



# 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 relates to ensuring quality care in practice.

## 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

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.

## Chapter 3 Ensuring Quality Care

1. Competency
2. Assigning Treatment
3. Supervision
4. Test Your Knowledge

The first part of Chapter 3 addresses competency of both therapists and support personnel. The next section describes the process to assign treatment. In the last section, the topic of providing appropriate supervision will be addressed.

As with the previous sections of this module, you will have an opportunity to test your knowledge at the end of this chapter.

At any time you may leave this chapter to return to Chapter 1 – Understanding the Environment or Chapter 2 – Communication. Simply exit this chapter and return to the main menu.

## Competency

What is competency?

A **Competency** is a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility) and correlates with performance; that can be measured against accepted standards; and that can be improved with training and development (Parry 1996 p. 50).

In Chapter 1 we learned that colleges register competent therapists and promote continuing competency to ensure quality care and to protect the public from harm. But what is competency? From the Journal 'Training' the following description was provided:

A **Competency** is a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility) and correlates with performance; that can be measured against accepted standards; and that can be improved with training and development.

The next slide discusses how competency impacts the therapist's decision to assign treatment to the support person.

## Competency

- Therapists must be competent to perform the treatment to be assigned.
- Support persons must be competent to perform assigned treatment.
- Support persons need to feel comfortable to indicate when more training is necessary.
- Competency is necessary to minimize the risk of harm and to enhance client safety.

Before treatment can be assigned to support persons, the therapist must be competent to perform the treatment. If a therapist is not competent, how can he or she determine if someone else is competent?

When a therapist decides to assign a treatment, the therapist must ensure that support persons are also competent.

When support persons have not received enough training to provide a certain treatment, they should feel comfortable in approaching the therapist for additional assistance.

The next slides will look at how to determine competency. By ensuring the competency of the team members, risk of harm is minimized and client safety is enhanced.

## Determining Competency...

- How do you know if someone has the knowledge, skills, or abilities to perform the treatment?

How do you know if someone has the knowledge, skills, or abilities to perform a treatment?

How do you know if they are competent?

## Clues to Competency... Using a Framework for Clinical Assessment



(George E. Miller)

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Therapists and support personnel can use various methods to develop and demonstrate competency depending upon the learning style of the person, the expectations of the employer and the requirements of the team.

The approach that therapists take to ensure the competency of support persons is not dictated by the colleges, however there are some common methods of demonstrating competence.

In a Supplement of the *Academic Medicine Journal*, George Miller described a framework for clinical assessment.

The base of the triangle represents the knowledge that an individual has to function in a role or profession. For example, an individual (therapist or support person) knows or develops knowledge about types of transfers, including bathtub transfers.

The next step in developing competency is to know how to use the acquired knowledge to carry out a task. To continue with the bathtub transfer example, the individual indicates how he or she would prepare the client to safely perform the bathtub transfer.

Once someone knows how to carry out a task, the next step in developing competence is to be able to demonstrate the performance of this task or show how. For example the learner would likely practice the bathtub transfer on a colleague while under observation.

The final step in competency development is to apply the skill in a real life setting. For example, the individual performs the bathtub transfer with a client.

## What to Do if a Team Member is Missing Essential Skills or Competencies:

- Discuss the concern
- Create a learning plan
- Re-evaluate to determine that the skill has improved
- Ensure skill maintenance

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As demonstrated by Miller's framework, competency can be developed and demonstrated in layers. Using Miller's triangle, the team can assist individuals who are missing essential skills or competencies.

Communication in these circumstances is crucial, although in some cases it can be difficult to initiate. If the team has a formal communication plan, such as quarterly meetings or annual reviews, discussing concerns about skill development may be easier for everyone involved.

Once an issue has been identified and discussed, the team can assist the individual to create a learning plan to develop the missing skill.

There are resources on the Colleges' websites related to developing learning plans under either the Quality Assurance or Quality Management heading.

Once skill development has been addressed, it will be necessary to periodically re-evaluate skill maintenance. We have already reviewed many ways that ongoing competency can be demonstrated.

In the event that the skill to perform a treatment drops or remains below a competent level, the treatment should not be assigned.

## Considerations for Assigning Treatment

1. Obtain consent
2. Ensure competence
3. Assign only tasks considered appropriate
4. Ensure proper communication

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The topic of assigning treatment has been touched on in other parts of the module but will be reviewed here in greater detail.

Prior to assigning treatment to a support person, the therapist must consider the best interests of the client and ensure the following:

1. The therapist has obtained consent for the treatment and the involvement of support personnel.
2. The therapist and the support person are competent to perform the treatment.
3. The activities to be assigned should be appropriate. For example, assigned tasks should not include an evaluative component that immediately influences treatment.

And finally,

4. The treatment that was assigned to the support person is documented in the client's record.

There may be other considerations to make when assigning treatment. We have only provided four key ideas to get you started. For more information, please review the Colleges' documents related to support personnel. The next slide will provide a few examples of situations when it may be appropriate for a therapist to assign to support persons.

## Considerations for Assigning Treatment

1. **Modifying Equipment:** A support person could adjust a client's wheelchair seating, provided the therapist first assessed the client and determined the need for change.
2. **Completing outcome measures:** While the support person may be trained to perform the measure, the therapist evaluates the results and then adjusts treatment based on these results. The support person is simply collecting data for the therapist to make treatment decisions.
3. **Care plans:** When a client reaches a specific milestone indicated in the care plan, the next activity in the care plan can be started. Eg. The support person could be asked to obtain a measurement and proceed with the next activity, if indicated by the care plan.

Three areas where therapists and support personnel often have questions related to assigning treatment include: modifying equipment, completing outcome measures and following care plans.

Example 1: When it comes to modifying equipment, it may be reasonable for a support person to make adjustments to a client's wheelchair seating, provided the therapist has assessed the client and determined the need for change.

Example 2: Support persons may also be trained to perform outcome measures such as the Berg Balance Scale or Functional Independence Measure, however it would be the therapist who evaluates the results and then adjusts treatment based on these outcomes. The support person is simply collecting data for the therapist to make treatment decisions.

Example 3: Finally, it may be appropriate for support persons to follow the therapist's directions for implementing a care plan. When a client reaches a specific milestone indicated in the care plan, the next activity in the care plan can be started. In this case, the support person could be asked to obtain a measurement and proceed with the next activity, if indicated by the care plan.

## Supervision

### Factors to Consider:

- Client Factors: stability and complexity of conditions, predictability of change in condition and the client's ability to direct care and communicate needs
- Competency of Support Person: knowledge and experience with task, working relationship with team
- Environmental Factors: availability of resources, degree of independence, workload or isolation
- Assigned Duties: technical skill or advanced training is necessary, potential risk of harm
- Always consider the best interests of the client!

The topics of assignment and supervision go 'hand-in-hand'. All of the steps to determine the assignment of treatment could be met, but if adequate supervision is not available, treatment should not be assigned. Therapists and support personnel need to remember that when determining the level of supervision, the best interests of the client must always be paramount.

When determining the amount and the type of supervision that is necessary, the therapist needs to consider client factors, the competency of the support person, environmental factors and the types of assigned duties.

Client factors can include the stability and complexity of the client's condition, the predictability of change in the condition and the client's ability to direct care and communicate his/her needs.

Competency of the support person may include the knowledge and experience the support person has regarding that task and the support person's working relationship with the team.

Environmental factors can relate to availability of resources, the degree of the support person's independence or isolation from the team and the support person's and therapist's workload.

Finally, the amount and the type of supervision can be affected by the degree of technical skill required to perform the treatment and the potential risk of harm.

## What Do You Do if the Therapist is Absent from Work?

### Things to consider:

- Minimize risk of harm
- Best interests of the client
- Length of absence
- Availability and competence of other team members
- Mechanisms in place to address an absence
- Most reasonable course of action
- Meeting professional obligations

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When therapists are away from their work place whether planned or unplanned – i.e., during vacations, unexpected illnesses, or attending courses – they must determine the appropriateness of the support person providing care in their absence. Therapists will need to consider the impact on the client and the their ability to meet their professional obligations. In many instances it may be necessary to change the treatment plan or modify the involvement of the support person in order to ensure safe, quality care.

Several considerations include :

- What are the potential risks of harm? How can these risks be minimized?
- What actions would ensure that the best interests of the client are met?
- How long will the therapist be absent?
- Are there other team members available to assist? What would be appropriate to ask of them?
- Are there other mechanisms in place to address a team member's absence?
- Is this the most reasonable course of action?

AND of course

- Are all other professional obligations being met?

## Preparing for a Planned Absence

- Develop a contingency plan that ensures safe, appropriate client care in the therapist's absence. This may involve:
  - Having the support person continue treatment
  - Transferring the care to another therapist
  - Discontinuing treatment
- Prepare for planned absences in advance to minimize the disruption to client care
- Ensure appropriate communication with the client, support person and team prior to the absence

Advanced preparation for an absence can make the transition easier for clients and other team members. It is important to involve the team when developing this plan.

Therapists and team members preparing for a planned absence should consider the factors presented on the previous slide.

After reflecting on these factors, the therapist may decide that it is safe, appropriate and in the client's best interest for the support person to continue to provide care in the therapist's absence. Of course the absence should be of a short duration and there should be mechanisms in place that allow the therapist to justify their decision if necessary.

If (after reflecting on the factors) the therapist determines that it would not be reasonable for the support person to continue care, then the care should either be transferred to another provider or discontinued until the therapist returns.

## Preparing for an Unplanned Absence

By nature of the situation, how can teams plan for the unexpected?

- Develop a contingency plan that ensures client care will be properly managed in your absence
- Consider how to:
  - Meet professional obligations
  - Ensure safe, quality care
  - Minimize risk
  - Ensure appropriate supports are in place for the support persons
- Ensure communication with the client, support person and team

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But what about unplanned absences? Is it possible to plan for the unexpected? To some degree, yes. As with a planned absence, it is important to have considered in advance and developed a contingency plan that ensures client care will be properly managed and appropriate supports are in place for the support persons.

As with a planned absence, the team will want to consider how to:

- meet their professional obligations
- ensure safe, quality care,
- minimize risk to the patient, and
- ensure there is a plan in place to provide support for support persons should something unexpected occur.

Again, in some circumstances, having the support person continue to provide care in the therapist's absence would not be reasonable and the care of the client may either need to be transferred to another provider or discontinued until the therapist returns.



## Test Your Knowledge!



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Now that you have reviewed competency, assignment and supervision, you may continue with the test your knowledge section. At any time you may return to earlier sections of the module for additional review.

## Competency Questions:

1. A newly graduated therapist starts a new job. The support person has been working in her role for 10 years.

Based on this information, does the therapist need to ensure that the support person is competent to carry out the assigned treatment? Select the most correct response:

- A) No, the support person has already demonstrated competence in the past.
- B) No, the new therapist can rely on the support person's word.
- C) Yes, the therapist must ensure competency prior to assigning treatment.
- D) Yes, the therapist must test the support person in all possible treatments.

Submit



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Answer C. Correct: The therapist must determine competency prior to assigning treatment.

Answer A. Incorrect: While the support person has demonstrated competency in the past to other therapists, the new therapist should confirm this information prior to assuming accountability and assigning care.

Answer B. Incorrect: While trust is important, relying on the word of the support person may not adequately demonstrate competence.

Answer D. Incorrect: The therapist does not necessarily need to "test" the support person but would want reasonable reassurance.

## Competency Questions:

2. The therapist has created a splint for a client but it needs modifications because the client has reported pain and blisters. The therapist is really busy so she asks the support person to assess and modify the splint. The client agrees to this. The support person has observed the therapist perform this task many times. Select the most correct statement:
- A) The support person is competent to do this because of her repeated observations by the therapist.
  - B) The support person can be assigned this task because the client consented.
  - C) This task cannot be assigned because the therapist will not be present to supervise.
  - D) This task cannot be assigned because it involves evaluating the client's condition to make the changes required.

Submit



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Answer D. Correct: Therapists cannot assign a task that has an evaluative component that immediately influences the treatment.

Answer A. Incorrect: Therapists cannot assign a task that has an evaluative component that immediately influences the treatment. Additionally, the therapist cannot assume competency of a skill based on the number of times the support person has observed the therapist performing that activity.

Answer B. Incorrect: Therapists cannot assign a task that has an evaluative component that immediately influences the treatment. Additionally, having the client consent is irrelevant if this is a task that should not be assigned due to the nature of the task.

Answer C. Incorrect: Therapists cannot assign a task that has an evaluative component that immediately influences the treatment. The level of supervision is irrelevant.

## Competency Questions:

3. A therapist can assign anything to a support person as long as they are competent to perform that task.

- A) True
- B) False

Submit



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Answer: False. Other conditions apply to determine if a task can be assigned in addition to competency.

## Competency Questions:

4. An example that someone is competent to perform a treatment may be that the person can demonstrate and explain that treatment.

- A) True
- B) False

Submit



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Answer: True.

## Scenario 1 – Ensuring Quality Care 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 Chapters 1 and 2. In this scenario, Janet, a therapist, has just started using a new treatment with Kevin, a client. The support person, Kim, has been asked to supervise this task.

In Chapter 1, we considered this scenario from the perspective of accountability. In Chapter 2, this scenario was reviewed again from the perspective of communication. Finally, in Chapter 3, we will focus on competency and supervision.

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

## Scenario 1 – Ensuring Quality Care 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 competency and supervision in this scenario?

When you have finished reading the scenario, discuss with your team the possible issues related to competency and supervision.

If you are working on this chapter independently, take a moment to write down a few things separately about competency and then about supervision.

When you are ready, move to the next slide.

## Scenario 1 – Competency Questions to Consider:

- How did Janet know she was competent in this new task before assigning the treatment to Kim, the support person?
- Did Janet ensure that Kim understood the task and was also competent?
- How could Kim demonstrate competency?
- Did Kim ask for an opportunity to practice the treatment with Janet supervising?

Discuss the following questions with your group and list other possible questions that could be asked related to competency. How could this situation have been managed differently?

## Scenario 1 – Supervision Questions to Consider:

- Was enough supervision provided to Kevin, the client?
- Was adequate supervision provided to Kim, the support person?
- Did Kim voice any concerns about the amount of supervision provided in this example?
- Was the amount of supervision in the best interest of Kevin?

Now that you have considered the questions about competency, take a moment to review a few questions related to supervision in this scenario.

The information provided in this scenario is limited so the answers you arrive at may vary.

## Supervision Question

A therapist, Sarah, is accountable for the treatment assigned to Ray, the support person. Due to a family emergency, Sarah needs to leave town for a few days.

Should Ray continue to provide treatment while Sarah is away?  
Select the most correct answer:

- A) No, Sarah is away therefore her clients must be cancelled and rebooked on her return.
- B) Maybe. If Sarah can ensure that safe, quality care can be provided to clients and that reasonable supports are in place to assist Ray.
- C) Yes, this is an emergency situation and treatment can continue.

Submit



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Answer B. Correct.

Answer A. Incorrect: The unplanned absence of a therapist does not necessarily mean that cancelling all patients is the only option. There may be other ways to ensure appropriate care can be provided.

Answer C. Incorrect: Sarah must ensure proper supervision of the support person in any situation.



# **Congratulations!**

## **You have just completed Chapter 3**

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Congratulations! You have just completed Chapter 3

When you are ready, you can start Chapter 4



## Questions:

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

### Practice Advisor

College of Physiotherapists of Ontario

Tel: 416-591-3828 Ext. 241

Toll Free: 1-800-583-5885 Ext. 241

[practiceadvice@collegept.org](mailto:practiceadvice@collegept.org)

### Practice Resource Liaison

College of Occupational Therapists of Ontario

Tel: 416-214-1177 Ext. 240

Toll Free: 1-800-890-6570 Ext. 240

[practice@coto.org](mailto: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.

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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