What is “Change Management”?

Some people embrace change and love to set off with this new challenge at the drop of a hat. Some people are frightened of change and hope they don’t have to deal with it in their workplace. Many people’s thoughts on change sit somewhere in between these extremes. No matter what an individual’s own thoughts on the subject, it is inevitable that everyone will have to deal with varying amounts of change in their working career. If organisations wish to make changes (no matter what the level) they will not work effectively unless there is active participation from the people involved. Change Management is the term used as the structured approach for the individuals to allow them to move as smoothly as possible from the current state to the desired state.

Kurt Lewin (1) theorized that at an individual level many people look at change as a three stage process:

1. Unfreezing or Exit – departing from the existing state
2. Transition or Transit - crossing the unknown territory which can cause confusion
3. (re)Freezing or Entry – accept the new state and comfort level returns

The ADKAR model (2) for individual change management was developed by Prosci with input from more than 1000 organisations from 59 countries. It describes five required building blocks for change to be realised successfully on an individual level. The building blocks of the ADKAR Model include:

1. build Awareness – of why the change is needed
2. create Desire – to support and participate in the change
3. develop Knowledge – of how to change
4. foster Ability – to implement new skills and behaviours
5. Reinforce changes in your organisation – to sustain the change

When we understand how individuals deal with or work through change then at an organisational level we can use a structured approach to assist the Change Management process. This toolkit can be used as a practical framework to assist managing the people side of change.
Change Management Resources

The following resources have been broken into sections that can be delivered in order as laid out or sections can be used individually as required. They focus on certain topics or issues that may need to be worked through when starting an Advanced Assistant role in a Community Rehabilitation setting.

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| 1. Understanding workforce issues | o Provide factual information about workforce issues and inability to sustain healthcare provision under current service delivery models  
o Clearly reinforce this will not take away professional roles but assistant role is one workforce solution | Package 1:  
o PowerPoint presentation outlining evidence about workforce shortages (eg. Forster Report, Health Determinants)  
o Facilitated discussion around existing roles to evidence current workforce issues and workloads  
o Reinforce value adding to team and assisting with workload issues  
o Also discussion re: possibility of extending professionals’ roles  
**Approx Time:** 30mins - 45mins  
**PowerPoint:** Workforce Shortages PowerPoint |
Workforce Issues - Package 1

Resources:

- PowerPoint presentation outlining evidence about workforce shortages (eg. Forster Report, Health Determinants)
- Facilitated Discussion Questions and Ideas around existing roles to evidence current workforce issues and workloads

Approx Time: 30mins - 45mins

Suggested Schedule: During initial meetings with stakeholders

PowerPoint: refer to Workforce Shortages PowerPoint

Facilitated Discussion Questions and Ideas:

- Describe you current workload – is it manageable?
- What tasks in your current workload do you struggle with?
- Would additional staff / resources assist with your workload?
- Could an assistant take on some of the tasks you currently do, and therefore reduce you workload?
- Would you consider that an assistant “value add” to the overall team, as they would be assisting with workload issues, and possibly allowing you to extend your current role as it would “free you up” to pursue other aspects of your role
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| 2. Perceived lack of training for assistants | o Understanding and knowledge about training, particularly new higher level Cert IV training  
o Understand competencies assistants can bring to teams  
o Involvement in planning for formal & informal training – what do professionals identify as their training needs?  
o Value of life experience | Package 2 & 3:  
o Facilitated discussion to identify team’s questions about assistant role with focus on training needs for assistant and role definition  
o Provide information about VET Training and associated competencies  
o Provide information about informal in-house training and identify potential topics for assistants (which will feed into larger task)  
o Identify education needs for professions – discussion.  
Approx Time: 2-3 session x 60 - 90mins  
*PowerPoint:* VET Sector Training PowerPoint |

**Perceived Lack of Training for Assistants & Poor Role Definition - Package 2 & 3**  
(See after Potential Issue / Topic 3)
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| 3. Poor role definition & ambiguity | o Emphasise clear process for defining need and role has been looked at in projects evaluating this  
o Clear role descriptions, boundaries & scope of practice to be documented, including practically “how it all works”  
o Address the different perspectives of professionals and assistant in regards to how the assistant role is seen | Package 2 & 3:  
o Brainstorm barriers and benefits of Assistant  
o Brainstorm different perspectives about assistant role is seen ie. How professionals see role; and how professionals think assistant see role; and vice versa  
o Acknowledge and validate concerns that the assistant workforce is an unregulated workforce, however reinforce benefits of assistant role and that there will be clear roles and PDs  
o Provide information and have a discussion around unregulated workforce, accountability, responsibility and duty of care  
Approx Time: 2-3 session x 60 - 90mins  
PowerPoint: VET Sector Training PowerPoint |
Perceived Lack of Training for Assistants & Poor Role Definition - Package 2 & 3

Resources:

- PowerPoint Presentation (VET Training; Informal Assistant Training)
- Facilitated Discussion Questions and Ideas
- Example Position Descriptions

Approx Time: 2-3 sessions x 60 - 90mins

PowerPoint: refer to Vet Sector Training PowerPoint

Introduction:

It is acknowledged that professionals may perceive that there will be a lack of training for the assistants, and this may then led to poor role definition and concerns relating to scope of practice.

In recognition of this, previous projects have developed and implemented a number of strategies. Firstly the critical need to provide appropriate and relevant formal training of assistants was identified. To this end, a Certificate IV course was developed that will link directly to the type of work that the assistants will be doing. This training will help to ensure that the assistants have the skills and competencies to complete tasks. It will also ensure that the role of the assistant is clearly defined.

Furthermore, in-house training packages have been developed to provide additional and specific training to the assistants once they are recruited to the role. Team members are encouraged to identify potential topics that the in-house training could cover.

By providing several levels of formal and informal education and professional development we can be assured that the assistants are receiving adequate training. With active and open communication and consultation with team members to develop the position description for the assistant role, we can successfully trial an assistant role that has a clear scope of practice.

Facilitated Discussion Questions and Ideas:

- In general terms, what are the loose parameters and / or specific tasks for the assistant role?
  
  eg. assistants can visits clients at home without direct supervision; assistants should be responsible for own scheduling and time management
• Are there specific concerns relating to scope of practice / role definition – are there certain tasks / skills that team members feel fall out of scope of an assistant role?  
  eg. referral to specialist medical services without consultation with other team members

• Acknowledge that perhaps how professionals see assistant role will be different to how assistant may see role – brainstorm these different perspectives and then discuss how they may merge together. By discussing different perspectives, may identify further parameters of role and further things that will fall outside scope of practice

• By now reflecting on those areas that the team feels an assistant could complete, we are starting to define the position and scope of practice. From this, we can also start to identify the potential benefits of the assistant role  
  eg. some of the tasks identified will have typically been completed by professionals, but having support workers to assist could increase the professionals’ effectiveness  
  eg. some of the tasks may be filling current gaps in services

• To support the assistants and reflecting on those tasks and parameters we have discussed, are there any training topics / areas that we can identify, that can then be feed into the in-house training that is being developed.
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| 4. Professional role protectiveness & trust | o Reinforce not taking away professional roles, simply re-allocating tasks to the best person for the job to free up professionals for more advanced roles  
   o Emphasise that assistant role will address local needs and therefore be meaningful to team and that team will drive role definition (working within team’s comfort levels)  
   o Reinforce the formal and informal education that the assistants will receive | **Package 4:**  
   o To address this potential barrier, the ongoing mapping process and constant communication with professionals should provide reassurance about “right people for right job” principle  
   **Approx Time:** Ongoing |
Professional Role Protectiveness and Trust – Package 4

Resources:

- Facilitated Discussion Questions and Ideas

Approx Time: Ongoing

Introduction:

As part of the mapping process when developing an Advanced Assistant role, highlight that the service has been continually discussing those tasks that are currently being completed by professionals but could be undertaken by the assistant, as well as potential “gaps” in the services that could be filled by the assistant role.

However, it needs to be reinforced that these changes are not decreasing or devaluing the professional role. Rather than “taking away” from the role, the changes aim to re-allocate appropriate tasks to an assistant workforce. The outcome of this re-allocation will potentially assist the professional to increase their role and undertake more advanced or additional tasks than they can manage with the current workload.

The tasks and responsibilities that will be undertaken by the assistant will address the local needs at each service, so team members will be very much driving the role development for the assistant. This will ensure that reallocation of tasks will fit into the “right people for the right job” principle for each location.

Facilitated Discussion Questions and Ideas:

The facilitated discussion questions from Package 3 will assist in addressing any team members concerns.

By encouraging the team members to identify specific tasks that they feel an assistant could or could not undertake, we are encouraging the professionals to “own” and be actively involved in the role development for the assistant.

Through this constant communication, any concerns around professional role protectiveness and trust should be addressed.
### Potential Issue / Topic

5. Potential Benefits of Assistant Role

### Solution

- Emphasise overt benefits to professionals – reallocation to allow additional “higher level” tasks to be taken on by professionals eg. workload issues, time for other tasks that should be done such as QA activities
- Other benefits to consumer and overall service
- Age & experience including respect and treatment as an equal team member – assistant will bring additional skills and strengths to team

### Delivery Method / Time / Scheduling Suggestion

**Package 5:**
- Facilitated discussion to encourage team to identify benefits of assistant role – both qualitative and quantitative outcomes
- Discussion of benefits assistants can bring to team and consumer eg. more timely services, more consistent service to consumer
- Value of life experience

**Approx Time:** 30 – 60 mins
Potential Benefits of the Advanced Assistant Role – Package 5

Resources:

- Facilitated Discussion Questions and Ideas

Approx Time: 30 – 60 mins

Introduction:

If the service has completed the previous packages on managing the change, it should be evident that there are overall benefits of the advanced assistant role. However, for clarification and reinforcement, some discussion to identify and expand of these benefits would be advantageous.

By this stage it is likely that there has been much discussion around specific tasks and gaps in the service. Therefore this topic is also important to allow time to consider the impact of the assistant role in terms of the “bigger picture” – for example, the potential benefits for the overall service and the advantages for the clients.

The other perspective that would be beneficial to consider is that of the assistant’s professional and life experience. The assistant is an extra member of the team and may be of mature age. Therefore it is envisioned that the assistant will bring their own experiences, skills and strengths to the team, which can be a valuable addition to the overall dynamics of the team. There may need to be some discussion about respecting the assistant as an equal and valued member of the team, depending on the current dynamics of the teams at each location.

Facilitated Discussion Questions and Ideas:

- Brainstorm and identify all the potential benefits of having an assistant – consider from different perspectives – team members, overall service provision and client’s perspectives; also consider qualitative and quantitative measures
  - eg. professionals – reallocation of tasks allows professionals to undertake additional higher level tasks or minor projects such as QA activities
  - eg. service provision – decreased waiting lists, increased referrals, increased cost effectiveness
  - eg. clients – additional and more regular visits, increased continuity of care between different services, increased community linkages
- Brainstorm and identify those life experiences, skills and strengths that an assistant may bring to the team; and how these may strengthen the team overall
  - eg. some clients may develop rapport better with a mature aged person and / or someone that they don’t necessarily identify as a “professional / specialist”
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| 6. Accountability / legal issues and delegation | o Clear documentation around roles and tasks  
  o Clear guidelines about appropriate delegation  
  o Education around existing position statements from professional associations  
  o Clear supervision and communication pathways  
  o Verify competencies  
  o Introduction to Clinical Education Principles and Practice training package can cover accountability and delegation | **Package 6:**  
  o Highlight that the PD would have already been run pass the service’s legal requirements  
  o Compare PD to assistant competencies to ensure that PD is within assistant scope of practice  
  o Explain to staff that along with the general PD a task list specifically for their service has been developed for the assistant  
  o Involve team in developing communication and supervision pathways for assistant  
  o Facilitated discussion around accountability vs responsibility vs duty of care and encourage to do supervision training  
  *Approx Time: 30 – 60mins* |
Accountability / Legal Issues and Delegation – Package 6

Resources:

- Clinical Supervision training via Introduction to Clinical Education Principles and Practice training package (QH)
- Facilitated Discussion Questions and Ideas

Approx Time: 30 – 60 mins

Suggested Schedule: Once draft position description completed and being circulated for discussion, and preferably when team members have completed Clinical Educators Package

Introduction:

The Introduction to Clinical Education Principles and Practice training package provides a learning opportunity to explore the interrelated topics of supervision, delegation and accountability. Therefore, it is proposed that ideally this topic should be addressed once the team members have completed the relevant modules, as this will provide some context for the facilitated discussion around the draft position description.

Considering existing position statements available from particularly the Australian Physiotherapy Association and Occupational Therapy Australia (professional associations), may also be a beneficial exercise to provide some additional framework around this discussion. However, bear in mind these statements relate to discipline specific assistants rather than an inter-disciplinary assistant.

By focusing the discussion around the draft position description, team members can ensure that the identified tasks and responsibilities of the assistant do not create any concerns with delegation and accountability. It will also ensure that the position description provides a clear and appropriate description of tasks.

At this time, it is also important to develop communication and supervision pathways to ensure that there is a clear two-way communication between the assistant and other team members, and to ensure that there is adequate support and supervision available to the assistant.

Facilitated Discussion Questions and Ideas:

- Do the Association position statements regarding OT / PT assistants provide a
framework for this position description, or does this assistant role sit on another level / outside these parameters in terms of supervision etc?

- Consider the position description – with a focus on accountability and supervision, are there any tasks / responsibilities that ring alarm bells? eg. Does the position description clearly identify those tasks the can completed with no supervision and those tasks that will require supervision?

- Does the position description clearly indicate the boundaries of the assistant role?

- Does the position description provide appropriate information about delegation of tasks?

- Discuss the CR competencies and compare them to the position description – is the PD within assistant scope of practice

- Is the task list specific to the service and does it adequately reflect the tasks and responsibilities within the role?

- Discussion around communication and supervision pathways – does the assistant position description clearly identify who the direct line manager / supervisor is?

- What specific supervision sessions should be initially established – length, frequency, which team members involved?

- Are there additional formal meetings that should be timetabled with other disciplines, or should this be done as a team as a whole?

- Introduction to Clinical Education Principles and Practice training package Does the assistant have a clear understanding of who to talk to about specific issues and when (formal vs informal)?
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| 6. Competency in Supervising and Mentoring Assistants | o Set regular formal supervision sessions  
  o Allow time for ongoing informal supervision  
  o Clear supervision and communication pathways  
  o Assess the Health Professional & Assistant’s learning styles to better tailor supervision | Package 7:  
  o Supervision training via Introduction to Clinical Education Principles and Practice training package  
  o Access mentoring through VET sector and potential resources in your region  
  o Evaluate personality types of all staff through resources like Myers Briggs to facilitate specific learning styles for individuals  
  o Access discipline specific student supervision packages and utilise appropriate sections  
  Approx Time: ongoing |
Competency in Supervising and Mentoring Assistants – Package 7

Resources:

Utilise existing material

- Supervision training via Clinical Educators Package (QH)
- Mentoring Unit (VET Sector)
- Myers-Briggs Type Indicator
- Discipline specific student supervision resources

Approx Time: Ongoing

Information:

The developed resources through Queensland Health and the VET Sector will help to address this area.

An understanding of the Assistant & the Supervisor’s personality can allow both parties to better structure learning sessions and tailor these to the individual’s learning style. Initially using tools like the Myers-Briggs Type Indicator can be an effective way to develop an effective supervision session and to promote ongoing learning.

In addition, discipline specific resources developed through Universities on supervising students can be used to assist Health Professionals with supervising Advanced Assistants.
References
