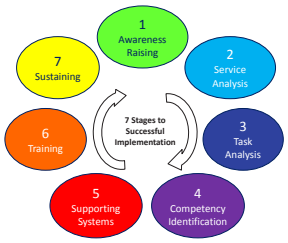
Rehabilitation in the Community: *Improving the competence and confidence of Key Support Workers*

Community Rehabilitation Enablement & Support Team (CREST)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Introduction and background

The CREST Multi-disciplinary Team provides support to clients over 65 years or Māori clients from 55 years following discharge from hospital. The CREST model relies on the Physiotherapists providing daily exercise programmes for clients to regain their independence. These plans are executed daily by the Key Support Workers (KSWs). Collaboration between the Physiotherapists and the KSWs is crucial to the success of the client's reintegration into the community. The KSWs are annually trained by the Physiotherapists to ensure frequently performed exercises are completed correctly.



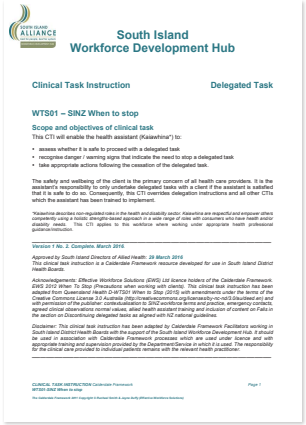
Calderdale Framework - *Reproduced with permission of copyright holders.*

Needs Assessment

Currently this education is classroom based and there is no clinical review of KSW competence on these tasks in the workplace.

This project implemented the Calderdale Framework: Clinical Task Instructions (CTIs) education to the training of the KSWs to ensure that every KSW receives consistent training and is able to appropriately support the exercise programme in the home.

Planning


South Island Workforce Development Hub

Clinical Task Instruction — Delegated Task

WTS01 – SINZ When to stop

Scope and objectives of clinical task

This CTI will enable the health assistant (Kaiawhina*) to:

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

The safety and wellbeing of the client is the primary concern of all health care providers. It is the assistant's responsibility to only undertake delegated tasks with a client if the assistant is satisfied that it is safe to do so. Consequently, this CTI overrides delegation instructions and all other CTIs which the assistant has been trained to implement.

*Kaiawhina describes non-regulated roles in the health and disability sector. Kaiawhina are respectful and empower others competently using a holistic strengths-based approach in a wide range of roles with consumers who have health and/or disability needs. This CTI applies to this workforce where working under appropriate health professional guidance/instruction.

Version 1 No. 2. Complete, March 2016.

Approved by South Island Directors of Allied Health: 29 March 2016

This clinical task instruction is a Calderdale Framework resource developed for use in South Island District Health Boards.

Acknowledgements: Effective Workforce Solutions (EWS) Ltd licence holders of the Calderdale Framework. EWS 2012 When To Stop (Precautions when working with clients). This clinical task instruction has been adapted from Queensland Health D-WTS01 When to Stop (2013) with amendments under the terms of the Creative Commons Attribution 3.0 Australia licence (http://creativecommons.org/licenses/by/3.0/au/deed.en) and with permission of the publisher. Contextualisation to SINZ workforce terms and practice, emergency contacts, agreed clinical observations normal values, allied health assistant training and inclusion of content on Falls in the section on Discontinuing delegated tasks as aligned with NZ national guidelines.

Disclaimer: This clinical task instruction has been adapted by Calderdale Framework Facilitators working in South Island District Health Boards with the support of the South Island Workforce Development Hub. It should be used in association with Calderdale Framework processes which are used under licence and with appropriate training and supervision provided by the Department/Service in which it is used. The responsibility for the clinical care provided to individual patients remains with the relevant health practitioner.

CLINICAL TASK INSTRUCTION Calderdale Framework WTS01-SINZ When to stop — Page 1

Clinical Task Instructions

We identified high volume, low risk tasks to delegate from the Physiotherapists to the KSWs following appropriate training.

We produced 2 CTIs, Total hip joint replacement/ hemiarthroplasty exercises and Total knee replacement exercises, and used 2 completed South Island regional CTIs, When to stop, and Mobility Practice (+/- aids) including stairs. These CTIs provide a consistent approach and content for training, and assure a standard of proficiency. All CTIs have been through a rigorous process of development and sign off by DHB Professional Advisors and Directors of Allied Health for the service and for each South Island DHB. Anthony Giddens (1984) highlights the value of training resources such as CTIs stating that "rules reduce anxiety when change occurs". Furthermore Nancarrow (2005) reports that Calderdale Framework CTIs provide confidence in delegation for the health professionals, and for the KSWs, confidence in what tasks are within their boundaries.

Implementation of Plan

The teaching model to be used in the CTI education was Taught, Modelled, Competent (TMC). This 3 stage methodology is recognised as best practice when teaching Clinical Skills. Training was arranged with the Home-based Support Providers so that all classroom sessions (Taught & Modelled) were held together. A schedule by which each KSW could be signed off as Competent in the workplace (client's home) was put in place.

Jansen et al (2011) report that capturing the personal journeys of team members can evidence the amount of learning achieved and ensures that the experiences of the team and patients are captured in the outcome measure. We therefore used Pre-and Post-training questionnaires for Physiotherapists and for KSWs as outcome measures.

Acknowledgements

The contribution of the CREST Manager, Physiotherapists and Allied Health Assistants is acknowledged, as is the support of the Home-based Support Providers and work of the Key Support Workers.

References

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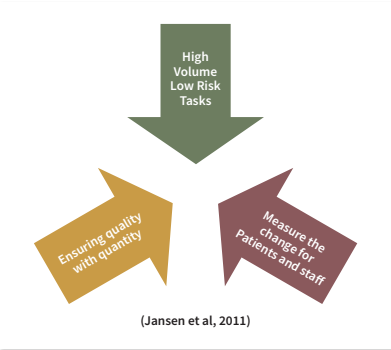
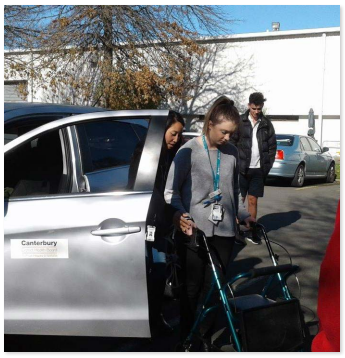
- Giddens, A (1984) The Constitution of society: Outline of the theory of structuration. Berkley: University Of California Press
- Nancarrow, S & Borthwick (2005) Dynamic professional Boundaries in Healthcare workforce. Sociology of health& Illness, 27(7) pages 897-919
- Taylor D (2014) Physical Activity is medicine for older Adults. BMJ, Issue 1059, Volume 90, 26-32

Results and Findings

The TMC model was used and all **67 KSWs** trained reached competency as assessed in the workplace.



(Jansen et al, 2011)



Pre- and Post-Training Questionnaires were completed by Physiotherapists and KSWs. This evaluation was essential to assess how the changed training impacts on the client and the professional workload and to give staff a voice about the change. Competent workers also know their boundaries.

Figure 1 illustrates that prior to training 50% of Physiotherapists were ***not confident*** about delegating to KSWs and not sure of the performance of delegated tasks by KSWs. After training this improved appreciably to 75% ***somewhat confident*** and 25% ***very confident.***

Figure 2 shows that prior to the training half the KSWs were ***somewhat clear*** and half were ***clear*** about completing the tasks. After training two-thirds were ***very clear***, one-sixth ***clear*** and one-sixth ***completely understand*** – again a notable improvement, in this case in confidence to complete the tasks with the clients in their home.

Figure 1. Physiotherapists Pre- & Post-Training Questionnaires

How confident do you feel in your ability to appropriately delegate clinical tasks to KSW?

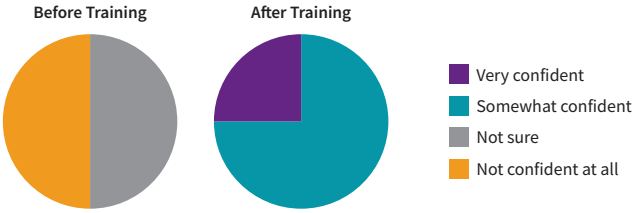
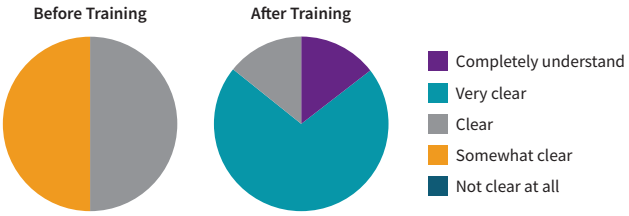


Figure 2. KSWs Pre- & Post-Training Questionnaires

How confident do you feel about undertaking tasks that are delegated to you?



Embedding and sustaining

Taylor (2014) highlights the expansive amount of high quality research that demonstrates physical activity is directly related to improving health outcomes in elders. Consequently daily activity provided by KSWs under direction from Physiotherapists, is essential in providing rehabilitation in a timely and cost effective way. It is hoped that by enabling and sustaining this model of care we can ensure a quality and valuable service for Canterbury's ageing population into the future and make certain that our clients are receiving the very best rehabilitation (best practice). This new way of training will now continue yearly with Physiotherapy training and in the new year with Occupational Therapy training for KSWs.

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