Allied Health Grade Level Capabilities: Grade 2 Allied Health Professional (AHP)

Purpose

Capabilities are underpinning behavioural skills that characterise work being performed well and support staff to deliver high-quality, safe and effective care[1]. Capabilities specify the expected behaviours and attributes of clinicians as they progress through grading structures, reflecting the expanding sphere of influence and control expected of individuals of a higher grading[1].

The Bendigo Health Allied Health Grade Level Capabilities are derived from the Department of Health *Allied Health Credentialing, Competency and Capability Framework*[1]. This document specifies the expected behaviours and attributes of allied health clinicians for each grade level.

Further to the key responsibilities outlined in this document, Allied Health staff are required to meet the:

- Key duties and responsibilities outlined in their **position description**
- Personal qualities, knowledge and skill capabilities required by Bendigo Health outlined in the **Bendigo Health Staff Capabilities Statement**, which outlines how staff are to perform their role in a manner that is consistent with the Bendigo Health values.

Scope

The capabilities described in this document relate to AHPs who are employed on an AHP classification at a Grade 2 level. Note that the capabilities described for Grade 1 AHPs are assumed as fundamental capabilities for Grade 2 AHPs.

How to use this document

The capabilities outlined in the document can be used:

- At an organisational level to inform workforce planning, learning and development programs, and the implementation of new roles
- By managers, team leaders and supervisors to guide staff recruitment, performance review and management processes, development of competencies, and reviewing team skill mixes
- By individual staff to inform their expected behavioural skills, learning and development plans and career planning.

[1] Department of Health and Human Services Victorian Government. (2014). Allied Health: Credentialling, Competency and Capability Framework (Revised Edition). Driving Effective Workforce Practice in a Changing Health Environment.

Grade 2 Allied Health Professional Capabilities

1 Provision of Care: Participates in the planning, delivery and management of evidence based patient/client care.	
1.1 Performing Health Care Activities	**Expected behavioural level**
1.1.1 Plan and Prepare	Integrate information from multiple sources to form a comprehensive perspective regarding the patient / client complexity and diagnosis (as relevant to the practice context) and the individual specific, non-medical factors that may interfere with successful care and decision making
	Reconcile conflicting or divergent information, and confirm that sources of information are reliable and sufficiently wide ranging to meet the context of the decision/position.
	Recognise where input is required from expert colleagues, and act to obtain their involvement.
	Plan for, and effectively manage, contingencies that may affect the performance of healthcare activities
1.1.2 Perform / deliver	Formulate, implement and document an effective and tailored management plan / intervention for complex situations.
	Identify when a patient /client is unable to make a healthcare decision, and act in the patient's best interests until a proxy can be found, and with due regard for the law
	Confirm the responsibilities of all involved in the provision of each person's care.
	Recognise when input is required from expert colleagues, and act to obtain their involvement
1.1.3 Monitor and evaluate	Evaluate the management plan / intervention for effectiveness, efficiency and quality, and accurately document the outcomes.
	Use evaluation outcomes effectively to make recommendations for future practice.
	Educate staff on the local escalation protocol relevant to their position, and encourage them to react positively to escalation of care.
	Contribute to the multi-disciplinary efforts that aim to improve the safety of patients / clients who are vulnerable to unexpected deterioration.
1.1.4 Modify or replan	Explore changes to treatment as appropriate to the complexity of the case and vary the treatment/intervention as necessary to meet the patient's/client's changing needs.
1.2 Supporting Processes and Standards	**Expected behavioural level**
1.2.1 Evidence based practice	Evaluate evidence from literature and research to determine appropriate actions for practice.
	Participate in research activity as required.
	Make recommendations for actioning research results as appropriate.
1.2.2 Quality care provision and risk management	Identify the likelihood and consequence of actual and potential clinical risks, and determine which clinical risks need to be managed and treated as a priority.
	Identify and assess the range of options for treating clinical risk, and prepare and implement risk treatment plans.
	Model good infection control practices, and initiate procedures to ensure staff and patients/clients are protected.
	Act to reduce error and sources of risk in practice and within the healthcare team.

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	Participate in systems for surveillance and monitoring of adverse events.
	Participate in safety and quality programs that seek to reduce the causes of harm in healthcare.
	Act to eliminate workplace hazards and to reduce risks to colleagues and patients/clients.
1.2.3 Information Management	Promote adoption of best practice standards and technologies for collection and storage of health information.
	Contribute to the design and implementation of comprehensive and effective records management programs.
	Identify and implement processes for periodic review of information management to ensure ongoing efficiency and effectiveness.
	Provide advice and guidance to staff on working with information and making the best use of the data available to support program and treatment design.

2 Collaborative Practice

2.1 Collaborating with clients	Expected behavioural level
2.1.1 Relationship Building	Recognise the power imbalance that exists in the relationship between patient/client and practitioner, and support the patient/client to make decisions about their healthcare.
	Use open questions to better explore the patient's/client's deeper feelings, issues and capacity to self-manage.
2.1.2 Shared decision making	Encourage further deliberation when a patient's/client's treatment/intervention decision appears inconsistent with their stated priorities.
	Accurately interpret each patient's/client's reactions to new information regarding benefits, risks and side effects of relevant treatment/intervention options
	Explore each person's ideas, fears and expectations of the problem and possible treatments/ interventions.
2.1.3 Shared responsibility	Build effective strategies for informing and empowering patients/clients, and increasing their active involvement in their health and healthcare.
	Evaluate patient/client involvement and self-management strategies to increase the evidence base for future policy interventions and patient engagement initiatives.

2.2 Collaborating interprofessionally	Expected behavioural level
2.2.1 Vision and objectives	Facilitate interprofessional goal setting to establish common goals.
	Achieve goal agreement through a common commitment to patient/client needs.
	Contribute to the creation of work environments in which staff feel safe and encouraged to develop shared purpose and action.
	Translate vision and objectives into concrete work activities at the local level.
2.2.2 Role clarity	Set clear expectations upfront regarding the duties and associated outcomes expected of each person in the team.

	Encourage staff to seek clarification early if they are unclear about the scope/ responsibilities of their role, and what performance is expected of them.
	Collectively review who is responsible for which aspects of care, and track performance against work objectives on a regular basis.
2.2.3 Workplace communication	Use feedback and disclosure appropriately to increase mutual understanding.
	Openly acknowledge professional assumptions and differences.
	Act to remove personal barriers to effective communication.
	Use terminology that can be understood by the receiver.
	Advise colleagues when communication messages are not clear or are causing confusion, and seek clarification.
2.2.4 Collaboration within and across teams	Engage team members and other relevant healthcare professionals in the development and implementation of strategies that meet specific patient/client care needs.
	Develop mutual knowledge that contributes to effective coordination, improved team performance and enhanced patient/ client outcomes.
2.2.5 Collaborative decision making	Facilitate the collective development of criteria to guide collaborative decision making.
	Implement agreed procedures for collaborative decision making that values and includes the opinions of patients/clients.
	Promote and support constructive discussion on areas of disagreement
	Develop and implement processes for evaluating the effectiveness of the decision making process and resulting outcomes.
2.2.6 Conflict management	Treat conflict as friction between ideas, not people.
	Consider different points of view and compromise, where necessary and appropriate, to reach consensus.
	Negotiate skilfully in difficult situations to agree concessions without damaging relationships.
2.2.7 Team reflexivity	Reflect with colleagues on the objectives, strategies, processes, environment(s) and outcomes of interprofessional teamwork and care, and plan and implement strategies to facilitate improved performance.
2.2.8 Individual contribution	Demonstrate empathy towards other team members and recognise their needs and skills.
	Take collective ownership of problems to develop a no-blame culture.
	Share openly and authentically with others regarding personal feelings, opinions, thoughts and perceptions about problems and conditions.
2.3 Collaborating across time and place	**Expected behavioural level**
2.3.1 Clinical handover, follow-up and referral	Conduct a thorough handover to ensure patient care is maintained.
	Establish mechanisms to include patients/clients and carers in clinical handover processes related to their care.
	Assess the need for follow-up, and arrange if necessary.
	Recognise when the diagnosis and/or treatment of a patient/client is beyond own skills, and refer the patient/client to other professionals as required.

2.3.2 Integrated care	Establish, maintain and value professional relationships with other service providers, and work to understand their role and capacities in the provision of each patient's/ client's care.
	Collaborate across health, community and social service organisations to develop individualised care plans that reflect both current and long-term needs and goals for care.
	Provide detailed, timely and accurate information to the general practitioner and other healthcare professionals who will provide the next phase(s) of care.

3 Health Values	
3.1 Respect	Provide encouragement to others for their ideas and efforts.
	Listen with positive attention, and sincerely acknowledge the humanity, significance and worth of others.
3.2 Equity	Use clinical information systems to support equity of access in the provision of patient/ client care, as relevant to the practice context.
3.3 Diversity	Be conscious of, and responsive to, a wide range of differences, and take conscious action to avoid prejudice, stereotyping or exclusion of others.
	Challenge own and team cultural assumptions, values and beliefs to reconcile competing values.
	Demonstrate culturally safe and sensitive practice by considering the values, beliefs and practices of the patient/client and adapting services to address their specific socio-cultural and language needs.
3.4 Prevention and wellness	Identify and recommend local, regional and national resources/services to assist patients/clients in the development and maintenance of healthy lifestyles and disease prevention.
	Build an organisation awareness of the programs and services available to support prevention and wellness strategies.
3.5 Whole person focus	Support the implementation of systems that support a whole-of-person approach to care and understand the range of care needs of an individual beyond the presenting condition.
3.6 Responsible use of resources	Use finite healthcare resources wisely to achieve best outcomes.
	Advise others when an inappropriate use of resources is identified or suspected.
	Suggest improvements to work flow and processes that may improve the use of resources and boost productivity.
3.7 Innovation and change	Identify when change is needed, and advocate for effective ways in which appropriate change might be achieved.
	Demonstrate appreciation and respect for the creative contributions of others.

4 Professional, ethical and legal approach	
4.1 Professional behaviours	**Expected behavioural level**
4.1.1 Ethical and legal practice	Identify, document and address any potential ethical issues if and as they arise.
	Support others to be aware of the ethical and legal requirements and boundaries of their role.

4.1.2 Self-regulation and self-management	Prioritise workload appropriately, and establish realistic timeframes for the completion of work.
	Complete tasks on time and in a self-directed manner, acting within own knowledge base and scope of practice.
	Examine own values, beliefs, communication style and experiences to develop a deep understanding of how these may influence behaviour and action in the workplace, and act to manage any negative influence.
4.1.3 Accountability	Recognise the collective responsibility in healthcare, and refrain from passing blame onto others.
4.1.4 Conscientiousness	Demonstrate a drive for positive results.
	Regularly exceed patient's/client's expectations to accomplish impressive results.
4.1.5 Integrity	Work through decision-making channels, rather than around them.
	Positively acknowledge the unique knowledge and talents of others.
	Act consciously to avoid self-serving behaviour and decisions.
4.1.6 Self-care	Establish and implement a personal health strategy.
	Develop a healthy support network for self and wider team.
	Identify when others are becoming stressed/overloaded, and offer support.

5 Lifelong learning

5.1 Development of self	Expected behavioural level
5.1.1 Lifelong learning and professional development	Identify personal and professional development needs, and plan and implement strategies for achieving them.
	Monitor and evaluate progress towards learning/development goals, and identify opportunities for future changes and improvement.
	Use a range of learning methods to meet personal and professional goals, including self-directed and practice-based learning.
	Participate in networks and forums to share and extend professional knowledge and build collegiate support.
5.1.2 Self reflection	Use self-reflection techniques effectively to enhance care provision and interpersonal relationships within the service.
	Support others to review, reflect on and evaluate their own practice.

5.2 Development of others	Expected behavioural level
5.2.1 Professional support relationships	Provide effective supervision to less experienced practitioners and staff as appropriate.
	Plan and conduct teaching sessions, encouraging participation and reflection on experience.
	Facilitate staff access to learning outside of own practice area through the development of cross- discipline relationships/ networks.
	Recognise different models of professional support, and move flexibly between them.
5.2.2 Feedback and peer assessment	Initiate and lead peer-review processes that focus on supporting clinical practice and building on excellence.
	Collaborate and cooperate in the management of peer-review outcomes.
	Encourage feedback on own performance, and evaluate it systematically.