

A-WTS01: When to Stop (student allocated task)

Scope and objectives of clinical task

This CTI will enable the student to:

- assess whether it is safe to proceed with an allocated task.
- recognise danger/warning signs that indicate the need to stop an allocated task.
- take appropriate actions following the cessation of the allocated task.

The safety and wellbeing of the client is the primary concern of all healthcare providers and students. It is the allied health student's responsibility to undertake allocated tasks with a client only if the student is satisfied that it is safe to do so. Consequently, this CTI overrides allocation instructions and all other CTIs that the student has been trained to implement.

VERSION CONTROL

Version:	V2.0	Author:	Allied Health Professions' Office of Queensland
Approved: (Operational)	Chief Allied Health Officer, Allied Health Professions' Office of Queensland	Date approved:	6/11/2018
Document custodian:	Chief Allied Health Officer, Allied Health Professions' Office of Queensland	Review date:	6/11/2021
Acknowledgements:	Effective Workforce Solutions (Ltd) provided the concept of a When to Stop CTI and limited content		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This Clinical Task Instruction document supports students to learn the task, reflect on their clinical reasoning associated with the task in addition to guiding task training and performance assessment of the task by the clinical educator.

This CTI should be used under a clinical education framework implemented at the work unit level. A student allocated task refers to a clinical task allocated by a clinical educator to an allied health professional student on placement. The clinical educator must have expertise in the task to allocate the task as they are responsible for ensuring safety and application of appropriate clinical reasoning.

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

© State of Queensland (Queensland Health) 2018



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and authoring unit listed above, and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>.

For further information contact Allied Health Professions' Office of Queensland, PO Box 2368, Fortitude Valley BC QLD 4006, email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3328 9862.

Disclaimer

Queensland Health has made every effort to ensure that the information in this resource, at the time of distribution, is correct. The information in this resource will be kept under review and future publications will incorporate any necessary amendments.

The information in this resource does not constitute clinical advice and should not be relied upon as such in a clinical situation. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and readers are advised to verify all relevant representations, statements and information. Specialist advice in relation to the application of the information presented in this publication must be sought as necessary to ensure the application is clinically appropriate.

In no event, shall Queensland Health be liable (including negligence) for any claim, action, proceeding, demand, liability, costs, damages, expenses or loss (including without limitation, direct, indirect, punitive, special or consequential) whatsoever brought against it or made upon it or incurred by Queensland Health arising out of or in connection with a person's use of information in this publication.

Requisite training, knowledge, skills and experience

Training

- The student has completed all training required to undertake a placement in a Queensland Government health facility, see <http://www.health.qld.gov.au/ahwac/html/ahst.asp>.
- Hospital and Health Services (HHSs) may have workplace-specific procedures relating to client and employee safety. The clinical educator is responsible for providing orientation and training to students on all relevant HHS policies and procedures and the student is responsible for implementing these procedures.
- If relevant to the setting and client group, the student will complete workplace-based training and demonstrate competent use of prescribed oxygen equipment during allied health interventions e.g. delivery methods, mobile oxygen.

Clinical knowledge

To deliver this clinical task the student is **required** to possess the following theoretical knowledge:

- knowledge of normal values for clinical observations listed in this CTI, and signs and symptoms of adverse reactions to allied health clinical tasks
- knowledge and demonstrated ability to obtain clinical information from medical records/observations charts to the extent required to implement this CTI including the ability to identify clinical terminology relevant to:
 - variance from normal values listed in this CTI including the terms dyspnoea, hypotension, hypertension, tachycardia, bradycardia, febrile, pyrexia, hypoxia, ischaemia and cyanosis
 - conditions listed in this CTI including the terms angina, acute myocardial infarct (AMI), chronic obstructive pulmonary disease (COPD) or chronic obstructive airways disease (COAD), emphysema, chronic bronchitis, asthma, chronic cardiac failure (CCF), cerebrovascular accident (CVA) and delirium.

The knowledge requirements will be met by the following activities:

- completion of undergraduate course requirements relevant to the year level of study
- receiving instruction from allied health professionals in the training phase, which may include scenario-based discussions of rare events, and supported decision making on information in medical records e.g. the student examines the medical record and provides a decision on whether he/she would proceed with an allocated task, which is then discussed by the clinical educator and student.

Skills or experience

To deliver this clinical task it is **essential** for the student to possess the following skills and experience:

- Nil

To deliver this clinical task it is **beneficial** for the student to possess the following skills or experience:

- Nil

Safety & quality

Environment

- For all clinical tasks conducted outdoors or outside regular clinical environments the student should consider the points below in addition to any task-specific environment risk factors:
 - The student should be aware of the methods to call for assistance and be able to promptly contact the clinical educator or seek assistance if an emergency arises e.g. external emergency alarms/call buttons, mobile telephone.
 - The student will ensure that during the task the client maintains access to oxygen at the flow rate and delivery method prescribed by the healthcare team, unless otherwise directed by the clinical educator e.g. use of mobile oxygen bottle.
 - The student will ensure the client has access to prescribed self-administered medications, including inhalers, GTN (angina) spray, or any similar medication for treatment of episodic conditions. The health professional allocating the activity should advise the student regarding the appropriate use of these medications by the client.
 - The student should be aware of forecast weather conditions and ensure the client is appropriately dressed, has adequate sun protection and access to hydration, and there are no obvious risks related to exposure to weather conditions constituting a risk to outdoor mobility e.g. forecast high winds or rain.
 - The clinical educator or another nominated member of the team must be aware of the student's plan to leave the healthcare facility including approximate timeframes for delivering the offsite task. This should be consistent with local procedural documents that govern safety of staff and clients while outside the healthcare facility.

Performance of Clinical Task

1. Allocation

- The student should present to the clinical educator the plan for the task, including clinical rationale, expected outcomes, risks and any specific considerations with regard to the client's health status such as recent loss/improvement in functional status, recent change in symptoms, potential risks of adverse events, variations from standard clinical observation values that are relevant to the client e.g. 'normal' oxygen saturation for a client with COPD. Agreement to proceed with a plan for the student-delivered clinical session is negotiated and agreed before the student proceeds.

2. Preparation

- As some time may have elapsed between the clinical educator and student planning the clinical task and the student proceeding with the task, the student must ascertain if the client's condition has changed sufficiently in that period to invalidate the plan, requiring the advice of the clinical educator before proceeding.
- Before starting a task with a client, the student should obtain current information on the client's health status. The clinical educator will advise on the appropriate process for the specific healthcare setting but this may include the student:

- reviewing recent observations in the medical record or observations chart e.g. heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, risk screening for changes in mental state.
- reviewing entries in the client’s medical record for changes since the student and clinical educator last reviewed the client.
- seeking information from the client, and carers if relevant, about how the client is feeling, any recent changes to symptoms, health status or function etc.
- seeking information from another member of the healthcare team e.g. ward nurse.

Discontinuing allocated tasks

1. Consent

- For all allocated tasks, the student will:
 - introduce him/herself to client.
 - check three forms of client identification: full name, date of birth *plus one* of the following; hospital UR number, Medicare number, or address.
 - describe the task to the client.
 - The student seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).
- The client and/or carer may not agree to participate i.e. does not provide consent or withdraws consent previously provided. In these circumstances the student should:
 - be polite and confirm/acknowledge the client’s decision to decline to participate
 - respectfully request that the client indicate the reason, ask if the student can provide more information on the task or its purpose, or ask if anything may enable the client to participate.
- If the client continues to decline to participate, the student should:
 - accept the client’s decision
 - provide feedback to the clinical educator as soon as able
 - clearly document the client’s decision and reported reason (if elicited) in the medical record and specify which health professional was informed of the outcome. The record should be concise and objective, and avoid personal or subjective comments. An example of an appropriate chart entry is: “Client declined to participate in bed exercise program due to knee pain. Orthopaedic ward physiotherapist notified.”

2. Clinical observations measures outside accepted range

- The student should source the client’s clinical observations and:
 - compare to the normal ranges listed below
 - apply specific expected values for the client that were discussed with the clinical educator prior to the task.

Normal adult (18 years and above) clinical observations¹ (Queensland Health, 2018)

Blood Pressure (systolic)	110 – 159 mmHg
Pulse/heart rate	50 – 99 beats/minute
Temperature	36.1°C – 37.9°C
Respiratory Rate (RR)	13 – 20 breaths/minute
Oxygen Saturation (SpO ₂) above	95% or higher

Table 1 Standard clinical observations for children² (Queensland Health, 2016)

Age	BP (systolic) [mmHg]	HR [beats/min]	Temp (oral) [°C]	RR [breaths/min]	SpO ₂ [%]
<12 months	75-119	≥100 to <160	35.5-37.9	21-45	>93%
1-4 years	80-124	≥90 to <140	35.5-37.9	16-35	>93%
5-11 years	85-129	≥80 to <130	35.5-37.9	16-30	>93%
12-17 years	90-149	≥60 to <120	35.5-37.9	16-25	>93%

- The student may also obtain and interpret other clinical observations relevant to the client and proposed clinical task. The student should apply knowledge and clinical reasoning consistent with his/her level of development, supplemented by discussion with the clinical educator to determine the impact of these observations on the plan. Examples of other measures include blood glucose levels, biochemistry, mental state and cognitive examinations, neurological tests, and imaging and pathology findings.
- The student should note newly applied oxygen therapy, monitoring equipment, lines, drains or other attachments as these may be a sign of declining health status. Consult with the clinical educator prior to commencing the task.
- If a client has measurements outside the expected range, or other indications of declining health status, the student should consult with the clinical educator before commencing the task.
- If the student has concerns about the client's medical status at any time, stop and immediately consult a health professional.

3. Level of alertness/consciousness

- The student should not commence a task if the client is observed to have varying levels of consciousness e.g. delirium, unable to follow a conversation. This may be related to long term conditions such as dementia or a short-term condition such as a urinary tract infection or delirium. The client may be distracted by visual or auditory hallucinations that can impair attention and concentration.
- The student should gain further information from the client's medical record including duration of reduced or fluctuating consciousness, investigations, cause, and medical plan.
- The student should liaise with the clinical educator to seek further advice on amendments to the allocated task and plan.

¹ Normal adult clinical observations are based on the Queensland Adult Deterioration Detection System (Q-ADDS) for Tertiary and Secondary Facilities. Normal ranges reflect the Q-ADDS Score 0.

² Standard clinical observations and other vital signs as per Children's Early Warning Tools (CEWT) – Queensland Health Primary Clinical Care Manual 9th Edition (2016)

4. Feeling unwell

- If the client reports that they are feeling unwell, the student should:
 - not proceed or continue with the allocated task
 - promptly move the client into a supported position e.g. supported sitting or lying
 - elicit information from the client on symptoms e.g. “Can you describe your symptoms?”, or more specific probing questions such as “Are you light headed?”, “Do you feel dizzy?”, “Are you in pain?” or “Do you feel sick/nauseous?”
 - ask if the client has had these symptoms before, and if the client has an action plan for the symptoms if they are commonly experienced such as self-administering medication e.g. “Have you had these symptoms before/often?” or “What do you usually do when you get these symptoms?”
 - seek information through observation and questioning the client on relevant signs and symptoms including:
 - dizziness e.g. swaying, balance problems, unable to focus eyes on the student
 - nausea
 - pain e.g. grimacing, protecting of a painful area
 - altered sensation e.g. numbness, burning, pins and needles
 - shortness of breath or difficulty breathing
 - profuse sweating
 - pale skin, lips appear blue or other skin colour changes.
- If the client’s symptoms do not quickly improve and resolve, or their level of consciousness deteriorates i.e. the client becomes less responsive, confused, or fails to follow commands, the student should:
 - ensure the client is positioned safely e.g. returned to bed and placed in a side-lying position
 - apply basic life support principles
 - immediately notify a health professional and/or action the emergency procedure relevant to the setting e.g. emergency call in a hospital, phone 000 if outside a healthcare facility.
- If the client’s symptoms resolve quickly and completely, the student should ask the client if they feel they are able to go ahead with the planned tasks and proceed with caution if able, monitoring closely for further symptoms. If symptoms reoccur, the student should:
 - stop the task
 - report it to a health professional i.e. the clinical educator if easily contactable, or another member of the healthcare team such as a nurse, medical officer or allied health professional.
- The student should clearly document the episode in the medical record including:
 - the client’s activities immediately prior to the episode
 - the actions taken e.g. cease task, rest
 - the outcome
 - the health professional/s who were notified.

5. Shortness of breath

- Prior to commencing an allocated task, the student should observe the client’s breathing and note whether the client is experiencing shortness of breath at rest, or a change to usual shortness of breath at rest. If the student is not familiar with the client’s usual level of shortness of breath, they may clarify this with the client and/or confirm with the clinical educator or other member of the healthcare team.

- During and at the conclusion of an allocated task, the student should monitor for signs of shortness of breath. It is normal for most people to become slightly breathless during exercise or physical tasks but excessive shortness of breath will require action by the student.
- If the client is experiencing shortness of breath or an abnormal level of shortness of breath for the client, the student should:
 - not proceed with the task or not continue with the task if it has already commenced.
 - move the client into a supported upright position, ideally sitting, leaning forward with hands/elbows resting on knees or on a table. If a chair/bed is not available, assist the client to move to a supported standing position with hands/arms placed on a stable surface e.g. table, rail.
 - check if the client requires a regular self-administered medication e.g. an inhaler, and if so, ensure the client is safe, get the medication for the client and encourage the client to use it.

Note: the client must administer their own medication

- ask the client if he/she knows the cause of the shortness of breath or has had these symptoms before e.g. asthma, chest infection.
- observe the client's breathing including counting the respiratory rate and noting the quality of breathing e.g. laboured, shallow, and any audible signs of breathing distress such as wheezing or grunting:
 - if the client's breathlessness does not rapidly begin to improve following the implementation of the positioning strategies above, report it to a health professional i.e. the clinical educator or another member of the healthcare team such as a nurse, medical officer or allied health professional
 - if the client's breathlessness does rapidly begin to improve and completely resolves, or decreases to the normal level for the client, continue with the allocated task if the client agrees to proceed considering the episode of breathlessness.
- The student should clearly document the episode of shortness of breath in the medical record including:
 - the client's activities immediately prior to the episode
 - the actions taken to try to resolve the breathlessness e.g. cease task, rest, positioning, self-administered medication
 - the outcome
 - the health professional/s who were notified.

6. Chest pain

- Chest pain identified prior to commencing an allocated task.
 - The student should not commence a task if the client currently has chest pain or reports experiencing an episode of chest pain since he/she was last reviewed by a health professional.
 - If the client reports chest pain to the student but the client has not reported it to any other member of the healthcare team, the student should:
 - ensure the client is in a safe and supported position e.g. lying down or in a supported sitting position.
 - immediately inform a health professional i.e. the clinical educator if easily contactable, or another member of the healthcare team e.g. nurse, medical officer or allied health professional. If the student is not in a healthcare facility or cannot immediately access a health professional, the student should phone 000.
 - If the client's episode of chest pain is known to the medical team, the student should obtain current health status information from the client and relevant health professionals, medical record and

observations chart, and contact the clinical educator to discuss changes to the allocated task and plan.

- The student should document what has occurred and specify which health professional/s were informed/consulted and the impact on the plan and allocated task e.g. task was not delivered, or the task was delivered following consultation with the clinical educator.
- Chest pain identified during or at the conclusion of an allocated task.
 - The student should:
 - stop the task immediately and move the client into a supported position, ideally lying on a bed or plinth, or seated in a supportive chair if a bed is not available
 - if the client has a prescribed self-administered medication for these symptoms, encourage the client to take it e.g. spray or tablet
 - immediately inform a health professional i.e. the clinical educator if easily accessible, or another member of the healthcare team such as a nurse, medical officer or allied health professional. If a health professional is not available to immediately review the client, implement the appropriate emergency procedure for the setting e.g. emergency call in a hospital, phone 000 if outside a health facility.
 - not continue with the task, even if the chest pain subsides.
 - The student should discuss the events with the clinical educator and clearly document the episode of chest pain in the medical record including:
 - the client's activities prior to the episode
 - the actions taken e.g. cease task, positioning, self-administered medication
 - the outcome
 - the health professional/s who were notified.

7. Not following instructions safely

- Sometimes clients have difficulty following instructions, which may impact on safety and the effectiveness of the intervention plan and allocated tasks. If a client is not following instructions, the student should try to ascertain the reason. Common reasons are hearing problems, cognition problems such as the capacity to understand instructions and respond appropriately, English as a second language or the agreement or motivation to participate.
- The student should adjust the way the instructions are delivered using one or more of the following strategies:
 - speak clearly and not too quickly (do not yell)
 - keep instructions concise and deliver instructions for each step in the task separately rather than as a long list of points
 - use everyday language rather than jargon or complex terms
 - demonstrate the activity or provide visual cues to show the client what is expected e.g. write the instructions down, draw diagrams
 - face the client directly to assist the client to pick up facial cues or to encourage attention
 - if the client uses hearing aids, encourage the client to place them in their ear/s, turn on or check
 - ensure the client continues to consent to participate.
- If the intervention continues to be ineffective because the client is not following instructions well, the student should stop the activity and inform the clinical educator.

- If the client, student and/or healthcare staff are at risk because the client is not following instructions well, or if the client's difficulty following instructions appears to increase during the session, the student should:
 - stop the activity
 - if possible, ensure the client and staff are free from potential harm e.g. client returned to chair/bed, staff maintain a safe distance from an aggressive client
 - inform a health professional immediately i.e. the clinical educator if easily accessible, or another member of the healthcare team such as a nurse, medical officer or allied health professional.
- The student should clearly document the client's difficulty following instructions in the medical record including:
 - concise objective information on the problem observed and the impact on the task e.g. "OT student requested the client remain sitting on the mobile shower chair in preparation for a functional shower retraining session. Client attempted to stand and walk but was assisted back to a seated position on the shower chair."
 - the actions taken e.g. task ceased due to safety concerns, provided adjusted/additional instructions
 - the outcome
 - the health professional/s who were notified.

8. Accident/injury

- If a client is involved in an accident and/or obtains an injury during a clinical task such as a fall or sustains a skin tear, the student should:
 - support the client where possible to minimise the extent of injury, as per manual handling and basic life support training
 - cease the clinical task
 - ensure the client is safe and inform a health professional immediately of the accident/injury i.e. the clinical educator if easily accessible, or another member of the healthcare team such as a nurse, medical officer or allied health professional
 - consult with the clinical educator:
 - clearly document the event in the medical record including the cause (if known), actions taken and health professional/s who were notified
 - complete a clinical incident report as per Queensland Health policy, located on QHEPS at <https://qheps.health.qld.gov.au/psu/riskman/homepage> e.g. RiskMan.

9. Psychological distress

- Clients may experience distress due to physical symptoms such as pain, their mental health condition or psychological consequences of ill health e.g. fear, anxiety, sadness. If a client becomes distressed, the student should:
 - not proceed with the task or do not continue the task if it has already commenced
 - acknowledge the person's distress with a simple statement e.g. "I can see that you are quite distressed at the moment." or "It sounds like you are having a hard time this morning."
 - provide supportive actions e.g. offer the person some tissues if crying, or some water (if not nil by mouth or other restriction on fluid consumption), listen to the client

- ask the client to advise whether he/she feels able to continue, needs a break or wishes to stop the task i.e. withdraws consent to participate.
- If the client’s distress eases and he/she consents, the student should:
 - continue and complete the allocated task
 - before concluding the session, ask the client if he/she would like to speak with a member of the healthcare team about his/her distress. If yes, reassure the client that this request will be reported to the clinical educator for actioning.
- If the client remains distressed or the client cannot continue with the allocated task, the student should:
 - provide reassurance to the client and listen to the client’s expressed concerns
 - indicate that the student will contact the clinical educator to inform him/her that the client is experiencing distress and any resultant actions i.e. the session has been postponed
 - inform a health professional in the clinical setting promptly about the client’s distress and notify the clinical educator.
- The student should clearly document the client’s distress in the medical record, including:
 - the cause if reported by the client
 - the actions taken e.g. provided support to client, requested nursing staff review client due to significant distress
 - the outcome e.g. client agreed to continue with task, task postponed
 - the health professional/s who were notified.
- If the client’s distress is associated with dissociation or discussion of self harm, the student should engage with a member of the healthcare team immediately.

Note: in some clinical settings, clients may manifest signs of distress as part of their illness e.g. mental health. Information in this section of the CTI is provided as a guide but may need to be varied to meet therapeutic goals in consultation with the clinical educator.

10. Client and carer behaviour

- Many clients will present to a health service with a carer. Carers may be partners, parents, children, siblings, relatives, friends or neighbours.
- People take on a carer role for someone to improve their quality of life³. The role of the carer varies between clients. Engagement of the carer during task delivery can be beneficial for the client.
- Carer behaviour can impact on delivery of the clinical task both positively and negatively. Positive behaviour may include engaging with task delivery by providing encouragement, or assisting with the demonstration or instruction of the task. Negative behaviour may include the carer becoming agitated, overly protective, obstructive, distressed, and/or anxious during the task. It is therefore important to monitor the carer during the task.
- If carer behaviour is negatively impacting on the client and task delivery, the student should:
 - monitor the impact on the client and discuss strategies with clinical educator.
- Strategies may include:
 - provide education and reassurance to the client and carer regarding the purpose of the task
 - involve the carer to support the task delivery e.g. move to a position to encourage eye contact with the client, ask the carer to count task repetitions for task performance

³ State of Victoria (2015). Better Health Channel. Role of a carer. Available at: <https://www.betterhealth.vic.gov.au/health/servicesandsupport/role-of-a-carer>

- determine the need for the carer to be present during the task. If the carer’s presence is not required for the task, offer the carer the opportunity to remove themselves e.g. to go outside and take a few moments to compose themselves or to engage with another health professional. If carer support is required for the task or carer behaviour adversely affects the performance of the delegated task, the student should cease the task and notify the clinical educator.
- The student should always be aware of his/her own safety and ensure there is a clear egress route from the room in which the service is being delivered e.g. student positions themselves closest to the door. Prior to the session a risk assessment should be completed by, or supervised by, a health professional for clients who have factors predictive for physically or verbally aggressive behaviour. The student will implement any resultant risk mitigation strategies identified by the clinical educator or other member of the healthcare team.
- If a client, carer or visitor’s behaviour during a session becomes threatening or inappropriate, the student should:
 - not proceed with the allocated task, or continue the task if it has commenced
 - inform the client, carer or visitor that the task will be ceased, unless doing so will compromise safety
 - immediately seek assistance of a health professional in the clinical setting
 - inform the clinical educator of the situation and the actions taken.
- The student should clearly document the client/carer’s behaviour in the medical record, including:
 - the cause of the behaviour, if reported or known (triggers)
 - nature of the behaviour demonstrated including any specific threats and impact on safety or ability to complete the allocated tasks
 - actions taken e.g. client observations and monitoring, education provided to the carer regarding clinical task, attempts to engage with task delivery
 - outcome e.g. client and/or carer agreed to continue with the task or task ceased or postponed
 - the health professional/s notified and the feedback provided by the student to the clinical educator.

11. Client or carer makes disclosure

- If a client or carer makes a disclosure about abuse, neglect, thoughts of harming others, thoughts of harming self, substance abuse or a medical condition/concern, the student should:
 - report to the treating team or health professional prior to the client leaving the clinical setting
 - report to the clinical educator
 - after discussion with the clinical educator, clearly document what has occurred and the health professional/s who were notified.

12. Client and/or carer asking for advice

- If a client and/or carer asks for clinical advice that falls outside the scope of the student allocated task, the student should:
 - ensure that the client/carer has a clear understanding of the student role in the activity
 - advise the client/carer that the student is unable to offer advice
 - advise the client/carer that the student will report the question to the clinical educator who will follow up
 - ensure the question is reported to the clinical educator at the earliest opportunity.

13. Staff member asking for advice

- If a staff member asks for advice or a recommendation that sits outside the scope of the student allocated task e.g. recommended discharge timeframe, the student should:
 - ensure that the staff member has a clear understanding of the student role
 - advise the staff member that the student is unable to offer advice or a recommendation
 - advise the staff member that the student will report the question to the clinical educator who will follow up
 - ensure the question or request is reported to the clinical educator at the earliest opportunity.

14. Documentation and feedback

- Document the outcomes of the task in the relevant clinical record as per the relevant documentation standards and local procedures and noting specific guidance provided in the relevant section of this CTI regarding documentation content.
- Provide comprehensive feedback to the clinical educator, noting specific guidance provided in the relevant section of this CTI relating to reporting.

References and supporting documents

- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf
- Queensland Health (2018). Queensland Adult Deterioration Detection System (Q-ADDS). SW150 v7.00 - 08/2018.

Acknowledgement

This CTI is based on Effective Workforce Solutions, 2012. *When to Stop (Precautions when working with clients)*. Available at: <http://www.calderdaleframework.com/>

Assessment: Performance Criteria Checklist

A-WTS01: When to stop (student allocated task)

Name:

Discipline:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Completes preparation for the task including sourcing information on client's current health status and appropriately addressing risks associated with working with the client 'offsite' or outdoors (if relevant).			
Demonstrates knowledge of reasons to stop a task and actions required to address: <ul style="list-style-type: none"> a) Client does not consent to participate b) Clinical observations outside expected/acceptable range for client c) Client demonstrates varying levels of alertness/consciousness d) Client unwell e) Shortness of breath f) Chest pain g) Not following instructions safely h) Accident or injury i) Psychological distress or change in mental state j) Client and carer behaviour k) Client or carer makes disclosure l) Client and/or carer asks for advice m) Staff member asks for advice 			
Documents in the clinical notes including reference to the task being delivered by the student and CTI used.			
Provides feedback on the task to the clinical educator in accordance with the clinical reasoning record. If relevant, incorporates outcomes from the task into a care plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			

Comments:

--

Record of assessment of competence

Assessor name:	Assessor position:	Competence achieved: / /
----------------	--------------------	--

Scheduled review

Review date / /

A-WTS01: When to stop (student allocated task)

Clinical Reasoning Record

The clinical reasoning record will be used:

- after each application of the student allocated task (or potential use of the task) and discussed during feedback to the clinical educator.

The clinical reasoning record should be retained with the allied health student's records of training and not be included in the client's clinical documentation.

Date student allocated task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task.

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings.

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7.

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none, omit.

3. Task indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses.

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant).

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead health professional.

Student

Name:

Discipline:

Clinical Educator

Name:

Position:

Date this case was discussed:

/ /

Outcome of discussion:

e.g. further training, progress to final competency assessment