



Australian Government

Department of Education, Employment and Workplace Relations

HLTCR401B Work effectively in community rehabilitation

Release: 1

HLTCR401B Work effectively in community rehabilitation

Modification History

Not Applicable

Unit Descriptor

Unit Descriptor

This unit of competency describes the skills and knowledge required to work with clients to support rehabilitation within the community

Application of the Unit

Application

Skills and knowledge are applied according to a *rehabilitation plan*, under the direct or indirect supervision of a health professional and in line with jurisdictional regulatory requirements

The word 'client' should be read to mean client and significant others

Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Not Applicable

Employability Skills Information

Employability Skills

This unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

Elements and Performance Criteria

ELEMENT

1. Work within the context of *community rehabilitation*

PERFORMANCE CRITERIA

- 1.1 Apply knowledge and implications of *values and philosophies* of community rehabilitation in practice
- 1.2 Identify implications of working in communities (rather than in institutions)
- 1.3 Identify *principles and applications of a range of different frameworks, approaches and models*
- 1.4 Identify and adhere to job function boundaries in community rehabilitation, including work *delegated* by the health professional

ELEMENT**PERFORMANCE CRITERIA****2. Work within a multidisciplinary team**

- 2.1 Identify the roles of health professionals within the multidisciplinary team
- 2.2 Identify the range of support inputs required for the *client's rehabilitation*, relevant to own role and responsibilities
- 2.3 In collaboration with the *supervising health professional*, identify the range of *supervisory requirements* associated with supporting the implementation of a client's rehabilitation plan
- 2.4 Clarify the nature of *supervisory relationships* with all professional workers
- 2.5 Clarify *additional people* to be included in communication about the implementation of a client's rehabilitation plan
- 2.6 Provide feedback to relevant others according to the rehabilitation plan, including observation of client status and progress and feedback provided by the client/significant others

3. Provide holistic support to clients within the context of the rehabilitation plan

- 3.1 Identify the range of service inputs required to support a client's rehabilitation plan
- 3.2 Identify the interrelationship between a range of service inputs and *other supports*
- 3.3 Identify additional client requirements outside the rehabilitation plan and discuss with the supervising health professional
- 3.4 Provide client with information to meet educational needs, according to the rehabilitation plan
- 3.5 Engage professional interpreters when required to support cultural and linguistic diversity

ELEMENT**PERFORMANCE CRITERIA**

- | | |
|--|--|
| 4. Address risk identification, hygiene and infection control issues in home care and community settings | <ul style="list-style-type: none">4.1 Identify risks associated with working with the client in their home and community in accordance with local safety protocols4.2 Develop and implement risk management plan in consultation with the supervising health professional and in conjunction with the client and in accordance with local protocols and procedures4.3 Maintain personal hygiene and dress standard according to infection control and organisation requirements4.4 Wear personal protective equipment correctly according to organisation requirements4.5 Safely dispose of infectious and/or hazardous waste material according to waste management policy and procedures4.6 Report or initiate action within own area of responsibility, to redress any potential workplace hazards |
| 5. Document client information | <ul style="list-style-type: none">5.1 Use accepted protocols to document information relating to the rehabilitation program in line with organisation requirements5.2 Provide regular feedback to the client's care team5.3 Use appropriate terminology and format to document the client's progress, including any barriers or challenges to the rehabilitation plan |

Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes knowledge of:

- Awareness of cross cultural issues in a community rehabilitation context
- Community advocacy groups
- Community care service providers including managers, supervisors, coordinators, assessment officers and case managers
- Different frameworks, approaches and models of rehabilitation
- Human rights in reference to community rehabilitation
- Importance of client's interests
- Importance of client's networks in the rehabilitation process
- Importance of principles and practices to enhance sustainability in the workplace, including environmental, economic, workforce and social sustainability
- International classification of functioning, disability and health
- Occupational health and safety (OHS) issues and requirements, risk assessment and risk management associated with working in client homes and the community
- Philosophy and values of community rehabilitation
- Relevant national and/or state-based community services and programs such as HACC, CACPS, veteran's home care
- Support groups and organisations within the community
- The importance and meaning of home and belongings to clients and the nature and significance of working in the client's home and community settings
- The importance and practice of participation, social justice and equity
- Understanding of importance of range of rehabilitation requirements
- Understanding of medico-legal and legal implications of working outside the plans, specifically treatment style plan
- Understanding of principles and practices of self management

REQUIRED SKILLS AND KNOWLEDGE

Essential skills:

It is critical that the candidate demonstrate the ability to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes the ability to:

- Apply language, literacy and numeracy (LLN) competence appropriate to the requirements of the organisation and client group:
 - this may include, for example, ability to read and comprehend a rehabilitation plan, develop and implement a risk management plan, report hazards and document client information
 - language used may be English or a community language
- Apply OHS knowledge in home and community settings
- Communicate effectively with relevant people in a community rehabilitation context, including:
 - communication that addresses specific needs of people with disabilities
 - cross cultural communication
 - verbal and non-verbal communication with clients and colleagues, including members of multidisciplinary teams
- Facilitate client involvement and participation in the rehabilitation process within the context of rehabilitation plans and under supervision of an identified health professional
- Motivate client and build self esteem
- Provide effective and sensitive support to people in community rehabilitation settings
- Take into account opportunities to address waste minimisation, environmental responsibility and sustainable practice issues
- Work within a multidisciplinary team

Evidence Guide

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to

- The individual being assessed must provide evidence of specified essential knowledge as well as skills

EVIDENCE GUIDE

demonstrate this competency unit:

- The assessment of the skills and knowledge should include observation of workplace performance
- 'Workplace performance' may need to be demonstrated under simulated conditions which approximate the workplace, in order to address safety requirements or in order to assess skills and knowledge which may not be possible to assess in the workplace
- Evidence of workplace application should be provided as detailed in the unit of competency
- Where observation is undertaken in the workplace for assessment purposes, the assessor must ensure that safety of practice and duty of care requirements are addressed appropriately
- Assessment should be conducted on more than one occasion to cover a variety of circumstances to establish consistency
- A diversity of assessment tasks is essential for holistic assessment

Access and equity considerations:

- All workers in health and community services should be aware of access and equity issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- In recognition of particular issues facing Aboriginal and/or Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and/or Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities

EVIDENCE GUIDE

Context of and specific resources for assessment:

- This unit can be assessed independently, however, holistic assessment practice with other health and community services units of competency is encouraged
- Resource requirements include access to all relevant resources commonly provided in the rehabilitation context, including:
 - relevant organisation policy and procedure manuals, legislation and standards
 - organisation mission statement, strategic and business plan
 - other documentation relevant to the work context such as:
 - rehabilitation plan
 - reports from allied health professionals
 - client consent

Method of assessment:

- Observation in the work context
- Written assignments/projects and/or questioning should be used to assess knowledge
- Case study and case scenario as a basis for discussion of issues and strategies to contribute to best practice
- Health professional feedback
- Assessment practices should take into account any relevant speech, language or cultural issues related to Aboriginality, gender, disability or English as a second language
- Where the candidate has a disability, reasonable adjustment should be applied during assessment
- Language and literacy demands of the assessment task should not be higher than those of the work role

Range Statement

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Community rehabilitation refers to:

- Support that contributes to reducing hospitalisation stay, minimising hospitalisation and easing the transition back to the community by supporting quality of life and community engagements of clients through:
 - supporting allied health and nursing professionals
 - providing direct and where relevant indirect support to clients
 - working within a community service and health framework
 - operating, under supervision and task delegation service models, in a multidisciplinary framework to maintain, optimise and enhance client functioning in the community

Rehabilitation plan refers to:

- A plan which:
 - is developed by a health professional in collaboration with the client and significant others
 - includes client focused goals with defined rehabilitation outcomes
 - may be multidisciplinary
 - includes time limited activities
 - is regularly reviewed

RANGE STATEMENT

Values and philosophies may include:

- Participation and equity
- Social justice
- Social role valorisation

Principles and applications of a range of different frameworks, approaches and models may include:

- Carer centred
- Case management
- Client centred
- Family centred
- Functional
- Impairment based
- Interdisciplinary
- International classification framework
- Self management
- Transdisciplinary

Delegated refers to:

- Delegated duties that cannot be transferred to another worker
- Delegation within the context of the rehabilitation plan
- Delegation instructions that must include:
 - specific rehabilitation requirements and their purpose
 - possible contra-indications, risks and how to respond
 - any other relevant instructions or information, especially information specific to the client
- The authority specific to an individual client within a specific rehabilitation context and is not transferable to any other client
- The delegating health professional conferring authority on a worker to perform specific activities

RANGE STATEMENT

Client's rehabilitation needs may include:

- Ambulation
- Communication programs, including support for:
 - use of alternative and augmentative communication (AAC)
 - rehabilitation programs for other communication needs
- Community integration
- Daily living requirements
- Exercise programs
- Leisure activities
- Medication
- Nutrition support and screening, including meal preparation and assistance with eating
- Other activities that support specific therapy inputs
- Participation in support groups
- Psycho-social rehabilitation
- Self management skills
- Shopping
- Transport
- Wound dressing

Supervising health professional might include one or more of:

- Cardiac rehabilitation nurse
- Diabetes educator
- Dietitian
- General practitioner
- Occupational therapist
- Physiotherapist
- Podiatrist
- Psychologist
- Registered/division one nurse
- Social worker
- Specialist
- Speech pathologist

RANGE STATEMENT

Supervisory requirements refers to:

- Instructing, advising and monitoring another person in order to ensure safe and effective performance in carrying out the duties of their position
- The nature of supervision is flexible and may be conducted by various means including:
 - in person
 - through use of electronic communication media such as telephone or video conferencing, where appropriate
- Frequency of supervision will be determined by factors such as:
 - the task maturity of the person in that position
 - the need to review and assess client conditions and progress in order to establish or alter treatment plans
 - the need to develop non-clinical aspects such as time management, communication skills and other factors that support the provision of clinical care and facilitate team management
 - a person under supervision may not require direct (immediate and/or face to face) and continuous supervision, however, the method and frequency will be determined by factors outlined above

Supervisory relationships may include:

- Client status driven
- Direct e.g. face to face
- Indirect e.g. supervisor off site and electronic communication
- Outcome driven

Additional people may include:

- Community care service providers including managers, supervisors, coordinators, assessment officers and case managers
- Community groups
- Family
- Friends
- Personal care workers

RANGE STATEMENT

Other supports may include:

- Client networks
- Community groups
- Social groups

Unit Sector(s)

Not Applicable