervisory experience, it is
recommended that they seek out training and development in supervision and develop significant networks with more experienced health professionals.

Clinical supervision training is available as face to face workshops (usually 1-3 days duration) and training modules are also available online through QHEPS Clinical Development Education Site (CDES) http://cdes.learning.medeserv.com.au/portal/index_gldhealth_cdp.cfm

Mentoring programs may be available (through Queensland Health and professional associations) to assist the health professional to further develop their supervising skills.

8. Rural and remote model

Rural and remote service delivery is unique and thus the development of new advanced assistant roles, including training and supervision requirements, warrants special consideration.

The primary clinical supervisor in the rural or remote setting may be the line manager. In this circumstance, the primary clinical supervisor may not necessarily be delegating tasks, however due to their local proximity they will provide the link between the off site visiting health professionals and the advanced assistant. It is necessary that the primary clinical supervisor remain well informed about:

• the scope of practice of the advanced assistant and the delegating health professional/s; and
• process of task delegation and competency requirements.

The primary clinical supervisor in remote and rural practice will also

• be a local contact person whom the advanced assistant can contact to problem solve and plan should the need arise;
• have a working knowledge of the advanced assistant’s client case load;
• Communicate any issues of concern to delegating health professional;
• Provide necessary technology and resources to promote regular contact with delegating health professionals.

The delegating health professionals in the rural and remote practice will need to

• Commit and maintain a regular visiting service to the community;
• Ensure adequate time is available to provide the advanced assistant with supervision when visiting the community;
• Be available, if required, (by phone) for the advanced assistant when they are visiting clients;
• Have the skills to use communication technology (including videoconferencing) effectively.
ADVANCED ASSISTANTS WORKING IN COMMUNITY REHABILITATION

1. Intention of guidelines
The intention of these guidelines pertains to the practice of the advanced assistant working in CR. The guidelines provide a framework for advanced assistant to use within their workplace, with their supervisors and managers.

2. Legal & regulatory information
Currently the support level workforce, including the advanced assistant working in CR, allied health assistants and therapy assistants, is largely an unregulated one. However, there are clear legal and regulatory requirements associated with qualified health professionals and it is essential that the supervising health professionals ensure that these are not breached.

The advanced assistant working in CR is responsible for being aware of his/her level of competence in a particular work setting and must at all times:
- Respect the rights and responsibilities of all individuals;
- Maintain confidentiality of patient information;
- Recognise the extent and limitations of their role and only undertake activities that they are competent to perform.

The advanced assistant working in CR needs to maintain up to date knowledge of the organisational policies, procedures and guidelines relating to their particular work setting.

The advanced assistant has a legal and ethical responsibility to obtain supervision from the delegating health professional. Supervision is always required irrespective of the experience and skills of the advanced assistant.

3. Scope of Practice
Scope of practice defines the roles and responsibilities of operations in which the advanced assistant working in CR should function and should be defined by the roles and responsibilities outlined in the advanced CR assistant’s job description. The advanced assistants’ scope of practice will vary to suit the local site requirements.

A generic scope of practice for the advanced assistant role was developed as part of the CRAWP, during an initial mapping process. This template (see appendix 7) was then adapted for the individual pilot sites.
The list below outlines some of the possible roles and responsibilities for the advanced assistant, however it is not the intention that all roles and responsibilities will necessarily “fit” with local site needs. The roles and responsibilities and task list will need to be refined to suit local site requirements.

- Participate in information gathering for assessment under the guidance of a treating health professional, including independent administration of screening tools
- Conduct independent home and community visits to implement, monitor and ensure the safety of rehabilitation or therapy plans established by the supervising professional
- Work with clients, their families and carers to carry out functional daily activities (e.g. activities of daily living, gardening, leisure activities) as identified in the client’s rehabilitation plan
- Work with clients, their families and carers to support community access, including access to community resources (e.g. shopping, public transport, clubs)
- Evaluate the ongoing effectiveness of rehabilitation plans and provide appropriate feedback to the treating health professionals
- Assist in the supply of, and instruct and monitor clients in the fitting and use of prescribed equipment, including review of minor home modifications
- Lead or co-lead community based group activities and educational programs to meet individual client, family or carer goals, under the guidance of a treating health professional
- Liaise, network and collaborate with other service providers
- Advocate for clients, their families and carers, including assist clients to navigate the health care system (e.g. completing forms)
- Participate in the development of community rehabilitation services, including resource development
- Work as a member of a multi-disciplinary team, including contributing to case conferences
- Record client activity including documentation and statistics as per organisational guidelines
- Undertake continuing education activities
- Participate in quality assurance and quality management practices
- Knowledge of and compliance with organisational and service specific policies and procedures, including home visiting policy.
4. Roles outside advanced assistant scope of practice

It is recognised that the following roles will fall outside the scope of practice of the advanced assistant working in CR:

- Diagnosis;
- Independent administration and interpretation of assessments (not including specific screening tools);
- Independent referral to a health provider outside the multidisciplinary team.

These tasks will remain the role of the health professional and cannot be delegated to the advanced assistant.

5. Skills and Competencies

The skills and competencies of the advanced assistant working in CR are based on the ten key competency domains that have been identified as relevant to good CR practice in Queensland. Descriptors outlining community competency domains are provided in appendix 8.

Using the roles and responsibilities outlined in the advanced assistants’ job description, and in collaboration health professionals, the following will be identified:

- A task list for the advanced assistant working in CR;
- Training needs required to undertake identified tasks;
- The competencies needed to perform the tasks.

Ensuring the clear definition of skills and competencies for the advanced assistant working in CR is vital to successfully delegating tasks. Appendix 2 shows a generic task list that has been developed.

6. Training

Currently, there is no mandated qualification in Queensland Health for advanced assistant working in CR. However, ongoing and comprehensive training is essential for the advanced assistant and may include the following components:

- Formal Education – for example Certificate IV Allied Health Assistance (community rehabilitation);
- Workplace training including shadowing health professionals;
- Self directed training manual (developed as part of the CRAWP); and
- Development of advanced assistant support networks.

Formal education, for the advanced assistant has been identified as an important part of training to provide recognition & career structure. Formal
education is encouraged to ensure an appropriate knowledge base and minimum standards of practice are achieved.

One of the objectives of the CRAWP was to develop, implement and evaluate the Vocational Education and Training (VET) sector training currently available for assistant CR workers. The skills, knowledge and attributes of existing TAFE courses were mapped against the needs of the advanced assistant working in CR and Certificate IV Allied Health Assistance (HLT07 Health) was identified as the most congruent. However it was identified that in order to fully address the ten CR competency domains still required directed electives in CR and mandatory allied health electives need to be included. As part of the CRAWP, scholarships were provided for support level workers in Queensland to undertake the Certificate IV Allied Health Assistance, with directed electives in CR.

In addition to the above the CRAWP commissioned the Industry Skills Council to conduct a project to review and identify community rehabilitation roles within the HLT07 Health and CHC02 Community Services training packages. The outcome of this project will identify, amend and develop new units of competency reflecting community rehabilitation work roles. At the time of publishing, this project was still in draft form.

The CRAWP also identified the need for additional training for advanced assistants working in CR to address areas not covered in the formal qualification. Thus an “in house training manual” was developed. This manual included self directed learning activities for the advanced assistant to undertake at their workplace.

Workplace based training is also required to ensure the advanced assistant achieves the required competencies at their local site. As new tasks and competencies are identified, the delegating health professional will need to oversee the advanced assistant’s ongoing skill development.

7. Confidentiality and Ethics

The advanced assistant must be aware of the ethical principles of the workplace including:

- Respect the rights and dignity of all clients and colleagues;
- Confidentiality of client information and their charts;
- Hold in confidence all personal information entrusted to them, except where disclosure to the supervising health professional is in the best interest of the client / colleague;
- Recognise the extent and limitations of their expertise and only undertake those delegated task that are within their level of competence;
- Be culturally sensitive to clients and colleagues;
• Abide by workplace policies and procedures and code of conduct;
• Be aware of and comply with relevant legislation including Equal Employment Opportunity, Anti-discrimination and Workplace Health and Safety;
• Loyalty to the employer;
• Standards of personal behaviour. (11)
APPENDIX ONE- Definitions

Accountability (2)
- The health professional must take responsibility for, and be prepared to answer to others, for the action and responsibilities inherent to their position.
- Health professionals are accountable for the decisions to delegate tasks or responsibilities to an assistant.
- If the health professional has taken reasonable steps to ensure the delegation and level of supervision were appropriate, they would not be held accountable for inappropriate or unauthorised actions by the assistant.
- The advanced assistant, also has their own degree of accountability in accepting delegated tasks, they must ensure they have the necessary skills and knowledge to undertake the delegated task. If they do not feel that they have the necessary skills and knowledge then it is their responsibility to discuss this with their supervisor.
- The advanced assistant is accountable for their own actions and to the health professional and employer for tasks delegated to them.

Community Rehabilitation
- Community rehabilitation seeks to equip, empower and provide education and training for rehabilitation clients, carers, family, community members and the community sector to take on appropriate roles in the delivery of health and rehabilitation services to achieve enhanced and sustainable client outcomes.

Competence
- Competence is “person related, meaning the underlying ability of the individual to deliver effective performance in a job” (14)
- Before an assistant accepts a new delegation from a health professional, they must be assessed as competent by the health professional delegating the task, as defined in the task list.
- Signing off of competencies within these guidelines, the health professional does not require Cert IV Workplace Assessment & Training.

Delegation (2)
- Delegation is the conferring of authority on a person to perform activities, i.e. a health professional may delegate the responsibility of a clinical task to an assistant for a particular client.

Delegating / Supervising Health Professional
- Health professional that delegates tasks to advanced assistant or support worker
- Is accountable for the programs / tasks that they have delegated
  - Required to provide supervision to the advanced assistant
  - Must ensure before they delegate tasks that the advanced assistant has required competencies signed off.
Line Manager
• Focuses on administrative management issues such as employment, attendance, work allocation and workplace issues.

Primary Clinical Supervisor
• Focuses on providing clinical guidance and support to the advanced assistant;
• Provides a contact person for the advanced assistant when needing to discuss clinical issues, including any concerns relating to their current level of supervision; and
• Is proactive in the development of a task list and ensuring competencies are achieved.

Registered Health Professional
• Health professional who is registered with the relevant health authority;

Role of Advanced Assistant working in Community Rehabilitation
An advanced assistant working in community rehabilitation, works under direction of a qualified registered health professional/s and is employed to:
• Support and assist clients to participate in rehabilitation, by providing rehabilitation services based in the community
• Assist health professionals (nursing and allied health) in the effective and efficient delivery of rehabilitation programs in community based settings
• Function individually as a member of the multidisciplinary team, with supervision from a qualified health professional,

The term advanced assistant working in Community Rehabilitation does not encompass people employed to provide reception, clerical or housekeeping duties only.

In the context of these guidelines the term “advanced assistant” refers to “advanced assistant working in community rehabilitation”.

Scope of Practice (15)
• It is the practice that the advanced assistants “are educated, competent and authorised to perform”.
• Given that the practice is “dynamic and influenced by the environment and health care setting, the parameters of practice of the health professional and thus the assistant are expected to change and evolve”.
• Roles and responsibilities of the advanced assistant are not meant to be prescriptive.

Supervision (15)
• Supervision is defined as a “working alliance between two or more staff members where the primary intention of the interaction is to
enhance the knowledge, skills and attitudes of at least one staff member, so that the quality of service offered to their clients is enhanced". 
### APPENDIX TWO: Sample Task List

<table>
<thead>
<tr>
<th>Key Responsibility</th>
<th>Steps Involved</th>
<th>Training Requirements/Professional Development</th>
<th>Assessment of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in information gathering for assessment as directed by treating therapist, including administering screening tools</td>
<td>MMSE/MSQ</td>
<td>MMSE training session</td>
<td>Competence evident by direct observation and questioning of knowledge base</td>
</tr>
<tr>
<td></td>
<td>• Ensure client wearing hearing aid or glasses where appropriate</td>
<td>Observation of an MMSE/MSQ being conducted</td>
<td><strong>Date for completion:</strong> Therapist:</td>
</tr>
<tr>
<td></td>
<td>• Ensure no distractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Administer MMSE/MSQ as per guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Score the MMSE/MSQ and record results</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grip Strength (Jamar Dynamometer)</td>
<td>Jamar Dynamometer practical training session</td>
<td>Competence evident by direct observation of technique and queuing</td>
</tr>
<tr>
<td></td>
<td>• Instruct client on correct technique for using Jamar dynamometer</td>
<td></td>
<td><strong>Date for completion:</strong> Therapist:</td>
</tr>
<tr>
<td></td>
<td>• Ensure client in correct position and monitor this position throughout the screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conduct grip strength test using Jamar Dynamometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Record information appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pinch Strength (Pinch Gauge)</td>
<td>Pinch Gauge practical training session</td>
<td>Competence evident by direct observation of technique and queuing</td>
</tr>
<tr>
<td></td>
<td>• Instruct client on correct technique for using Pinch Gauge</td>
<td></td>
<td><strong>Date for completion:</strong> Therapist:</td>
</tr>
<tr>
<td></td>
<td>• Ensure client in correct position and monitor this position throughout the screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conduct pinch strength test using Pinch Gauge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Record information appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 Minute Walk Test</td>
<td>6 Minute Walk test training session, including training in the use of a pulse oximeter and the</td>
<td>Competence evident by direct observation of skill and questioning of knowledge base</td>
</tr>
<tr>
<td></td>
<td>• Instruct client on the process of the 6 minute walk test</td>
<td>Borg Scale. Training in the identification of signs of fatigue.</td>
<td><strong>Date for completion:</strong> Therapist:</td>
</tr>
<tr>
<td></td>
<td>• Conduct the 6 minute walk test</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Guidelines for advanced assistants working in community rehabilitation and their supervisors
## Referral Officer Duties

- Record information appropriately

### On the job training, shadowing of staff during referral officer duties

- At team meeting roster on referral officer duties at least once per week
- Answer referrals phone, check fax and intake box for new referrals
- Evaluate in consultation with designated health professional and referring agency the appropriateness of referral
- Liaise with referring agency when more information is required
- Ascertain if client has a current community health chart – open / closed
- Liaise with other agencies (if required) to ascertain if the client is eligible / or currently receiving other services
- Document referral received in referrals book
- Distribute referrals to health professionals
- Ensure relevant Multidisciplinary Team members are aware if client is referred to more than one team member
- Confer with other team members at case conference re Referrals process and receipt of referrals

### Competence evident by direct observation and questioning of knowledge base

**Date for completion:**

**Therapist:**
### Guidelines for advanced assistants working in community rehabilitation and their supervisors

#### Participate in the clients’ rehabilitation programme by conducting independent home visits to assist in monitoring the home program established by the treating health professional.

<table>
<thead>
<tr>
<th>Activity</th>
<th>On the job observation and training</th>
<th>Competence evident by direct observation of skill and questioning of knowledge base</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Contact client and arrange home visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assist client with the established home programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Monitor the clients’ progress in accordance with guidelines/checklist established by the treating therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Progress clients’ home program in accordance with the rehabilitation plan when client achieving benchmarks that have been determined by treating therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Comply with District’s home visiting policy and procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Feedback to treating health professional/s</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date for completion:** Therapist:

**ACRA workbook**

#### Conduct home visit to supply, instruct and monitor client with the use of an aid/equipment prescribed by the treating health professional

<table>
<thead>
<tr>
<th>Activity</th>
<th>On the job observation and training</th>
<th>Competence evident by direct observation of skill and questioning of knowledge base</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Take prescribed equipment to client’s home if delivered to the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adjust equipment, if necessary, to fit client (eg. Height of frame etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Instruct client in use of equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ensure client can use equipment safely in their home/community environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date for completion:** Therapist:

**ACRA workbook**

#### Work with client, their family and carers to support community access in accordance with goals in their rehabilitation plan developed by the treating Health Professional

<table>
<thead>
<tr>
<th>Activity</th>
<th>On the job observation and training</th>
<th>Competence evident by direct observation of skill and questioning of knowledge base</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accessing Public Transport</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assist/teach client how to obtain information about the local public transport eg. Timetables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Instruct client in preparing for using public transport eg. Time management, Having money ready, purchasing ticket, finding correct train platform or bus stop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assist client to actually make a trip on public transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Access Local Shopping Centre</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assist client in researching what local shopping centres are available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assist client to prepare for trip eg.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Date for completion:** Therapist:

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Date for completion:** Therapist:

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**

**Training on using QHEPS and the Internet as research/resource tool if necessary**

**Role Play**

**Reviewing current community resource materials**
### Community Rehabilitation Workforce Project

<table>
<thead>
<tr>
<th>Role Play</th>
<th>Date for completion: Therapist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop shopping list, ensure have money</td>
<td>Role Play</td>
</tr>
<tr>
<td>- Assist client in deciding how will get to shop</td>
<td>Date for completion: Therapist:</td>
</tr>
<tr>
<td>- Accompany client on visit to shopping centre and ensure they can navigate the area safely</td>
<td></td>
</tr>
<tr>
<td>Help client to implement strategies developed by Health Professional (eg. Scanning) and possibly “grade” them</td>
<td></td>
</tr>
<tr>
<td>the Health Professional</td>
<td></td>
</tr>
<tr>
<td>On the job observation and training in grading</td>
<td></td>
</tr>
<tr>
<td>Reviewing current community resource materials</td>
<td></td>
</tr>
</tbody>
</table>

### Work with client, their family and carers to carry out functional daily activities in accordance with goals in their rehabilitation plan

<table>
<thead>
<tr>
<th>Role Play</th>
<th>Date for completion: Therapist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Participate in Leisure Activities</td>
<td>Role Play</td>
</tr>
<tr>
<td>- Assist client in identifying local clubs/groups available in their area</td>
<td>Date for completion: Therapist:</td>
</tr>
<tr>
<td>- Assist client to contact group and arrange for visit</td>
<td></td>
</tr>
<tr>
<td>- Assist client in determining how will get to club/group</td>
<td></td>
</tr>
<tr>
<td>- Assist and train client in how to prepare for club/group eg. money, appropriate dress, equipment</td>
<td></td>
</tr>
<tr>
<td>- Assist client to attend group/club</td>
<td></td>
</tr>
<tr>
<td>Training on using QHEPS and the Internet as research/resource tool if necessary</td>
<td></td>
</tr>
<tr>
<td>On the job observation and training around coping strategies developed for the client by the Health Professional</td>
<td></td>
</tr>
<tr>
<td>On the job observation and training in grading</td>
<td></td>
</tr>
<tr>
<td>Reviewing current community resource materials</td>
<td></td>
</tr>
</tbody>
</table>

### Advocate for client including assisting client to navigate the health care system

<table>
<thead>
<tr>
<th>Role Play</th>
<th>Date for completion: Therapist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Advocacy Requirements</td>
<td>Role Play</td>
</tr>
<tr>
<td>- Work with all health professional within the team as needed</td>
<td>Date for completion: Therapist:</td>
</tr>
<tr>
<td>- Provide ongoing feedback to health professionals on client’s progress (physical, mental and emotional) including participating in case conference</td>
<td></td>
</tr>
<tr>
<td>- Assist with client forms (e.g. taxi subsidy, pension application, Centrelink) under the guidance of Health Professional</td>
<td></td>
</tr>
<tr>
<td>- Attend appointments with client in an advocacy role, as directed by Health Centre Manager.</td>
<td></td>
</tr>
<tr>
<td>On the job training around case conference.</td>
<td></td>
</tr>
<tr>
<td>Obtain and review forms that clients may need assistance completing, including taxi subsidy, Centrelink carers allowance</td>
<td></td>
</tr>
<tr>
<td>Training session regarding client advocacy</td>
<td></td>
</tr>
</tbody>
</table>

### Competence evident by direct observation of skill and questioning of knowledge base

<table>
<thead>
<tr>
<th>Role Play</th>
<th>Date for completion: Therapist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation audit</td>
<td>Role Play</td>
</tr>
<tr>
<td>Record of attendance of appropriate training &amp; in-service sessions</td>
<td>Date for completion: Therapist:</td>
</tr>
<tr>
<td>Task Description</td>
<td>Details</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lead / Co-lead community based group activities and educational programs to meet individual client, family or carers goals, under the guidance of a treating health professional</td>
<td>Work with supervising health professional to advertise, recruit and organise venue for community based group activities. Contact participants to ensure participation, including transport arrangements. Co-ordinate completion of pre and post questionnaires as required. Lead / co-lead group as directed by supervising health professional. Participate and complete group evaluation report. Documentation as appropriate. On the job training and observation relating to setting up and running groups for individual client outcomes. Computer based skills including Word, Excel, Board maker Picture Express &amp; VHI pics. Chronic Disease Self Management training (with Arthritis Foundation QLD). Direct observation of skills and questioning of knowledge base.</td>
</tr>
<tr>
<td>Work as a member of a multi-disciplinary team</td>
<td>Work with all the Health Professionals in the team as needed. Provide feedback to treating health professionals on clients' progress. Participate in case conferences and provide updates on clients you have been working with. On the job observation and training around the participation in case conferences. Session with Health Professional to develop communication plan and discuss respective parties roles and expectations. Review of case conference Policy &amp; Procedures and local workplace protocols.</td>
</tr>
<tr>
<td>Record client activity, including documentation, as per organisational guidelines</td>
<td>General Documentation Requirements. Document home / community visits, telephone calls and follow-ups on the day of the visit in clients chart in accordance with the Districts policies and procedures. Record results of screening tests on appropriate forms and file in clients chart. Update client’s home program record when a change has been made (e.g. number of repetitions completed). Record statistics as per organisational guidelines.</td>
</tr>
<tr>
<td>Participate in administrative functions required by the department appropriate to an Advanced Community Rehabilitation Assistant</td>
<td>Record statistics as per organisational guidelines. On the job observation and training around the recording of statistics.</td>
</tr>
<tr>
<td></td>
<td>Review of Workplace’s policy and procedure on Documentation ACRA workbook. Training session with HIU. On the job observation and training around the recording of exercise programs and screening tools.</td>
</tr>
<tr>
<td></td>
<td>Audit Documentations audits of Assistant entries by supervising Health Professional.</td>
</tr>
</tbody>
</table>
### Participate in the development of community rehabilitation services, including resource development

<table>
<thead>
<tr>
<th>Preparation of clinical therapy materials - under direction of health professional, use computer software to assist in the development therapy programs for individual clients</th>
<th>Computer training to access QHEPS, allowable Qld Health websites, Word, Excel</th>
</tr>
</thead>
</table>
| • Consult with health professional to ascertain what information is to be included in the clients program  
  • If required use software program to develop specific client focused therapy program  
  • Ensure program is reviewed and modified by referring health professional as required  
  • distribute as directed by Health Professional | Competence evident by direct observation of skill and questioning of knowledge base |
| Local Community Resources  
  • Access resource information via QHEPS, Lifetec, websites catalogues  
  • Participate in development of community resource manual | Date for completion: Therapist: |

### Undertake continuing education activities

| General Education Requirements  
  - Participate in in-services, teleconferences, videoconferences and other education provided, that is appropriate to the Advanced Assistant role and approved by Health Centre Manager  
  - Read and complete the tasks as outlined in the Advanced Assistant Workbook  
  - Maintain an up to date record of training and education undertaken | Participation in the Performance Appraisal & Development (PAD) process Participation in training in areas identified during supervision session and during PAD process. | Maintenance of personal professional development record Participation and compliance with Performance and Development |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date for completion: Therapist/Line Manager:</td>
</tr>
</tbody>
</table>

### Assist with orientation and training of new staff, relievers and students with respect to the Advanced Community Rehabilitation Assistant role

| • Orientate new staff and students to the role of the ACRA role and how it differs to the role of the Therapy Assistants  
  • Orientate and train relievers to the ACRA role and tasks/duties performed  
  • Orientate relievers to procedures applicable to the ACRA role | | |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Compliance and knowledge with organisational and service specific policies and procedures including home visiting policy

<table>
<thead>
<tr>
<th>General Policy &amp; Procedural Requirements</th>
<th>Review of relevant policies, procedures and work practices</th>
<th>Observation of compliance with local policies and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be familiar and comply with District and Team policies, procedures and workplace protocols including</td>
<td>Attend District mandatory training sessions</td>
<td>Line Manager</td>
</tr>
<tr>
<td>Human Resource Management issues, including workplace health and safety, equal employment opportunity, anti-discrimination and code of conduct as applied in the working environment</td>
<td>ACRA workbook</td>
<td></td>
</tr>
<tr>
<td>- Home visiting policy</td>
<td>On the job observation and training</td>
<td></td>
</tr>
<tr>
<td>- Documentation</td>
<td>Attend District staff forums</td>
<td></td>
</tr>
<tr>
<td>- Confidentiality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Infection control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Local orientation folder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Participate in quality assurance and quality management practices

<table>
<thead>
<tr>
<th>General QA Requirements</th>
<th>Review of local Quality Improvement process</th>
<th>Competence evident by direct observation of skill and questioning of knowledge base, Evidence of participation in QA activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand QA processes and identify areas of improvement</td>
<td>Attend District education sessions relating to QA and quality management practices</td>
<td>Line Manager</td>
</tr>
<tr>
<td>Independently reflect on your work and identify strengths, weaknesses and areas for improvement</td>
<td>Access relevant training sessions</td>
<td></td>
</tr>
<tr>
<td>Participate at an individual or team level in quality assurance processes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in Performance Appraisal &amp; Development process</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX THREE: Supervision Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time spent</th>
<th>Type of supervision – (discussion, observation, program demonstration by Health Professional)</th>
<th>What was discussed / activity demonstrated or observed</th>
<th>Medium of supervision – face to face, telephone, videoconference etc.</th>
<th>By whom – health professional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This log is maintained by the Advanced Assistant and reviewed by the line manager, primary clinical supervisor and delegating health professional.
APPENDIX FOUR: Sample Agreement for Practice Supervision

Sample Agreement for Practice Supervision between
__________________ and ___________________

From _____ to _________

1. **Goals of supervision** (See Guideline 11).
   To include a detailed list of the knowledge and skills that the supervisee and supervisor would like the supervisee to develop in supervision sessions. This will require regular review and renegotiation as the needs and skills of the supervisee change over time.
   a) Supervisor________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   b) Supervisee________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   c) **Expected Outcomes** (Guidelines 5, 11, 17)
   a) Supervisor________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   b) Supervisee________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   c) Shared Objectives
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

2. **Mutual Obligations** (Guideline 11)
   a) Obligations of supervisor
   ___________________________________________________________________________________
b) Obligations of supervisee

_________________________________________________________________________________

_________________________________________________________________________________

c) How will dual roles (eg. line manager and practice supervisor) be managed (eg. line management issues will not be discussed in practice supervision sessions without mutual consent by way of inclusion with a pre-agreed session agenda)

_________________________________________________________________________________

3. The Structure of Supervision (Guideline 3, 9, 11, 12, 14, 19, 20)

1. Frequency

_________________________________________________________________________________

2. Duration

_________________________________________________________________________________

3. Location

_________________________________________________________________________________

4. What resources do we require for effective supervision (eg., time, space, absence of interruptions)?

_________________________________________________________________________________

5. What preparation will be required prior to each session?

_________________________________________________________________________________

_________________________________________________________________________________

6. How will agendas for each session be set?

_________________________________________________________________________________

_________________________________________________________________________________

7. Availability between sessions: ________________________________________________

8. Is supervisee currently receiving other supervision? _______________________________

9. If yes, how will different forms of supervision be integrated?

_________________________________________________________________________________

_________________________________________________________________________________

4. Evaluating Supervision (Guideline 11)

What is the preferred process for evaluating supervision?

_________________________________________________________________________________

_________________________________________________________________________________

a) When will the supervision agreement be reviewed?

_________________________________________________________________________________

_________________________________________________________________________________

5. Limits to Confidentiality (Guidelines 10, 11)
Guidelines for advanced assistants working in community rehabilitation and their supervisors

6. Ethical Issues
   a) What do your professional code and organisational policies outline as ethical conduct in and for supervision?
b) In general, which issues raised in supervision will be kept confidential to this relationship?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C) Which aspects may be discussed and with whom? (subject to Codes of Ethics, Qld Government Codes of Conduct, Duty of Care and other legal reports)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Content of Supervision

To be negotiated in confidence between supervisee and supervisor and should include a list of the knowledge and skills that the supervisee would like to develop in supervision sessions and should be regularly reviewed and renegotiated between the supervisor and supervisee. Also refer to supervision policy and accompanying guidelines for guidance when developing supervision objectives.

Supervisee name:___________________
Signature:            ___________________
Date:                     ___________________

Supervisor Name: ___________________
Signature:            ___________________
Date:                    ___________________

Line Manager Agreement:

Line Manager Name:  _____________________
Signature:                   _____________________
Date:                           _____________________
**APPENDIX FIVE: Record of Supervision Meetings**

Sample Record of Supervision Meetings

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Time spent</th>
<th>Material covered</th>
<th>Comments</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Please write numbers from above list)</td>
<td></td>
<td>Sup/ee</td>
</tr>
</tbody>
</table>

**Supervisee’s Name:**  

**Supervisor’s Name:**

1. Review of clinical notes/reports.  
2. Reflection about practice by supervisee.  
3. Problem solving about practice issues.  
4. Discussion of additional skills or strategies.  
5. Demonstration of skills or strategies by supervisor.  
6. Demonstration/rehearsal by supervisee.  
7. Discussion of secondary practice issues (e.g. team relationships, responses to work demands).  
8. Personal or career development.

**APPENDIX SIX: Evaluation of Supervision**

Sample format

Date: __________________________________________

Name of Supervisor: ____________________________

Name of Supervisee: ____________________________

<table>
<thead>
<tr>
<th>Quality of the Supervision Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating scale</td>
</tr>
<tr>
<td>1. Almost never</td>
</tr>
<tr>
<td>2. Occasionally</td>
</tr>
<tr>
<td>1. We negotiated a mutually acceptable contract specifying format, goals, roles/responsibilities and accountability of both parties.</td>
</tr>
<tr>
<td>2. The supervisor/ee fulfilled his/her commitments as specified in the contract.</td>
</tr>
<tr>
<td>3. The supervisor/ee maintained appropriate professional boundaries in the supervision relationship</td>
</tr>
<tr>
<td>4. The supervisor/ee set and worked to an agenda for the supervision session, in consultation with supervisee/or.</td>
</tr>
<tr>
<td>5. The supervisor/ee was reliable in making time for and punctual in attending the regular supervision sessions.</td>
</tr>
<tr>
<td>6. The supervisor/ee placed a high priority on understanding the client’s perspective, and regard for the client strengths.</td>
</tr>
<tr>
<td>7. The supervisor/ee communicated sensitivity towards cultural and ideological differences relevant to clinical practice.</td>
</tr>
<tr>
<td>8. The supervisor/ee demonstrated clinical skills in sessions (e.g., instructions, role-plays, videotapes etc).</td>
</tr>
<tr>
<td>9. The supervisor/ee explained concepts and material clearly.</td>
</tr>
<tr>
<td>10. The supervisor/ee respected confidentiality issues, as appropriate.</td>
</tr>
</tbody>
</table>
### Rating scale

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The supervisor/ee made supervisee/or feel valuable and respected as a colleague.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The supervisor/ee sought feedback from supervisee/or about satisfaction with supervision.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The supervisor/ee showed enthusiasm, dynamism and energy for clinical practice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. The supervisor created an atmosphere of trust and support.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. The supervisor was available for crisis contact.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. The supervisor’s supervision style was suited to supervisee level of clinical experience, learning style and needs of the supervisee.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The supervisor encouraged presentation of supervisee’s point of view and respected supervisee’s opinions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The supervisor helped supervisee to identify their strengths and weaknesses relating to the core skills, knowledge, attitudes and competencies required for professional practice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. The supervisor provided opportunities for practice of clinical skills in sessions, observed performance and provided feedback.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. The supervisor observed supervisee clinical practice (e.g., role-plays, videotape, case notes etc).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. The supervisor was flexible and adapted to changing needs of supervisee in supervision.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. The supervisor encouraged supervisee to examine ethical issues relating to practice, in line with professional codes of conduct.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Guidelines for advanced assistants working in community rehabilitation and their supervisors
<table>
<thead>
<tr>
<th>Rating scale</th>
<th>Supervisor</th>
<th>Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Almost never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Occasionally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Almost always</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Supervision improved supervisee clinical skills, knowledge, and attitudes relating to clinical practice.

24. Supervision increased supervisee confidence as a practitioner.

25. Supervision increased supervisee understanding of the organisation he/she works in.

26. Supervision increased supervisee knowledge of ethical issues in practice.

27. Supervision increased supervisee knowledge of relevant local, State and National policies and procedures.

28. Supervisee feels more enthusiastic about my work as a result of this supervision experience.

29. Supervision motivated the supervisee to work on developing clinical skills.

30. Supervisee felt satisfied with the supervision he/she received.

31. What are the three most positive outcomes that have been achieved from supervision?
   i) 
   ii) 
   iii) 

32. What three things would you have preferred to have been done differently in supervision?
   i) 
   ii) 
   iii)
### Rating scale

|-----------------|-----------------|---------|-----------------|

### 33. What specific clinical should be the focus of development in future supervision sessions?

i)  

ii)  

iii)  

### 34. What additional professional development activities do you think, would be beneficial to support your supervision experiences?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
APPENDIX SEVEN: Generic Job Description – Advanced Community Rehabilitation Assistant

Vacancy Reference Number (VRN)

Closing Date (for applications)  Monday

Contact Officer

Telephone  (07)

1. **Position Number:**
   - **Position Title:** Advanced Community Rehabilitation Assistant
   - **Unit/Branch/Division:** This is the official hierarchy of where the position sits within the organisational structure and should reflect section, team, unit or branch levels.

**Insert the name of the organisational unit here**

**Job Description**

- **Location:** The geographic location - town or city in which the position operates, eg Coopers Plains, Brisbane. If the vacancies are across a number of geographic locations, the description of location should be sufficiently broad to allow utilisation of applicant pools across different locations.

**Classification Level:**

**Salary Level:** 004

2. **Reports To:** Team Leader – Allied Health, Community Health or Rehabilitation

3. **Date of Review:** July 2007
4. Delegates Authorisation:

<table>
<thead>
<tr>
<th>Delegate’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:</td>
<td><strong>District Manager</strong></td>
</tr>
<tr>
<td>Signature and Date:</td>
<td></td>
</tr>
</tbody>
</table>

5. Purpose of the Position

- To support and assist clients to participate in rehabilitation, by providing rehabilitation services based in the community
- To assist allied health and nursing professionals in the delivery of rehabilitation programs in community based settings
- To function individually, and as a member of the multi-disciplinary team, with supervision from a qualified professional

6. Organisational Environment and Key Relationships

Queensland Health is responsible for providing quality, cost effective public health services to improve the health and well being of the people of Queensland. In addition, the Department has a variety of regulatory responsibilities including those relating to private hospitals and public and environmental health.

The corporate area of the Department has statewide responsibility for policy development, population health, system wide planning, performance monitoring, high level resource management and provision of Ministerial support and advice.

The Clinical and Business Support Services Directorate is responsible for the provision of services to Area Health Services using commercially competitive process to enhance the quality of health care provided to the Queensland Community.

Area Health Services are responsible for the delivery of health services across the State. The effectiveness of these services is managed locally through appropriate planning, resourcing, networking, monitoring, community consultation and clinical decision making to ensure that services aim to meet community needs. Achieving the delivery of quality health services involves the development, management and monitoring of a complex set of activities and services in the areas of acute hospital services, community and population health services as well as services for specific need groups.

Queensland Health is embarking on a major improvement through fundamental change to its culture, structure, leadership approaches and service delivery. The organisational environment being created will reflect:

- A performance driven organisation with a clear focus on measuring and managing the organisation’s performance to improve patient and service outcomes, with greater openness and transparency of reporting and decision making;
- An organisation that encourages and supports clinical leadership and governance with a culture where patient centred health services are the primary feature;
- A responsive organisation that better meets the health needs of Queenslanders by devolving accountability and responsibility through a flatter structure to improve the relevance and capacity of its services, and by ensuring that decision making regarding patient services and care is strongly influenced by clinicians – with clinical decisions occurring as close to the point of care as possible;
- An organisation that values community and stakeholder engagement resulting in increased community involvement in and influence over policy development,
local services planning and local decisions impacting the availability and standard of health services;

- Greater integration and collaboration between Queensland Health, other government departments and non-government providers of health services.

**Role of the Organisational Unit**

Insert a paragraph here that specifically focuses on the composition and structure of the Unit and the services it provides. Include the environment in which the unit operates, any unique features and information on legislation, government policies and priorities impacting on the role of the unit. Include relationships with other work units, departments or organisations. Outline community expectations.

**Supervises**

Nil

**Indirect Relationships**

Government and non-government organisations providing community rehabilitation services.

**Organisational Chart**

Include an organisation chart here to provide the applicant with a snapshot of how the work unit is structured and where in that structure the position is located. A position should only be illustrated as reporting to one position. As a minimum, the Unit structure should be shown including position titles and classifications. Names of staff should not appear on the organisation chart. Highlight the vacant position(s) with asterisk, bold or italics. If the organisation chart is too large to be inserted here, it must be included as an attachment and referred to here.

7. **Position Requirements** (Duties, Responsibilities, Knowledge and Work Behaviours)

Queensland Health is committed to achieving our mission of promoting a healthier Queensland. And our vision to be leaders in health – partners for life. We recognise that Queenslanders trust us to act in their interest at all times. To fulfil our mission and sustain this trust we share four core values of: caring for people; leadership; respect and integrity.

In addition we will be successful in promoting a healthier Queensland through the following five strategic intents: healthier staff; healthier partnerships; healthier people and communities; healthier hospitals and healthier resources. The primary duties and assessment criteria outlined in this job description reflect the commitment to our mission, vision, values and strategic intents which are required by this position.

- Participate in information gathering for assessment under the guidance of a treating health professional, including independent administration of screening tools
- Conduct independent home and community visits to implement, monitor and ensure the safety of rehabilitation or therapy plans established by the supervising professional
- Work with clients, their families and carers to carry out functional daily activities (eg. activities of daily living, gardening, leisure activities) as identified in the client’s rehabilitation plan
• Work with clients, their families and carers to support community access, including access to community resources (eg. shopping, public transport, clubs)

• Evaluate the ongoing effectiveness of rehabilitation plans and provide appropriate feedback to the treating health professionals

• Assist in the supply of, and instruct and monitor clients in the fitting and use of prescribed equipment, including review of minor home modifications

• Lead or co-lead community based group activities and educational programs to meet individual client, family or carer goals, under the guidance of a treating health professional

• Liaise, network and collaborate with other service providers

• Advocate for clients, their families and carers, including assist clients to navigate the health care system (eg. completing forms)

• Participate in the development of community rehabilitation services, including resource development

• Work as a member of a multi-disciplinary team, including contributing to case conferences

• Record client activity including documentation and statistics as per organisational guidelines

• Undertake continuing education activities

• Participate in quality assurance and quality management practices

• Knowledge of and compliance with organisational and service specific policies and procedures, including home visiting policy

**DUTIES DO NOT INCLUDE:**

• Diagnosis

• Independent administration and interpretation of assessments (not including specific screening tools)

• Independent referral to a health provider outside the multidisciplinary team

• Provision of interpretive information to staff, clients, their families and carers

• Independent development or modification of a rehabilitation plan

• Discharge

8. **Primary Delegations and Accountability**

This position reports operationally to the Team Leader - Allied Health, Community Health or Rehabilitation.

This position clinically reports to, and takes direction from the relevant supervising allied health or nursing professional.

This position has a further reporting line to the Operational Manager.
9. **Mandatory Criteria (Must be met to be considered for selection)**

There are no formal qualification requirements for this position.

Certificate IV in Allied Health Assistance (community rehabilitation units) or commitment to undertake this qualification will be highly regarded.

This position requires the incumbent to hold a current driver’s licence. Proof of this endorsement must be provided before commencement of duty.

10. **Assessment Criteria**

Your application must specifically address each of the assessment criteria below.

Short listing and selection will be based on these assessment criteria.

*Please ensure that you read this job description so that you have a full understanding of the position.*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Demonstrated knowledge and ability to participate in the provision of community rehabilitation, or ability to acquire knowledge and skills in this area</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Demonstrated ability to communicate effectively with staff, clients, their families and carers, and people from diverse backgrounds. Demonstrated ability to work collaboratively with team members</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Demonstrated ability to prioritise work commitments, and to plan, coordinate and complete tasks in an effective and timely manner. Ability to work with a high level of independence</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Demonstrated commitment to relevant skill development and service improvement activities</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>Actively participate in a working environment supporting quality human resource management practices including employment equity, anti-discrimination, occupational health and safety and ethical behaviour</td>
<td>7</td>
</tr>
</tbody>
</table>

11. **Additional Factors**

Queensland Health is an equal opportunity employer. It is an expectation that staff work in accordance with the Queensland Health Code of Conduct 2006, Workplace Health and Safety legislation, Infection Control Policies, Aged Care Policies, and all other policies, directives and legislation which impact on their position.

All Queensland Health employees must comply with the confidentiality provisions of the Health Services Act 1991 and any other directions given relating to information security.
Queensland Health recognises that flexible working arrangements may provide considerable benefits to work units and staff and encourages managers and staff to consider mutually beneficial strategies which allow staff to better balance work and non-work life.

Queensland Health acknowledges and supports the principles of continuous quality improvement and encourages all staff to participate in quality improvement activities.

Smoking is prohibited within Queensland Health buildings (including corridors, passageways, walkways, balconies and offices) and motor vehicles, other than in defined areas.

Staff identification badges must be worn at all times while on duty.

In some circumstances and following consultation, Queensland Health staff may be required to transfer to another work location. Staff may object and/or appeal against such a transfer, however such transfers take effect if no appeal is lodged or if an appeal is unsuccessful.

In some circumstances and following consultation, Queensland Health staff may be required to participate in 24 hour shift, on-call or weekend roster arrangements.

**Probation Requirements:** All new permanent employees to Queensland Health will be required to undertake a period of probation upon commencement of duty. This period will be 3 months in length with a possible 3 month extension if performance objectives are not met.

Probation does not apply to casual or temporary engagements, transfer at level or appointment on promotion.

**Pre-Employment Checks:** This position may be subject to pre-employment history checks including a working with children suitability check (Blue Card), criminal history, identity or previous discipline history checks for the preferred applicant.

**Criminal History checks will be conducted for all persons who are not existing permanent employees of Queensland Health who are recommended for permanent appointment or temporary appointment expected to continue for longer than three months.**

**Hepatitis B Vaccination:** Health Care Workers in Queensland Health whose occupation poses a potential risk of exposure to blood or body fluids must be immunised against Hepatitis B according to the National Health and Medical Research Council Australian Immunisation Handbook 7th edition and Queensland Health Infection Control Guidelines.

**Hepatitis B Immunisation is a condition of employment for Health Care Workers in Queensland Health who have direct patient contact (e.g. medical officers, nurses and allied health staff), as well as those staff who, in the course of their work, may be exposed to blood or body fluids, for example by exposure to contaminated sharps (e.g. plumber).**

Proof of vaccination must be provided to the Human Resource Business Centre upon acceptance of appointment. Proof of vaccination can be provided via a letter from a general practitioner, infection control or occupational health department.
## APPENDIX EIGHT: Community Rehabilitation Competency Domains and Descriptors

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Descriptors</th>
</tr>
</thead>
</table>
| 1 Frameworks of understanding | - Understanding, implementing and evaluating practice against recognised **theoretical frameworks** that underpin CR e.g. The ICF  
- Understanding, implementing and evaluating practice using **recognised models of delivery** e.g. case management/case coordination |
| 2 Consumer Engagement        | - Recognising the **client as central** to every process  
- Promoting **client understanding, choice, control and engagement** in their own health and wellbeing  
- Incorporating **consumer need** and consumer **preference**                                                                                           |
| 3 Holistic Focus             | - Recognising that needs of individuals extend beyond immediate physical health issues and **incorporate social and emotional health**  
- Recognise **situational, environmental, family, Carer and community** influences on Consumers  
- Incorporate clients’ **physical, emotional and social needs** in the specific context, environment or situation |
## Competency Domain Descriptors

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Descriptors</th>
</tr>
</thead>
</table>
| **Service continuity** | - Coordination of support for Clients through transition points e.g. discharge from hospital, metropolitan back to rural community  
- Ability to identify and mitigate risks in transition  
- Ability to incorporate following-up and monitoring with recognition of long-term outcomes |
| **Networks** | - Ability to engage and work in a teams  
- Ability to build partnerships/establish networks - share information, and collaborate  
- Ability to practice in inter-disciplinary ways that capitalise on the strengths of other disciplines and recognise the limitations of one’s own capacity.  
- Coordination of whole packages of service delivery and addressing gaps in service systems |
| **Cultural Awareness** | - Demonstrating an awareness of cultural differences  
- Practicing in ways that accommodate culture and local knowledge  
- Adapting and accommodating to different knowledge-bases or perspectives  
- Accepting and valuing different styles of living. |
| **Community Engagement** | - Engaging with local communities in a respectful and trusting way  
- Understanding and investing in the local community to become a trusted partner  
- Recognising how individuals live and function within a community  
- Appreciating a collective way of operating and investing in the community |
<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Descriptors</th>
</tr>
</thead>
</table>
| 8 Boundaries and Safety        | - Maintaining professional boundaries and keeping a “separateness of self” within one’s practice of CR (despite consumer and community engagement)  
- Ability to work safely and prevent injury or illness arising from work by applying good workplace health and safety principles  
- Managing competing demands on one’s time, recognising constraints and limitations, monitoring and prioritising workload while maintaining the principles of CR |
| 9 Reflective Practice          | - Thinking creatively to solve problems, prioritise, and plan through difficult and diverse tasks by using local solutions, a creative use of resources and a flexible approach to problems  
- Ability to manage complicated tasks such as supervising and training family members, Carers or support personnel  
- Acquiring knowledge to support good practice, and disseminating knowledge meaningfully in the community |
| 10 Systems Advocacy            | - Advocating to make changes that improve services for client  
- Recognising that community rehabilitation requires advocates who can lobby systems for recognition, resources and respect |
REFERENCES


5. Battye KM, McTaggart K, B, 2003: Development of a model for sustainable delivery of outreach allied health services to remote north-west Queensland, Australia; Rural and Remote Health 3 (online), no 194

6. Bricknell B, May 2003: Model for Clinical Practice Supervision for Professional Staff; Division of Community and Allied Health, The Logan Beaudesert Health Service District


9. Lin I, Birch E, Goodale B, 2006: Rural & remote therapy assistants in Western Australia: the development of a statewide approach

10. Lin IB, Goodale BJ, 2006: Improving the supervision of therapy assistants in Western Australia: the therapy assistant project (TAP) Rural & Remote Health)

11. OT Australia, 2006: Occupational Therapy Assistants: Policy Statements and Guidelines: OT Australia WA

12. OT Practice, August 19 2002: New Supervision and Roles Documents: Roles and responsibilities of the Occupational Therapist and the Occupational Therapy Assistant During the delivery of Occupational Therapy services;
13. Physiotherapy Assistants Code of Conduct, 2002: *Chartered society of physiotherapy*


15. Queensland Health, 2005: *Practice Guidelines for Allied Health Assistants (draft)*


17. Queensland Health. *Introduction to Clinical Education Principles and Practice.*

18. Queensland Health. Record of Supervision, *(accessed March 18th 2008):*


20. Queensland Nursing Council, 2005: Framework Information Sheet No. 1 *Delegation and clinically-focused supervision: RNs, midwives and Ens*


23. TAP report. Supervision Log, *(accessed March 18th 2008):*