

SPECIFICATION FOR TRAINING IN REHABILITATION

1.0 PREAMBLE

Early in 1999 the Clinical Training Agency (CTA) convened an external advisory group to specify a broad strategic content and direction for training and education in the area of Disability Support Services (DSS) Post Entry Clinical Training (PECT) within the stated priorities of the HFA's DSS Operating Group.

Strategies for the provision of education and training of health and disability professionals¹ working in the rehabilitation area of DSS were considered, including the development of a post entry course that would enable a core group of health and disability professionals to improve rehabilitation services within the DSS sector.

The CTA notes the following literature as relevant to the development of a programme to train professionals in rehabilitation: *Client Perspectives on Training in the Context of the New Zealand Health and Disability Sector – A Report on the Major Themes in the Literature* Sue Gates (1999), *Our Vision (2000 – 2002)* DPA (NZ) – The National Assembly of People with Disabilities (1999), *Habilitation and Rehabilitation in New Zealand*, Terry Moore (1995), United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, *Human Rights Act* (1996), *Health and Disability Services Consumers' Code of Rights* (1996).

A long-term objective of the training programme is the overall improvement² and enrichment of the rehabilitation process for both the practitioner and the client and their family/whanau. The rehabilitation process is defined by the United Nations General Assembly Resolution 48/96: "A process aimed at enabling persons with disabilities to reach and maintain their optimal sensory intellectual psychiatric and/or social functioning levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities, for instance vocational rehabilitation."

This specification defines the key attributes, skills and attitudes of a rehabilitation practitioner to be fostered and developed over time to improve the culture and environment within which rehabilitation services and support are provided to the client in the New Zealand health and disability sector.

1 For the purpose of this programme, this includes social workers.

2 Refers to improved efficacy, including qualitative aspects and cost effectiveness.

2.0 DESCRIPTION OF SERVICE

The training acknowledges that the rehabilitation process belongs to the client and is facilitated by the intervention and/or support of a culturally and clinically competent rehabilitation practitioner.

Learning is facilitated through interactions with client/consumers and their families/whanau where appropriate, health care professionals, mentors/supervisors, clinical and other meetings/hui and individual study and evidence based research.

Trainees must be currently employed within a MoH funded Disability Support Service and will normally have a minimum of two years post registration experience in the rehabilitation area.

2.1 LEARNING ENVIRONMENT

Learning will be conducted within an experiential and open learning model. The context for learning will be defined by the trainee and should include both interactive and reflective practice. It is expected that an evaluation process will include provision for consumer, trainee and employer feedback in order to evaluate the programmes' impact on service delivery. Programmes should support trainees to adopt a self-directed approach to lifelong learning.

You will ensure that arrangements are in place with the trainees' employers so trainees can be released for both formal teaching (block courses) and supervision sessions (release time should be factored into the training programme price).

Trainees may obtain clinical experience in a number of settings and rehabilitation focuses. Placements should be planned and co-ordinated to ensure that relevant clinical experience is achieved.

2.1.1 Clinical Placements

General Requirements

The training programme should incorporate a number of general topics, which include:

- Understanding and application of Health and Disability services Consumers' Code of Rights (e.g. Rights based model).
- Cultural aspects of practice - where possible with input from senior clinicians working within Maori or Pacific Island settings.
- Application of the implications of the Treaty of Waitangi and the principles of partnership, participation and protection.
- Application of medico-legal and ethical aspects of professional practice
- Effective teamwork as a member of the interdisciplinary team
- Quality assurance and audit. (best practice/evidence based approach)

- Understanding of implication of the social model and its application for rehabilitation practice (e.g. social construction of disability and rehabilitation).
- Training in the process of transferring knowledge and skills to others
- Ethical basis of rehabilitation and the application of principles of independence and inclusion for people with disabilities.
- Acceptance of personal and professional responsibility and accountability for own practice.

The development and presentation of this programme should be sensitive to the following principles³ of:

- Promoting a partnership model and the involvement of people with disabilities in setting their own goals and providing the support required to achieve these.
- Recognising the rights of people with disabilities, to enjoy the same opportunities as others and to be involved in decisions that affect their health and independence.
- Be guided by the principles of tino rangatiratanga (self-determination) as demonstrated by the input/participation of tangata (people) with disabilities into the design, conduct and evaluation of training.
- Recognising the importance of the concepts of tika (honesty), pono (trust), aroha (compassion) whanaungatanga (relationships) and wairua (spirituality) in approaching people with disabilities and their whanau (families).
- Basing the provision of support for people with disabilities, on the best available evidence.

Specific Requirements

This programme is aimed at preparing trainees who already hold a pre-entry health and disability qualification for advanced level practice. While it is expected that the programme will have a strong academic foundation, the training programme should be substantially clinical with an emphasis on client contact.

While specific course content is to be outlined by the course provider, this is likely to include the following:

- Advanced health assessment, intervention and therapeutic skills for people with complex pathophysiological needs.
- Lifestyle planning - skills to assist trainees to develop and implement plans to an advanced practice level.
- Effective interpersonal skills with clients/consumers and their families/whanau including providing guidance and advice about other relevant agencies and how to access them

3 Developed by the DSS Advisory Group

- Focus on maximising the functional abilities of DSS clients or by application, creative, flexible options within their rehabilitation support through assistance and/or adaptation and/or accommodation.
- Communication, team building and skills required to develop and maintain interdisciplinary and interagency co-operation.
- Input to challenge trainees to critically evaluate their own therapeutic relationships, listening and counselling skills. Transparent supervision arrangements set in place to assist trainees to develop these skills and to develop their clinical practice when applying new skills to workplace setting.
- Contemporary evidence-based condition specific practice in the support of people with disabilities with a inter-disciplinary, non-institutional focus
- Application of research findings to practice including, the views of consumers/clients and their families/whanau and usage of action research methods to develop models of care that fit the needs of clients.
- Application of a holistic approach to rehabilitation which recognises the inseparable link between
 - taha hinengaro (thoughts, feelings attitudes)
 - taha whanau (family)
 - taha wairua (the spirit)
 - taha tinana (physical body)
- Health services management including leadership, effective service delivery, budgets and time management

2.1.2 Formal Teaching Programme

The formal teaching component of the programme will be designed to integrate with, and be relevant to the trainee's work environment. The work environment may include hospital settings, community based settings, residential homes (including clients own), marae based, private hospitals and general practice, rehabilitation clinics and work site rehabilitation practice. The provider will provide a range of teaching methods and resources to suit the cultural and individual learning needs of the trainee. Particular emphasis should be placed on applied knowledge, skill enhancement and values clarification.

Principles of adult education are to be applied to the development of this programme.

The programme will include:

- Specific, relevant input to promote a better understanding and application of the Treaty of Waitangi and the principles of partnership, participation and protection.
- Appropriate mentoring arrangements to promote a greater acceptance of personal and professional responsibility and accountability for their own practice.
- Problem based learning based on actual case scenarios

- Understanding of implications of a range of models of disablement
- Understanding of the implications of the nature of the disease process which leads to impairment, disabilities and handicaps, including the natural history and use of specific interventions.
- An understanding of health policy as it relates to the effective and culturally appropriate provision of rehabilitation services to people with disabilities.
- Health economics including cost/benefit analysis.
- A broad understanding of relevant legislation.

2.1.3 Access to resources

- Physical resource - teaching in an appropriate clinical environment, group teaching and meeting areas, equipment and therapeutic modalities, library, audio-visual teaching equipment.
- Distance learning facilities e.g. the internet, where relevant.
- Utilisation of disability adapted technology as appropriate.
- Interaction with the client and their families/whanau, where appropriate, mentor support, quality assurance.
- Teaching resource to include involvement of people with disabilities and their families/whanau in assessment processes and course design through local and regional focus groups.
- Marae, or similar environment communicating with local iwi, hapu, whanau in the trainees own area of learning.
- Access to kaumatua or practitioners within Maori community as required.
- Access to Pacific Island practitioners within the Pacific Island community as required.

2.2 SUPERVISION/MENTORSHIP

It is envisaged that trainees will be drawn from a number of different locations and care settings.

Supervision and ongoing assessment of trainees is necessary to ensure the quality of training, educational support and guidance for the trainee, progress towards expected outcomes, suitability to continue training and complete the course of training.

This programme should include arrangements for both peer supervision (where trainees are paired with fellow trainees for on course peer supervision/critical review) and interdisciplinary supervision. Skills of the mentor (supervisor) include ability to:

- Review training objectives and assessment of progress and skill development
- Role model and provide effective mentorship
- Demonstrates respectful, affirming and stimulating relationships

- Provide critique and facilitate the meaningful comprehension of the learning process to the trainee
- Regularly review the effectiveness of the formal teaching programme including the content, delivery and assessment practices.

Normal lines of clinical service accountability shall apply to trainees at all times.

Where possible Maori and Pacific Island trainees should be mentored by experienced practitioners from their own culture.

2.3 PROGRAMME COORDINATION

Examples of the tasks that are included in this role are:

- Effective organisation and administration.
- Arranging and ensuring access for the trainees to the formal teaching programme.
- Planning and co-ordination of rehabilitation placements outside of trainees normal work setting where appropriate.
- Selection and advice to trainees on requirements
- Assessment of trainees and moderation of supervisors' assessments.
- Assessment of supervisors and evaluation of placements.
- Advocacy for training and trainees (with professional body and service provider).
- Fulfilment of CTA reporting requirements and accountability (including accreditation requirements).

2.4 EXPECTED OUTCOMES

Trainee Outcomes

To complete the programme successfully, the trainee will be able to demonstrate the following outcomes:

- Monitors and guides own practice through a professional development plan, clinical supervision and reflective practice.
- Use of a collaborative approach, which is based on active participation, negotiation and partnership with consumers/clients/whanau/significant others and focuses on strengths and potential.
- Is able to work independently, demonstrating skill in use of resources to manage workload and are equipped to bring about changes in their work places.
- Ability to undertake quality assurance activities within the workplace.
- Trainees should emerge from the programme with a sound understanding of the range of contemporary options and the ability to select from these on the basis of individual client needs.

4.0 LOCATION AND SETTING

It is expected that this programme will be based on a distance/open learning model to facilitate access.

The clinical component will be predominantly offered within the trainees' current work environment.

The formal teaching component will be predominantly delivered in/by an academic institution.

5.0 ASSOCIATED LINKAGES

The programme will promote and maintain links with:

- Relevant professional bodies.
- Other training centres focussing on rehabilitation
- Patient Advocates for Code of Health and Disability Services Consumer Rights and Privacy issues.
- DSS health providers (including Maori and Pacific Island service providers)
- Consumer, family/whanau groups

6.0 PURCHASE UNIT AND REPORTING UNIT

6.1 PURCHASE UNIT

A fulltime equivalent trainee formally enrolled in the programme as outlined in 2.0.

6.2 REPORTING UNIT

A fulltime equivalent trainee formally enrolled in the programme as outlined in 2.0.

7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC

7.1 LEARNING ENVIRONMENT QUALITY STANDARDS

Training providers will demonstrate their commitment to training by:

- Reviewing and evaluating on an ongoing basis, the content and style of delivery of the training programme and its acceptability to students and service providers
- Having written and implemented policies on cultural safety
- Demonstrating a commitment to adult learning principles.

7.2 WORKPLACE SUPERVISION QUALITY STANDARDS

Workplace supervision will be provided to a standard that ensures:

- Clear lines of responsibility and accountability for client care at all times, with backup available appropriate to the level of experience of the trainee.
- Appropriate level of supervision.
- Trainees have a written copy of general and specific training objectives.

7.3 EDUCATIONAL SUPERVISION QUALITY STANDARDS

Educational supervision will be provided to a standard that ensures:

- Processes are in place to identify trainees who require additional support, and appropriate action is taken.
- Reports are provided as required.
- Trainees receive assistance with their learning skills as required.

7.4 PROGRAMME COORDINATION QUALITY STANDARDS

Programmes will be co-ordinated to a standard that ensures:

- Supervision arrangements are clear; trainees equipped with the skills to action these.
- Teaching is provided at an appropriate standard using current methods with appropriately skilled staff.
- Assessments of trainees are objective and equitable.
- Reports are provided by the due date.
- Training records are kept and are available.

8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

8.1 PROGRESS REPORTING

Section 2.4 of the specification details the expected milestones and outcomes of the training programme.

8.2 QUALITY REPORTING

Reports as described in Part E of the CTA's standard contract document require a narrative statement. Part F of the contract requires that the provider will have a quality plan in place for the ongoing monitoring of the training provided. The narrative should refer to the outcomes of this internal quality management and make reference to the programme specific quality standards in 7.0 of this specification, particularly with regards to supervision.