

## Newfoundland and Labrador College of Physiotherapists

### Practice Standard for Physiotherapy Support Personnel Task Assignment

**\*any changes to College Regulations affecting this Practice Standard would supersede this document\***

#### **Purpose**

This Practice Standard provides a framework to support the effective task assignment to and supervision of Physiotherapy Support Personnel (PSP) within the clinical practice of a Registered Physiotherapist.

The physiotherapist is accountable for the assignment of a task to PSP, including the decision to assign, and the monitoring / supervision of the PSP to whom the task is assigned.

Assigning a portion of the physiotherapy treatment plan to PSP may improve the timeliness and frequency of treatment, while not compromising the care of the client. An assignment of task(s) must occur in accordance with the requirements set out in this Practice Standard.

#### **Definitions**

**Assignment of Task:** Transfer of a component of a physiotherapy treatment plan to PSP. For the purpose of this Practice Standard, the term 'assignment of task' should be considered synonymous with 'transfer of function' or 'delegation' to PSP.

**Client:** the recipient of a physiotherapy service; includes patients and residents.

**Competent:** ability or capacity to perform the task correctly.

**Physiotherapy Support Personnel (PSP):** Individuals who work under the direction and supervision of a physiotherapist. There are multiple classifications of physiotherapy support personnel:

- Physiotherapist Assistants (PTAs) – have **formal education from a recognized post-secondary PTA-program** AND have a certificate of completion from the program;
- Rehabilitation Assistants – have **formal training in a dual Physiotherapist Assistant/Occupational Therapist Assistant program** AND have a certificate of completion from the program;
- Other workers **without formal education from a recognized post-secondary PTA program.** These workers gain skills and experience through on-the-job training and related education.

**Registered Physiotherapist:** a Physiotherapist who is licensed by the NL College of Physiotherapists.

**Supervision:** The means by which the physiotherapist monitors the performance of PSP to ensure the provision of competent care.

**Direct** - the supervisor is present, in the treatment room, observing the actions of the PSP.

**Indirect, but present** - The supervisor is present on site, but is on a different unit or in a different treatment room. Supervision using audio or video conferencing technology can also be considered indirect, but present supervision.

**Indirect, but accessible** - The supervisor is available by phone or other communication means and can attend the workplace as needed.

**Remote** - The supervisor is not present at the worksite and cannot readily attend the workplace if contacted by the supervisee.

### **Accountability**

The physiotherapist assigning a component of the physiotherapy treatment plan has the responsibility to determine and demonstrate appropriate assignment, supervision and documentation. This includes ensuring PSP have demonstrated competency for completing the task and is aware of client confidentiality and standard infection prevention and control measures.

The physiotherapist is accountable for the physiotherapy task(s) they assign to PSP. Assigned tasks must be within the physiotherapy scope of practice and the physiotherapist's level of competence. If PSP deviate from the task assigned to them, they are accountable for their own actions.

PSP are accountable to the physiotherapist and responsible for the following:

- representing themselves correctly to the client as PSP and not a physiotherapist;
- understanding their role and limitations and conducting themselves in an appropriate manner;
- understanding the current reporting procedures and know the mechanism for communication;
- carrying out assigned tasks safely and competently;
- maintaining appropriate records of assigned tasks and client care as directed;
- discontinuing any procedure which causes a client adverse reaction and reporting any changes in the clients status promptly to the physiotherapist;
- identifying situations where an assignment is not within their individual skills and competence, declining the assignment and notifying the supervisor of their self-assessment.

### **Critical Thinking**

The decision to assign a task to PSP is made by the physiotherapist, on a case by case basis, and requires clinical judgement. The physiotherapist must use critical thinking to carefully balance the risks of assigning and supervising care with the client's best interests and quality of care. When deciding whether or not to assign task to a PSP, consideration must be given to: whether or not the assignment is in the best interest of the client, the competence of the PSP, and the level of risk involved.

**See Appendix A – Decision making tool**

### **Ensuring Competency**

It is imperative to acknowledge that different PSPs in different service areas have different skills levels and competencies. In order to ensure competency of each individual PSP, the supervising physiotherapist must:

- Ensure that the PSP has the knowledge, skill, judgment, professional competence to deliver the assigned care safely and with the same quality of care as the physiotherapist would provide with consideration to the complexity of the environment and the client's medical and physical status;

- Ensure PSP under their supervision are able to competently carry out the physiotherapy functions assigned to them by evaluating the PSP's ability to safely and completely perform each task; this should be done in caseload-specific settings/client populations
- Not assign treatment plans to PSP they have not observed performing similar tasks competently;
- Ensure that PSP carrying out assigned tasks have the ability to recognize changes in client status, including adverse events during or post intervention, and report these to supervising therapist;
- Ensure the PSP are aware of precautions/contraindications prior to initiating intervention;

**See Appendix B – How to Ensure Competency**

### **Supervision**

The physiotherapist is responsible for all physiotherapy care of the client and the assignment of a specific task to PSP does not transfer responsibility of care. The physiotherapist should use their best clinical judgement to provide the appropriate combination of direct and indirect supervision to PSP.

**When supervising a specific task assigned to PSP, the physiotherapist must:**

- Make the client aware of the PSP role and obtain consent from the client for task assignment;
- Determine the supervision plan (including type and frequency) based on competency of PSP, practice setting, complexity and acuity of the client, risk of harm to the client;
- Document supervision plan as per the Employer's requirements;

Note: Where there is a transfer of care to a different physiotherapist, the accepting physiotherapist assumes responsibility for any supervision that is provided to PSP and any changes that are made to the assigned task.

In circumstances where there is remote supervision and very little oversight is required because of the skills and competencies of PSP, there remains the requirement to provide direct supervision at least once every three months.

A period of direct supervision is required for all new PSP or PSP changing to a new/different clinical setting. This will enable the supervising physiotherapist to assess competencies, performance and behavior of the PSP. Supervisors are encouraged to create a supervision log to track their completion of supervision activities identified in the supervision plan, such as periods of direct PSP observation, case discussion, chart audit, etc.

### **Documentation**

The physiotherapist must document the assigned task(s) in the client's clinical record.

Documentation must include:

- details of the assigned tasks;
- any changes made, or progression of, the assigned tasks;
- client consent for assignment of task delegated to PSP.

PSP must document as per their employer's policy. Any PSP documentation should be clearly identifiable.

### **Considerations for Task Assignment**

The physiotherapist must understand that assignment of a specific task is not a transfer of professional responsibility. The overseeing physiotherapist is responsible for all physiotherapy care of the client.

With client/substitute decision maker consent, a physiotherapist may assign certain aspects of treatment (See Appendix C) to PSP they deem competent (See Appendix B) to carry out the assigned task safely and effectively. Consideration should be given, but not limited to, the following:

- **Client Factors** – Client's needs, best interests, consent, acuity, stability, and complexity of condition(s) including physical, mental and social aspects, predictability of change of condition(s), client's ability to direct their care and communicate their needs
- **PSP Factors** – Knowledge, skill, and experience with task, experience with client population and environment; working relationship with the physiotherapist and other team members, maturity, judgment, dependability, and level of trust
- **Environmental Factors** – Availability of resources, degree of independence or isolation, size of caseload or workload demands
- **Physiotherapy Treatment Factors** – Technical skill required, advanced training and complexity of tasks, potential risk of harm related to intervention
- **Physiotherapist Factors** – Ability to provide supervision, scope of practice, sphere of competence

## References

We would like to acknowledge the following colleges/documents for their contribution to the creation of this document:

1. College of Physiotherapists of Alberta. (2021). Supervision Guide for Alberta Physiotherapists.
2. College of Physical Therapists of British Columbia. (2013). Practice Standard 3: Assignment of Task to a Physical Therapist Support Worker.
3. College of Physical Therapists of British Columbia. (2013). Practice Standard 18: Supervision.
4. Newfoundland and Labrador College of Physiotherapists. (2014). Guidelines for the Use of Support Personnel in Physiotherapy.
5. Nova Scotia College of Physiotherapists. (2011). Practice Standard: Supervision and Task Assignment.

We also reviewed the following additional resources in the preparation of this report:

1. College of Physiotherapists of Manitoba. (2014). Practice Statement: Physiotherapists Assigning Physiotherapy Care (Working with Rehabilitation Assistants).
2. College of Physiotherapists of Ontario. (2016). Standard for Professional Practice: Physiotherapists Working with Physiotherapy Assistants.
3. Mary Colbran-Smith; Canadian Physiotherapy Association; Project Steering Committee. (2010). White Paper: Physiotherapist Support Personnel Study.
4. Prince Edward Island College of Physiotherapists. Guidelines for Support Personnel.
5. Saskatchewan College of Physiotherapists. (2012). Practice Guideline #15: Physiotherapist Support Workers.
6. College of Physiotherapists of New Brunswick. (2011). Physiotherapists' Guide to Supervision.

**Appendices:**

- A. Decision Making Tool
- B. Ensuring Competency
- C. Specific Task Assignment

## Appendix A – Decision Making Tool

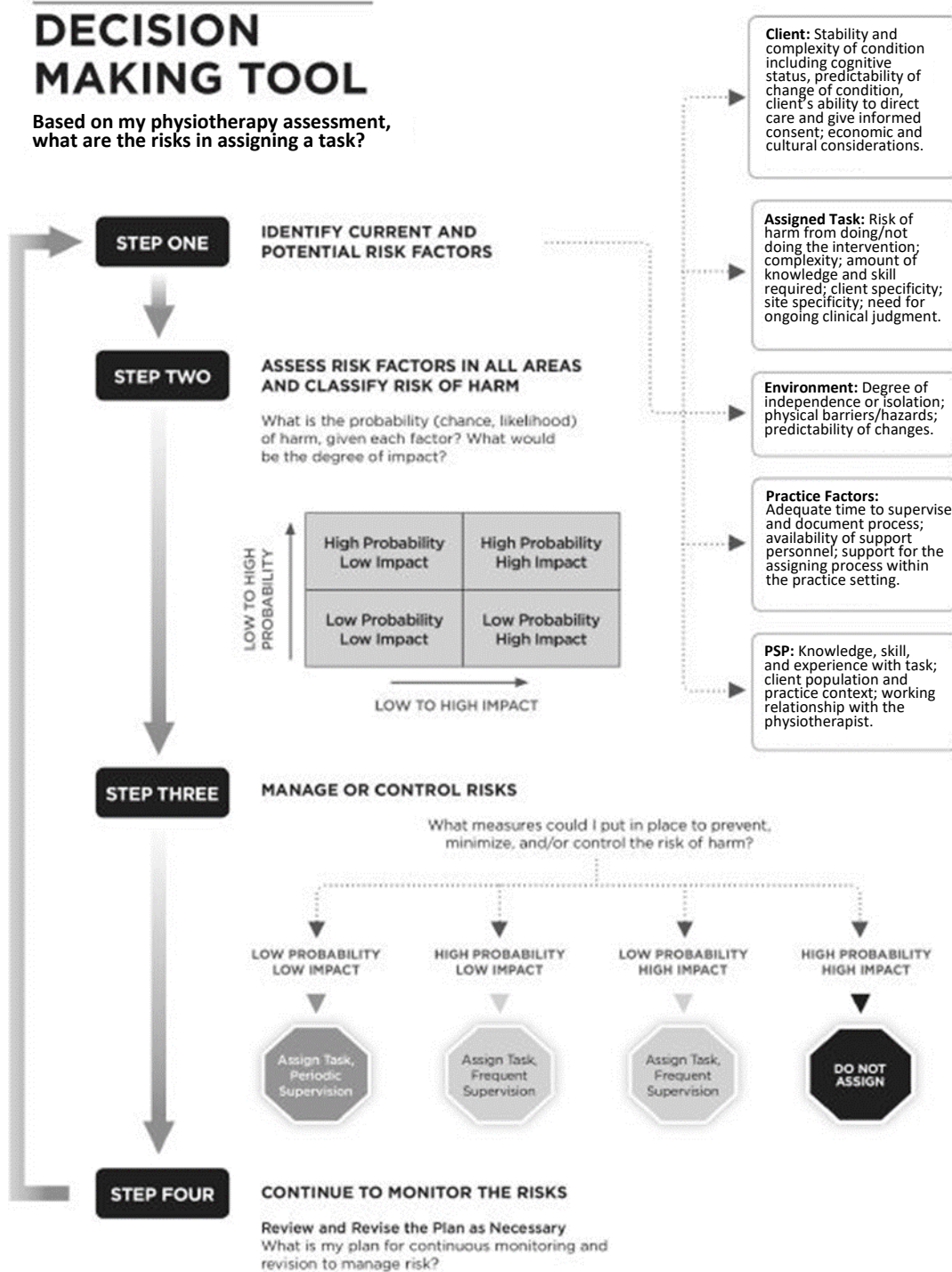


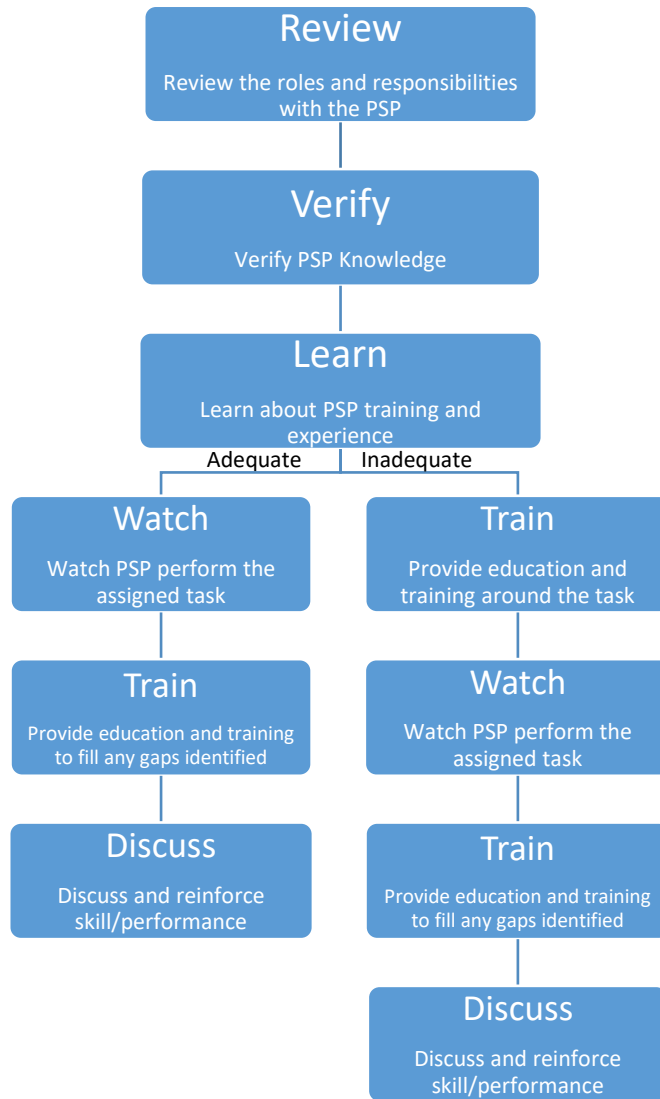
Diagram adapted from "Supervising Support Personnel" by the College of Occupational Therapists of British Columbia (COTBC), 2011, p. 8. Copyright 2011 by COTBC.

Adapted from College of Physical Therapists of British Columbia. (2013). Practice Standard No 3: Assignment of Task to a Physical Therapist Support Worker.

Appendix B – Ensuring Competency

# Physiotherapy Support Personnel Competency Flowchart

How do you know <i>when PSP have the knowledge, skills and judgment to deliver client care safely and successfully?</i>	Is there a way to make sure <i>PSP can carry out the treatment to the same standard as if the physiotherapist did it themselves?</i>
---	--





## Appendix C – Specific Task Assignment

When assigning tasks to PSP, the physiotherapist should consider the following:

### Tasks that may be assigned include:

- Participating in the collection of qualitative and quantitative client data related to the client's physical status and functional ability (i.e. chart review);
- Performing selected objective measures/tests/procedures;
- Implementing therapeutic interventions as assigned, this may include thermal, electrical and mechanical modalities or providing physical assistance (supporting or enhancing in nature) to clients;
- Reinforcing physiotherapist's explanation and providing verbal instructions to clients regarding treatment plans;
- Helping physiotherapists evaluate the effectiveness of specific interventions related to identified client outcomes;
- Documenting work performed including the collection of workload measurement statistics as required;
- Performing any task that contributes to a safe and effective practice environment.

### Tasks that may never be assigned include:

- Initial Review, Assessment or Re-assessment of clients;
- Controlled acts/activities, including, but not limited to: joint manipulation, pelvic internal exam/treatment (this includes putting an instrument, hand or finger beyond the labia majora, or beyond the anal verge); acupuncture (including dry needling); tracheal suctioning; administering a substance by inhalation;
- Interpretation of referrals, diagnosis or prognosis;
- Interpretation of assessment findings, treatment procedures and treatment goals and the initial planning/development of treatment plans;
- Discussion of clinical findings and prognosis with client/family;
- Refer a client to other professionals or agencies;
- Discharge planning;
- Documentation that should be done by the physiotherapist;
- Planning or modification of a treatment program beyond the established limit
- Determination of caseload management.