

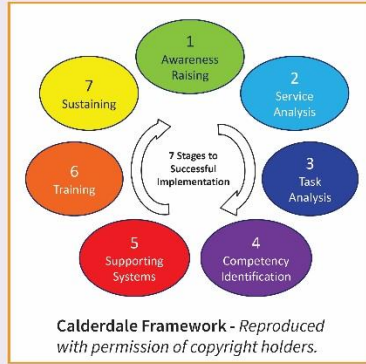


Calderdale Framework in the Community

Using the Calderdale Framework to implement a work based education programme for the community service providers (Key Support Workers) within the Community Rehabilitation and Enablement Support Team at The Canterbury District Health Board

Objective

The CREST Team provides support to adults over 65 years, in their own home for a period of 6 weeks. The aim is to return clients to their previous functional state. The CREST model relies on the Physiotherapists providing daily exercise programmes for clients to regain their independence. These plans are executed daily by the KSWs. The KSW are annually trained by the Physiotherapists. Currently this education is classroom based. Prior to this there was no clinical review of their competence in the workplace.



The four CTIs have been through a rigorous process and are signed off from the DHBs Professional advisors and then South Island wide by the DAHs. The teaching model used in the CTI education is Taught, Modelled, and Competent (TMC). This 3 stage methodology is recognised as best practice when teaching Clinical Skills.

Results

Pre and Post Outcome measures established – questionnaires to staff and KSW re confidence before and after training. Evaluated this information was essential to engage the exhausted, busy team members and how it impacts on the client and hopefully the professional workload. Competent workers know their boundaries. The results show the confidence of the physiotherapist to delegate tasks the KSW transformed significantly (graph 1) and the results produced by the KSW show their increased confidence about delegated tasks (graph 2).

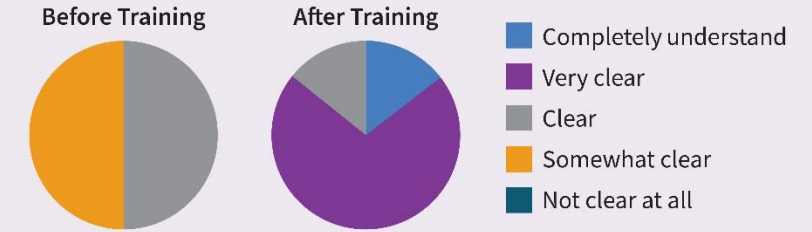
Literature review

Personal engagement with the team means that we will have an opportunity to reflect on the project and be able to discuss the participants entire change journey. Jensen et al (2011) reports, 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.

Methodology

We produced two Clinical Task Instructions, hip and knee joint exercises and used two completed South Island CTIs, when to stop, stairs with walking aids. These CTIs provide a consistent mechanism to training, and assure a standard of proficiency. Anthony Giddens (1984) underpinned the use of Clinical Task Instructions he justifies that “rules reduce anxiety when change occurs & Nancrow (2005) reports that CF CTI’s provide confidence in delegation for the health professionals, and for the KSW, confidence in what tasks are within their boundaries.

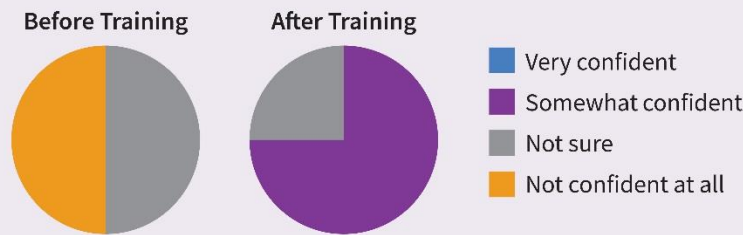
Graph 2. How confident do you feel about undertaking tasks that are delegated to you?



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 KSW 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).



Graph 1. How confident do you feel in your ability to appropriately delegate clinical tasks to KSW?



Canterbury
District Health Board
To Pouni Hauora o Waitaha

Vicki Prout
Clinical Team Leader Physiotherapy Community
Calderdale Practitioner
Vicki.Prout@cdhb.health.nz

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