COTBC Quality Practice Webinars Today's session will start shortly

Working with Education Assistants With Andrea Bowden and Kathy Corbett



QUALITY PRACTICE WEBINARS

Working with Education Assistants





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Kathy Corbett Registrar and CEO

Andrea Bowden Director of Practice and Policy



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Today's Session

	Timing
Introductions	1500
Why now?	1515
Consultation vs. Assignment	1520
ff/when assigning • Resources • What cannot be assigned • Steps • Supervision considerations	1540
Questions and Answers	1600
Wrap-up	1615

СОТВС	

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- Employer
- Caseload students, schools
- Frequency
- ➤ Confidence



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Assignment







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Assignment

Consultation



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Assignment

Consultation

Delegation

3



Assignment

Consultation

Delegation

Supervision

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Assignment

Consultation

Delegation

Supervision

Responsibility

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Assignment

Consultation

Delegation

Supervision

Responsibility

Risk





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Consultation



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- time limited
 OT does not:
- transfer responsibility
- assign service components
- · have responsibility for supervising

advice, education, and training facilitating problem solving



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Assignment

- OT allocates components of the OT plan
- Support personnel responsibility for the delivery of the component
- OT accountability for the outcome of the overall program/care plan
- Synonyms delegation, transfer of function



Still confused?





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• Is this a task that falls within **your** own role that you could do, but are handing off to increase your efficiency?



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• Is this a task that falls within **your** own role that you could do, but are handing off to increase your efficiency?

• Are you providing information to support the **EAs** regular role?



o / Forgiss



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 Is this a task that falls within your own role that you could do, but are handing off to increase your efficiency?

• Are you providing information to support the **EAs** regular role?

Does the task require ongoing OT supervision?



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• Is this a task that falls within **your** own role that you could do, but are handing off to increase your efficiency?

• Are you providing information to support the **EAs** regular role?

Does the task require ongoing OT supervision?

• Are there OT specific goals and a plan that you are you progressing overtime?





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• Is this a task that falls within **your** own role that you could do, but are handing off to increase your efficiency?

• Are you providing information to support the EAs regular role?

Does the task require ongoing OT supervision?

• Are there OT specific goals and a plan that you are you progressing overtime?

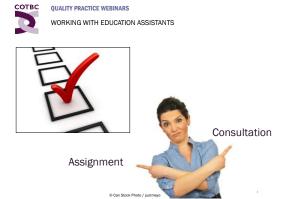
• Are you the person who provides supervision for how the EA implements the activity?





Communicating Roles and Expectations







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So... you decide to assign



Supervision

"The process whereby the occupational therapist provides continuous and interactive feedback to the support personnel to ensure competent delivery of service components"



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Key Responsibility

" The therapist assigning a component of an occupational therapy service has the responsibility to determine and demonstrate appropriate assignment, supervision, and documentation"





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The OT will ensure that Support Personnel:

- Understand roles and responsibilities
- Identify role to the client as assisting OT
- Are competent and receive appropriate training
- Acknowledge accountability to OT
- Understand how/when to contact OT
- · Change/modify tasks within established limits



Components that are not assigned







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Components that are not assigned



Interpretation of a referralInitial and re-assessments

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Components that are not assigned

- Interpretation of a referral
- Initial and re-assessments
- Aspects of assessment requiring clinical judgement



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Components that are not assigned

- Interpretation of a referralInitial and re-assessments
- STOP
- Aspects of assessment requiring clinical judgement
- Interpretation of assessment findings



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Components that are not assigned

Intervention planning and determining goals



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Components that are not assigned



Intervention planning and determining goalsSelection of treatment strategies or procedures



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Components that are not assigned



- Intervention planning and determining goals
- Selection of treatment strategies or procedures
- Modification beyond established limits



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Components that are not assigned



Intervention planning and determining goalsSelection of treatment strategies or procedures

Modification beyond established limits

 Decisions where continuous clinical judgement is necessary to monitor/guide progress



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Components that are not assigned

- Intervention planning and determining goals
- Selection of treatment strategies or procedures
- Modification beyond established limits
- Decisions where continuous clinical judgement is
 necessary to monitor/guide progress
- Determination of caseload



Components that are not assigned







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Components that are not assigned

Personal counselling



Decisions re: initiation or termination of treatment

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Components that are not assigned

- Personal counselling
- Decisions re: initiation or termination of treatment
- Referral of a client to another professional or agency





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Components that are not assigned



- Personal counselling
- Decisions re: initiation or termination of treatment
- · Referral of a client to another professional or agency
- Discharge planning



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Steps in Assigning

9. Terminate as appropriate		
8. Ensure changes directed by OT		
7. Evaluate		
6. Assign components		
5. Obtain consent		
4. Document supervision plan		
3. Establish supervision and communication plans		
2. Determine if will assign		
1. Assess needs, decide assignment, determine competence		



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Supervision

Plan – document outlining methods and frequency, reporting, methods of communication, and evaluation.

Methods - direct and indirect

Evaluation – ability of EA, outcomes, client satisfaction, cost efficiency.



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Decision Making Tool

Risk management is "nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm".

High Probability	High Probability
Low Impact	High Impact
Low Probability	Low Probability
Low Impact	High Impact

Health and Safety Executive, 1999



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THANK YOU FOR LISTENING ... Questions?

- Please fill out the evaluation.
- Recording will be available in 24 hours
- Additional questions? Email practice@cotbc.org

• Join us on finance and a second sec



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Coming up!

Quality Practice Webinars	Date/Time
How Recent Bylaw Changes	December 7, 2017
Affect Your Practice	12:00