



Support Personnel



The College of Physiotherapists of Ontario and the College of Occupational Therapists of Ontario present the Support Personnel E-Learning Module.

This module is divided into four chapters.

This chapter is about communication.

Goals of Support Personnel Module

1. Engage therapists and support personnel
2. Create dialogue amongst team members
3. Facilitate appropriate supervisory relationships
4. Improve understanding of the roles of each team member
5. Increase awareness of available resources

The Colleges have developed this E-Learning Module for the following reasons:

1. To engage therapists and support personnel
2. To create dialogue amongst team members
3. To facilitate appropriate supervisory relationships
4. To improve the understanding of the roles of each team member

And finally,

5. To increase the awareness of the resources that the Colleges have available to therapists and support personnel



Module Language

- Client = patient
- Therapist = physiotherapist or occupational therapist
- Support person(s) = PTA, OTA, therapist assistant, rehab aide
- Support personnel = when referring to a group of support persons, collectively
- Healthcare provider = occupational therapist, physiotherapist, support person, or other member of the healthcare team
- Team = in this module a team may refer to one therapist, one support person and the client or a much larger team that includes various healthcare providers, regulated or unregulated

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As mentioned, this module has been developed for use by three groups of healthcare providers that may use different language in practice. It is important that this module can lead the participants to a common understanding.

Certain terms have been selected for use throughout this module in order to minimize confusion and provide consistency. For example, the word 'client' rather than 'patient' has been used throughout the module.

Please review the list terms provided on the slide.



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Chapter 2 Communication

- Communication Plans
- Consent and Communication
- Documentation
- Test Your Knowledge

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Communication is an integral part of any team. This chapter will review what is necessary in practice related to communication plans, consent and documentation.

At anytime you may decide to return to the previous chapter. Simply exit and return to the main menu to reselect Chapter 1.

At the end of this chapter you will have an opportunity to test your knowledge independently or as a group.

Communication Plans

- Clear and consistent communication amongst the therapist, support person and client is necessary to ensure treatment is carried out in a safe and effective manner.
- A communication plan will vary depending on the work place, type of client population and the members of the team.
- Methods to communicate will also depend on these same factors

Communication for the purpose of this module relates to how the therapist, client and support person share information. Later in this chapter we will look at consent and documentation as it relates to communication.

This chapter is intended to provide a brief overview and to highlight topics for consideration. For more information about the important topic of communication, the team may need to seek out additional resources.

Communication amongst the therapist, client and support person is necessary to ensure treatment is carried out safely and effectively.

A communication plan may vary depending on the work place, client population, and the members that make up the team. The method used to communicate will also depend on these same factors.

In any format, communication must be clear and how it occurs should be agreed upon by all parties involved. As a reminder, in this module the term 'team' is used to describe the working relationship between the therapist, client and support person, but it can also refer to larger, multidisciplinary teams.

Communication Between the Therapist and Support Person

- Ensure a mutual understanding of the expectations of each team member
- Ensure that the assigned treatment is understood by the support person
- Create a communication plan to discuss the client's progress or problems that may arise
- Determine the methods of communication

When considering communication, the therapist and support person must:

- Ensure a mutual understanding of the expectations of each team member
- Ensure that the assigned treatment is understood by the support person
- Create a communication plan to discuss the client's progress and any problems that may arise

And

- Determine the methods of communication. Some examples of communication methods include face-to-face meetings, emails and telephone conversations that are either formal or informal in nature.

Formal Communication

- Communication that is regular or consistent.
- The discussion may include changes to the treatment plans, observations by the support person or concerns about the client.
- Beneficial in that discussions are planned.
- Formal styles of communication may limit the ability for impromptu conversations and problem solving.

When the team members communicate in a formal way this may refer to a set time or day of the week. The formality may also relate to how the communication occurs – whether it is in person, over the telephone or by email. How and when the communication occurs can relate to the work environment, the client population being served or the needs of team members.

There are positives and negatives to this style of communication. On the positive side, a formal style of communication ensures that there is always a pre-planned opportunity to discuss issues and concerns. On the negative side, communicating in this way only may limit the spontaneity of impromptu problem solving or the ability to respond to urgent situations.

Take a moment to write down all the examples in your work place that demonstrate a formal communication process.

Click the forward arrow when you are ready to continue.

Informal Communication

- The therapist and support person are in regular, but informal contact.
- Times, dates or methods of communication vary.
- This method may address immediate concerns, but may limit the ability to devote time to lengthier conversations or treatment planning.

In contrast to a formal communication style, an informal style implies unpredictable contact amongst the team members. The communication may not rely on set times, dates or methods of communication.

As with a formal style of communication, an informal style may have positive and negative aspects. On the positive side, less formality may allow for concerns to be addressed immediately. Members of the team may feel that other team members are more approachable in this way.

On the negative side, the impromptu nature of an informal meeting or discussion may present limitations to having a meaningful and structured discussion that includes all the necessary team members. It is also important for the therapist and the support person to set aside time for formal discussion and planning related to client needs and team functioning.

Take a few minutes to identify the ways you informally communicate within your team. Advance to the next slide when you are ready to continue this exercise.

Communications Exercise:

Using your lists of examples of formal and informal communication styles,

- Is your style of communication based more heavily upon formal or informal communication?
- Can you think of ways to balance out these styles of communication in your workplace?

Once you have developed your lists of examples of formal and informal communication styles in your work place, compare the lists and answer the following questions.

Is your style of communication based more heavily upon formal or informal communication?

Can you think of ways to balance out these styles of communication in your workplace?

You may wish to include these questions at your next team meeting.

Final Considerations for Communication Plans:

- The therapist and the support person need to agree on the best way to communicate based on the needs of the client and the constraints of the work place.
- Personal communication and learning styles may also impact an individual's preferred method of communication.

In an ideal scenario, work environments and team members encourage a balance between both types of communication. A formal time to communicate ensures that an opportunity always exists for the team members to contribute. Informal communication ensures that team members are approachable to deal with the unexpected.

To improve the communication of your team, you may wish to explore how each individual team member prefers to give and receive information. There are many educational resources available to assist teams to improve their communication.

Consent and Communication

What does it mean to obtain consent?

From the Health Care Consent Act – Elements of Consent

- **11. (1)** The following are the elements required for consent to treatment:
 1. The consent must relate to the treatment.
 2. The consent must be informed.
 3. The consent must be given voluntarily.
 4. The consent must not be obtained through misrepresentation or fraud1996, c. 2, Sched. A, s. 11 (1).

One area where communication is particularly important occurs between the client and the therapist and relates to obtaining informed consent. While this applies primarily to therapists, it is important for support personnel to have a broad understanding of consent.

If you are interested in learning more about consent, the College of Physiotherapists of Ontario and the College of Occupational Therapists of Ontario each have resources available on their websites.

Therapists are required to obtain informed consent for assessment and treatment.

The Health Care Consent Act indicates that consent must relate to treatment, be informed, provided voluntarily and not obtained through misrepresentation or fraud.

Informed Consent

For consent to be informed, information provided to the client must include:

- the nature of the treatment or care
- expected benefits
- material risks and side effects
- alternative courses of action
- likely consequences of not receiving the treatment

Informed consent means that the client, or substitute decision-maker has received the information that a reasonable person, in the same circumstances, would require to make a decision about the treatment, including information about the nature of the treatment, expected benefits, material risks and side effects of the treatment, alternative courses of action and the likely consequences of not receiving the treatment.

Clients should also have an opportunity to ask questions and receive answers to any questions they may have prior to providing consent to the therapist. The person obtaining consent must have the knowledge to answer these questions. This task must be completed by the therapist, not the support person.

As a reminder, therapists and support personnel can visit the Registrants' Guide or the Resource Room on the respective websites of the College of Physiotherapists of Ontario and the College of Occupational Therapists of Ontario.

Consent and Support Personnel

- Therapists must also obtain informed consent from the client for the support person to participate in the client's care.

The Colleges also require therapists to obtain informed consent from the client or the substitute decision-maker for the involvement of support personnel in the provision of treatment.

Clients have a right to choose the providers that are involved in their care.

Please continue to the next slide to find out how documentation is a form of communication.

Documentation

- Documentation relates to the client's personal health record.

In this module, documentation refers to the client's health record. The health record communicates what was done, when it was done, by whom, the outcome and the plans related to the care of the client.

Documentation is crucial to ensure that continuity of care is maintained.

Therapists and support personnel rely greatly on the health record to understand what other members of the team have observed and performed. The client's health record should not replace other forms of communication between team members, but it needs to be detailed enough for any reader to understand the client's care.

Client Record

- Demonstrates that consent for the involvement of support personnel was obtained
- Demonstrates what items of treatment were assigned to the support person by the therapist
- Indicates the healthcare provider who provided the care on any given day
- The therapist must ensure that record keeping standards are being maintained
- Notes completed by the support person do not require a co-signature

We have already reviewed the need for the therapist to obtain informed consent from the client prior to the assessment, treatment and the provision of care by support personnel. The therapist must also ensure that the client's record reflects that this consent was obtained.

The client's record should also demonstrate the assessment findings, the treatment plan and any components of treatment that were assigned to the support person.

Additionally, anyone reviewing the client's record should be able to identify who provided care on any given day through the written notes or a workload measurement tool.

Finally, when support personnel make entries in the client's record, the therapist should monitor these entries. This ensures that the record keeping standards are being maintained and the therapist receives information about the client's care.

For more information about the regulatory expectations related to record keeping, please visit the Registrants' Guide or Resource Room on each College's respective website.

Test Your Knowledge!



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You are now ready to test your knowledge. At any time you can return to previous slides to review the information related to communication.

Communication Questions

1. For proper communication to occur, the team must meet formally on a daily basis.

- A) True
- B) False

Submit



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Answer: False. It may not be possible or necessary to meet formally on a daily basis in every work environment. Communication is most effective when it is a balance of formal and informal, with a focus on meeting the client's needs.

Communication Questions

2. A therapist and support person must have a communication plan in place.

- A) True
- B) False

Submit



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Answer: True.

Communication Questions

3. The team may choose to communicate in a very structured way or informally, as long as the client's needs are being met.

- A) True
- B) False

Submit



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Answer: True.

Consent Questions

A client enters the treatment room to wait for his therapist, Carter. The support person, April, arrives and explains that Carter is running late so she will perform the ultrasound on his injured hand. The client agrees but then states that he has questions to ask about the treatment.

4. The support person should answer the patient's questions.
- A) True
 - B) False

Submit



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Answer: False. The person answering the questions about treatment should have the knowledge to do so. In most cases it is the therapist who should answer questions about treatment.

Documentation Questions

5. If the support person is expected to document treatment in the client's record, the therapist should ensure that the support person's notes meet the record keeping standards.
- A) True
 - B) False

Submit



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Answer: True.

Documentation Questions

6. The therapist is required to co-sign entries made by the support person.

- A) True
- B) False

Submit



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Answer: False. Co-signatures are not required by the Colleges but therapists must ensure that record keeping standards are being met.

Consent Questions

7. A therapist must obtain informed consent from the client for the involvement of a support person prior to initiating treatment.

- A) True
- B) False

Submit



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Answer: True.

Scenario 1 – Communication Part I

During a weekend course, Janet, a therapist, learns several new balance exercises. Janet decides to incorporate the new activities with one of her clients, Kevin.

After teaching the exercises to Kevin, Janet leaves the treatment area. The support person, Kim, continues working with Kevin while he performs the new activities.

Let's return to a scenario that we reviewed in Chapter 1. In this scenario Janet has just started using a new treatment with Kevin, the client. Kim, the support person, has been asked to supervise this task.

In Chapter 1, we considered this scenario from the perspective of accountability. In Chapter 2, we will consider this scenario again, but from the perspective of communication.

Take a moment to read through this scenario. Once you are finished, move to the next slide to read the end of the scenario.

Scenario 1 – Communication Part II

Shortly after Janet leaves the treatment room, Kevin falls while doing the new exercise and fractures his ankle.

What considerations should the team make related to communication in this scenario?

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When you have finished reading the scenario, discuss with your team the possible issues related to communication. As you will recall, we looked at communication from the perspective of method, format, consent and documentation.

If you are working on this chapter independently, take a moment to write down a few things that you would want to know about the communication between the therapist and the support person.

If you are part of a group, discuss this with your team.

When you are ready, move to the next slide.

Scenario I – Communication Questions to Consider:

- Did Janet obtain informed consent from Kevin for the addition of the new treatment?
- Did Janet and Kim have an opportunity to discuss and review the new treatment prior to leaving Kim to supervise?
- Did Janet and Kim discuss what should occur if a problem arose?
- Did Kim raise any concerns about supervising a treatment that was new to Janet, Kevin and to herself?

Take a moment to review the possible questions to ask about this scenario as it relates to communication. These are only a few of the possible considerations. Discuss with your team why these questions could be important.

Scenario 2 – Communication Part I

Alex, a support person, has been working with Dave, the therapist, for two months. Dave has been quite busy recently and Alex is finding that regularly scheduled meetings with Dave are being cancelled. Although Alex understands Dave is dealing with an expanding caseload, Alex feels that the loss of the regular meetings is having a negative impact on the clients and Alex's ability to provide safe, quality care.

Take a moment to read this scenario involving Dave, the therapist and Alex, the support person.

Scenario 2 – Communication Questions to Consider

As difficult as it may be, Alex needs to speak up about her concerns. Part of Alex's orientation to her role included discussions about communication and how to address problems related to client care.

- What are possible actions for Alex to take?
- What are possible solutions?

As difficult as it may be, Alex needs to speak up about her concerns because they may affect what is in the best interests of the clients' care. Part of Alex's orientation to her role included discussions about communication and how to address problems related to client care.

What possible actions can Alex take?

What are possible solutions?

Consider the two questions provided. Take a moment to discuss these questions with your team.

Scenario 2 – Communication Possible Actions

Knowing that it may feel awkward to Alex to address her concerns, the following may help Alex in this process:

- Review job descriptions to better understand the roles and responsibilities of each team member.
- Review any policies related to communication within the team.
- Write down, in point form, the concerns – this may make the conversation easier.
- Tell Dave there are concerns she would like to share.
- Stick to the facts, not the emotions – For example: Alex may indicate to Dave that three of the last five scheduled meetings have been cancelled without rescheduling.
- Describe to Dave how this impacts clients and Alex's ability to provide safe, quality care.

Once Alex identifies that she needs to act on her concerns, she may take some of the following actions to better prepare her for the conversation with Dave.

Take a few minutes to review these ideas and compare this to the discussion with your group.



Congratulations!

You have just completed Chapter 2

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Congratulations! You have just completed Chapter 2

When you are ready, you can start Chapter 3



Questions:

If you have any other questions related to the use of support personnel in practice, please contact:

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Practice Resource Liaison

College of Occupational Therapists of Ontario

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practice@coto.org

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For any additional questions, please contact the College of Physiotherapists of Ontario or the College of Occupational Therapists of Ontario.

References and Resources

- For access to resource material, please visit:
 - College of Occupational Therapists of Ontario – [Resource Room](#)
 - College of Physiotherapists of Ontario – [Registrants' Guide](#)
- Relevant topics of this module include: support personnel, record keeping, and consent, etc.

References and resources for this chapter are on the screen.

Click on the links to take you to the appropriate website.



Was this chapter helpful?

We would appreciate your feedback.

Please use this link to complete a short online survey.

[\(click here to go to the survey\)](#)

Thank you