

Allied Health Assistant Program

Learning, Development
and Support of
Allied Health Assistants



This resource has been developed as part of the Aboriginal Allied Health Assistant Project, a joint initiative between the Disability Service Commission, Office of Aboriginal Health, and the WA Country Health Service.

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INTRODUCTION: LEARNING, DEVELOPMENT AND SUPPORT OF ALLIED HEALTH ASSISTANTS

Allied Health Assistants (AHAs) are a unique part of the allied health workforce and make a vital contribution to allied health teams. They work collaboratively with Allied Health Professionals (AHP) to increase the services available to clients and communities. AHPs therefore have a vested interest and responsibility to ensure that AHAs are suitably trained to be able to provide the maximum support to the allied health services.

Unlike much of the broader health workforce, AHA's often start their career with no formal training, and/or may have not previously worked in an AHA role or any health setting. As a result, AHAs may not be 'work ready' when recruited, and often require significant initial and ongoing training and development to safely and competently fill the requirements of their role. The diversity and variability between AHA roles also means that AHAs with previous work experience or formal qualifications in Allied Health Assisting are likely to need additional training, development and support to extend current skills and develop new skills appropriate for a particular role.

AHPs are responsible for providing AHAs with training, development and support in the workplace to ensure they are able to safely and competently perform their role. This resource kit has been designed to support AHPs in this task. It provides AHPs with a guide and resources to support the development of AHAs, and outlines a framework to foster the effective teaching and learning.

All policy, guidelines and resources referred to within this guide are located on the AHA intranet website (<http://wachs.health.wa.gov.au/default.asp?rid=7&pid=639>).





SECTION 1: LEARNING AND DEVELOPMENT PROCESSES

There are several key elements in supporting the training and development of AHAs including (1) identifying the learning needs of the AHA through competency assessment, (2) documentation and planning of learning and development within a learning plan, (3) provision of training and support, and finally (4) ongoing performance development and review.

1.1 Identifying Learning Needs: Competency Assessment & Review

Assessing the competence of AHAs allows AHPs to identify existing areas of strength and proficiency, identify training, development and support needs, and monitor ongoing the development. The WACHS *Rural and Remote Allied Health Competencies – Allied Health Assistants* (RRAHC-AHA) tool has been designed to assist AHPs in this process.

An initial assessment of competency should be undertaken with an AHA within the first week of employment. This allows the AHP to identify the skills and competencies required for the AHA to perform the expected role. This assessment will provide a guide to the activities that the AHA can initially be delegated, as well as inform the development of the AHAs learning plan to enable them to take on other elements of the role.

It is likely that the AHA will not immediately be able to undertake some roles within their job. In view of the initial competency assessment, AHPs and Managers may need to stagger the AHA introduction to their role according to the level of experience in a particular area. For example, when the AHA commences they may only undertake administrative duties until they receive training and develop competency in relevant clinical activities.

While defining initial training priorities is important, it is only the first step. Learning and development is an ongoing process. Competency assessment should be repeated at regular intervals to determine ongoing development, and further skill development requirements and opportunities. This process should inform collaborative goal setting and the refinement of learning plans and performance development on an ongoing basis.

To maximise the benefit of the competency assessment process, assessment should be undertaken collaboratively with the AHA, with a clear explanation of why the competency assessment is important (i.e. to help AHA develop skills and competencies to enable them to do their job to the best of their ability). Collaborative assessment will help to overcome any concerns, such as feelings of intimidation, the AHA may have. It will also give the AHP the opportunity to explain competencies in detail, and prompt the AHA to reflect on their own existing skills. AHAs bring many experiences and competencies from previous work roles and life, it is important these skills are recognised and valued. A collaborative assessment process allows AHPs to identify these skills and link them to the requirements of the role.

The *Rural and Remote Allied Health Competencies – Allied Health Assistants* framework can be accessed at: <http://www.wacountry.health.wa.gov.au/alliedhealthassistants>.





1.2 Learning Plans: Documenting and Planning Learning and Development

Once the learning needs of the AHA have been identified it is important to prioritise these needs and formalise them within a learning plan. It is important to develop a learning plan soon after the AHA commences. This allows the AHP to plan the learning and development around the priority needs of the AHA and will guide role development; as the AHA learns new skills they will be able to undertake more job roles.

A learning plan provides a template to prioritise and document learning and development needs, and to plan for training and development. Learning plans should include:

- Key skill or competency areas in need of development
- Learning goals of the AHA
- Strategies for achieving the learning; and
- An expected timeframe in which the training and development will occur.

The learning plan should be reviewed and refined regularly in conjunction with ongoing competency assessment. This process provides the opportunity to recognise the progressive learning of the AHA and review the activities the AHA can be delegated within their work role. Additionally, it allows for a review of planned training and development activities to ensure their continued appropriateness over time.

A *Learning Plan Template* is provided in Appendix A of this package.

1.3 Provision of Training and Support

Section two provides an outline of training and support strategies that can be utilised to develop the competency and capabilities of AHAs.

1.4 Performance Development and Review

AHAs, like all other employees of WACHS, should participate in regular performance development. It is recommended that the first performance development session be conducted with the AHA after approximately 2-3 months on the job. This gives the AHA time to settle into the position, and the AHP or Manager the chance to explore their competencies, performance and learning requirements.

AHPs should be mindful that the AHA may require extra support and re-assurance when participating in the performance development process, particularly in the early stages of their position (think about what it was like for your first performance development session).

A range of information on performance development and review can be accessed from the WACHS intranet at <http://wachs.health.wa.gov.au/default.asp?rid=7&pid=4113>. This includes forms, templates and tips for supervisors.





SECTION 2: LEARNING AND DEVELOPMENT STRATEGIES

Once a learning plan has been established, there are a number of ways in which training, development and support can be provided to AHAs. While traditionally learning and development tends to focus on formal training opportunities, it is important to remember that there are many opportunities beyond the 'workshop' or 'training day'. This is particularly relevant for AHAs, as much of their training and development will occur within the workplace through 'on the job' learning with AHPs and peers.

Several of the training and development pathways available for AHA are outlined below.

2.1 On the Job Training

On the job training is perhaps the most important learning and development forum for AHAs within WACHS. Broadly, on the job training refers to the learning and development that occurs in the workplace. Rather than finding appropriate training, on the job training is about making training appropriate and integrating it into the work environment. This creates individual learning opportunities that are appropriate and responsive to the current needs of the AHA and the demands of the role. Learning and development is in context, targeted, practical, relevant and accessible.

For AHAs with no formal qualifications or experience, on the job training provides an opportunity to develop skills and competence directly relevant to the role through observation and one-on-one instruction. For those with formal qualifications or experience it allows for the articulation of theory into practice, and the reframing of existing skills within a new role.

While on the job learning is vitally important in the development of AHAs, very often the focus within the workplace tends to be on working, and 'getting the job done'. Opportunities for learning and development often go unrecognised. AHPs should be mindful of ways in which they can develop AHAs through everyday practice within the workplace, and maximize these opportunities.

Several types of *on the job* learning and development opportunities for AHAs are outlined below.

Being Observed

Being observed refers quite simply to the process whereby the work and activities of the AHA are observed by the AHP. Within learning opportunities of this sort, the focus is not so much on the development of a *particular skill* but rather a means for the AHP to observe the way the AHA performs their duties. This allows the AHP to provide immediate feedback, and allows the AHA with the opportunity to ask questions and seek clarification as they complete a particular task or a suite of related activities.

Observing the work of the AHA can be a useful strategy to develop trust, rapport and confidence between the AHA and the AHP. It provides the AHP with a clear sense of the skills and competence of the AHA in practice. This will assist in determine what activities can be delegated to the AHA, and highlight skills and knowledge areas of strength and those that





require further development. For AHA being observed and receiving feedback can increase confidence and develop their understanding of organisational cultural, workplace policies and procedures, and scope of practice.

The frequency of observations will depend on the existing skills and experience of the AHA and the requirements of the particular work role. Initially observations should be scheduled regularly, but should become less frequent as the AHA develops the necessary skills to take on the complete job role. During observations AHPs should be mindful of the response of the AHA to the process of being observed. The AHA may feel threatened by having someone, particularly their Manager, 'watching them', and the AHP will need support the AHA to overcome any concerns (think back to how you felt when you were being observed by supervisors as a student).

Structured Self Reflection

Within structured self reflection the AHP guides and supports the AHA in reflecting on their practice, role and skills. The AHA may reflect on the way they have conducted a particular task, element of their role, or session with a client. The AHA considers how appropriate or effective their action/s was, and ways the action/s may be improved or further developed.

Developing self-reflection skills will allow the AHA to become less reliant on others to develop and improve their skills. Through self-reflection (whether on their own or with another person) they can start to develop themselves by assessing their own performance, identifying strengths and also identifying areas for improvement. It is important for AHPs to remember that while they may be very familiar with reflective practice, AHAs may be quite new to the process. Reflective practice is a skill that must be learnt. During early sessions it is likely the AHP will need to guide and direct the self reflection and support the AHA to develop this skill.

Again the frequency of the structured self reflective session will vary according to the particular AHA and the role. While valuable in the early stages of appointment, structured self reflection will become increasingly useful and appropriate as the AHA gains experience and develops skills.

Intentional and Incidental Teaching Moments

Intention and incidental teaching moments are those that occur naturally within the workplace and during work based activities (either clinical or non clinical). *Intentional teaching moments* refer to deliberate structured learning opportunities or 'teaching', whilst *incidental teaching moments* occur spontaneously. The teaching is relevant to what the AHA is doing in the 'here and now', to their learning needs and the requirements of the role. For example, an incidental teaching moment may occur when an AHA is completing a task and asks for the assistance of the AHP. Rather than just giving the answer or doing it for them, this could be used an opportunity to teach the AHA to do the task themselves.

As a teacher, the job of the AHP is to look for and make the most of these teaching opportunities within every day activities and interactions. Although it may be somewhat time consuming initially, in the long run it will lead to a skilled and competent AHA. *Section 4: Learning and Development Skills* of this resource includes a section on teaching skills to support AHPs in making the most of teaching moments.





Observing Others: Work Shadowing

Observing others, or work shadowing, can be a powerful learning opportunity for AHAs. Work shadowing refers to the process where one staff member 'shadows' or follows another as they undertake their work for a period of time. Work shadowing allows the 'shadow' to increase knowledge, skills and understanding of their job role and the role of others through observation. It also provides insight into how the local health service operates, how a particular work role fits within the overall organisational structure, and may develop supportive professional networks.

Work shadowing can be a useful development strategy and learning opportunity for AHAs, and should be considered an essential component of AHA orientation and ongoing development. It is appropriate for AHAs to shadow both AHPs and other more experienced AHAs with a similar work role. In addition, dependant on the AHA and their role it may be appropriate for the AHA to shadow other health professionals or workers. AHPs should be mindful of the potential work shadowing opportunities for AHAs within the workplace, and the benefits of such relationships. For example and Aboriginal AHA or an AHA providing services to Aboriginal people may benefit from shadowing an Aboriginal Health Worker.

The frequency and duration of work shadowing sessions will vary dependant on the AHA and the person they are shadowing. Initially, shadowing sessions should be scheduled regularly with both managing/delegating AHPs and other AHA with a similar work role. Time should also be allocated within these sessions for the AHA to ask questions and seek further information.

2.2 Self Directed Learning

Self directed learning includes learning activities the AHA can undertake independently or with limited support. Learning of this type can empower the AHAs to take responsibility for their learning, and allow them to focus development on areas in that they are particularly interested in, or feel they a need to develop. With the guidance of the AHP, the AHA is able to access learning opportunities that are particularly relevant to their needs at a pace that is appropriate to their learning needs.

To support the self directed learning and development of AHAs, AHPs should schedule time with the AHA to discuss each learning activity, whether this be a reviewed resource, website or article, and how it relates to the AHA work role. This allows the AHP to contextualise the learning and provides the AHA with the opportunity to ask questions to consolidate their learning.

There are many self-directed learning opportunities available for AHA within the workplace, some examples are outlined below.

Resource Review

Reviewing resources, such as journal articles, books, departmental resources, reports or any number of other written resources, can facilitate learning. While a resource review is a self directed process, it may be appropriate for the AHP to provide or recommend particular resource for their relevance to the role, skills and literacy of the AHA.





Collegial discussion

While often underestimated, collegial discussions can be a valuable self directed learning tool for AHAs. Simply, collegial discussion refers to talking through scenarios, work practices, tasks and activities with colleagues. In these learning forums, the AHA learns from the experience and or practices of others within the workplace. They provide the AHA with the opportunity to develop an understanding of the workplace, can help to translate theoretical knowledge into a practical setting, and consolidate other learning.

All staff will have something to offer AHAs, however AHA are most likely to benefit from discussions with other AHAs, AHPs, and other health professional with roles with direct relevance to the AHA work role, such as an Aboriginal Health Worker (AHW).

Web Searching and Review

The Internet and web based resources can also provide valuable self directed learning opportunities for AHAs. With assistance from the AHP, the AHA can seek information on a particular topic, condition, or client group. In identifying online learning opportunities the AHP should be mindful of breadth of information available on the Internet, and the variable quality of the information, as well as the skills and knowledge of AHAs, who may have varying degrees of health and computer literacy. Where appropriate, web searching as a self-directed learning strategy should be guided and directed by the AHP. That is, the AHP should provide useful links or websites for review, or identify online articles or resources for review, and support the AHA to seek out the resources online.

2.3 Structured Learning Opportunities

While on the job training and self directed learning are important, structured learning opportunities also provide valuable training and development pathways for AHAs. Learning of this sort tends to be theory base and offers focused skill and knowledge development relevant to the work role of the AHA. Participating in this learning allows AHAs to develop a comprehensive understanding of a topic within a structured and supported learning environment, gaining insight into not only *how* something is done, but also *why*.

To support structured learning and development, AHPs should schedule time with the AHA to discuss the learning activity, and how it relates to the AHA work role. This provides the AHP the opportunity to frame learning in relation to the AHAs work role, and allows the AHA to ask questions to consolidate their learning.

There are several structured learning and development pathways for AHAs within WACHS, some examples are outlined below.

Allied Health Assistant Training Series

The *Allied Health Assistant Training Series* is a package of training modules designed to support the training and development of AHAs in WACHS. The series includes foundation modules, multi-disciplinary modules and discipline specific modules as detailed below:





Foundation Modules

- Working Ethically, Legally & Professionally
- Communicating & Managing Time
- Running a Therapy Session
- Prompting, Cueing & Modelling
- Paediatric Behaviour Management

Multidisciplinary Modules

- Paediatric Play Skills
- Paediatric Early Intervention
- Working with Adults & Seniors
- Working with People who have a Disability

Discipline Specific Modules

- Paediatric Visual Perception
- Paediatric Pre-literacy
- Paediatric Sensory Processing
- Paediatric Gross Motor Skills
- Paediatric Fine Motor Skills
- Paediatric Comprehension Skills
- Paediatric Phonology: Speech Sounds
- Alternative & Augmentative Communication
- Narrative Skills*
- Adult Mobility*
- Pulmonary Rehabilitation*

Each training module is typically 1–1 ½ hours in duration. The modules include presentation of theory and discussion on how this is applied in practice. The modules also include a range of activities such as quizzes, case-studies, observations. Additionally, presenter notes are available for AHPs to support the learning process.

With the exception of modules indicated with an ‘*’ all modules are available on DVD. These are available at local health site, can be loaned from the DOH library, or can be ordered from <http://www.wacountry.health.wa.gov.au/alliedhealthassistants>. The modules not available on DVD are currently offered twice a year via videoconference. Modules can also be delivered onsite (face to face) by a local AHP. The presenter’s notes provide a guide for AHPs to run a training session on each module. All presenter and participant notes can be downloaded from <http://wachs.health.wa.gov.au/default.asp?rid=7&pid=1097>.

Training modules can be viewed independently by the AHA, or together with the AHP. Some AHAs may benefit having the AHP attend the session with them to allow for further discussion and support throughout the presentation. At a minimum, time should be scheduled with the AHA after completing each module to allow for the consolidation of knowledge, asking questions and discussing implications for practice.

It is important to note that the training modules develop knowledge or theoretical competency only. Watching a DVD or session does not make the AHA competent to undertake a specific role or task in practice. The AHP will need to support the AHA through on the job training to translate theoretical learning into practice, and develop practical competence.

Mini-Modules

A number of Mini-Modules are currently being developed to augment the *Allied Health Assistant Training Series*. These modules are shorter in duration (approximately ½ hour) and focus on a specific aspect of AHA practice. Mini-modules can be assessed from: <http://wachs.health.wa.gov.au/default.asp?rid=7&pid=1097>.





Health Service In-Servicing

Local health services host a number of regularly scheduled training events relevant to the local health service and WACHS policy. Many of these sessions relate to mandatory training areas such as: manual handling, CPR, fire and safety, and managing aggressive behaviour. They provide AHA with core skills needed to by all staff in health to work safely and ethically within the organisation. AHAs should be supported to attend these training sessions where appropriate to their role. Local training events are typically advertised on the regional education and training calendar, available on the regional Intranet.

Allied health departments may also host in-servicing events for health staff. AHPs should consider the relevance of these training sessions to AHAs and invite them to attend where appropriate.

Online Training

A range of online and self-directed online training packages and educational resources are available which may be useful and relevant for AHAs. WACHS currently suggested several packages, including training on first aid, hand hygiene and patient safety (to name a few). As will all training opportunities the AHP should assess the relevance of the training to the AHP and the particular job role.

A list of suggested online structured learning opportunities can be accessed at: <http://wachs.health.wa.gov.au/default.asp?rid=7&pid=4445>.

Other Training

In addition to the structured learning opportunities outlined above, there are a number of training and education sessions typically conducted via videoconference that may be relevant to the role of some AHAs. Again AHPs will need to ascertain if the content is appropriate for the role of the AHA before the sessions, and allocate time with the AHA after the training to discuss the learning.

These training sessions are detailed on the WACHS calendar of events which can be accessed at: www.wacountry.health.wa.gov.au/calendar.asp.

2.4 Further Education

A number of formal training pathways are also available for AHAs. Vocational Education and Training (VET) qualifications are available for AHAs through a Certificate III and Certificate IV in Allied Health Assistance. These qualifications are primarily delivered through TAFE colleges or registered training organisations (RTOs). AHPs should discuss with AHAs the options for formal training. This may include the benefits to undertaking training, the time and commitment required to complete the study, the support the organisation can provide, and costs of studying.

Within Western Australia, there are a number of providers of the Certificate III and Certificate IV in Allied Health Assistance. This includes both onsite face-to-face delivery and flexible distance delivery. Visit <http://wachs.health.wa.gov.au/default.asp?rid=7&pid=2752> for up to





date information on the providers, course content and costs of the qualifications. Alternatively visit the TAFE WA website www.tafe.wa.edu.au.

There are a number of ways AHPs can provide support for AHAs to undertake formal education. These include:

- Providing time within the workplace to complete their studies
- Providing access to resources (such as computer/internet) to undertake studies
- Supporting the AHA in module completion (this may include discussions, directing them to additional resources etc.)

Some AHAs may be interested in pursuing formal qualifications in another health or community field (e.g. Teachers Assistant, Disability Worker etc), which may align with their future career aspirations and opportunities. Such qualifications, although not directly related to Allied Health Assisting, may still provide valuable skill set for your AHA. For more information visit the Tafe website at www.tafe.wa.edu.au.





SECTION THREE: SUPPORT STRATEGIES

The success of any learning and development program will be influenced by the support provided to the staff member. Good support strategies provide an opportunity for the AHA to consolidate learning and development, to become invested in the organisation and local health service, monitor their own development through reflection and feel more confident in their role. As such, AHPs should ensure the learning and development of AHAs includes strategies to support both their role and their ongoing development. Some useful support strategies are outlined below.

3.1 Mentoring

Being able to access support through mentoring from a more experienced staff member can be very valuable to AHAs, particularly those who work in more isolated settings (e.g. not co-located with a delegating/managing AHP). Mentors can serve many roles, including: acting as a sounding board; guiding development; providing encouragement and advice; acting as an informal teacher and source of organisational knowledge; and developing professional networks.

There are several people within the health service that may be appropriate mentors for AHAs, including: another, more experienced, AHA with similar work role; AHPs with experience working with AHAs; or other health professionals or health workers with relevant skills and experience, such as an Aboriginal Health Worker. Discuss with the AHA the type of mentor that they think they need, and what they hope to get out of a mentoring relationship. It may also be appropriate to have more than one mentor to support them in different elements of their role.

3.2 AHA Networking

As with any professional group, networking is a key source of support for AHAs. Networking is about connecting with others with a range of perspectives, experience and knowledge.

Perhaps the most important networking group for AHA is other AHAs. This networking can be local, regional, or state-wide level. Creating networking opportunities locally is as simple as making time for an AHA to meet and talk either formally or informally with other AHAs working within the health service. Opportunities may also exist at the regional level through events such as regional allied health planning days, or regional training sessions. At a state-wide level WACHS supports an AHA network that meets four times a year via videoconference.

Supervision & Delegation

Supervision and delegation are key support mechanisms for AHAs. An AHP requires strong skills in supervising and delegating activities to effectively support the learning and development of AHAs. Supervision and delegation are comprehensively addressed in the *Working with Allied Health Assistants Resource Kit*.





SECTION 4: LEARNING AND DEVELOPMENT SKILLS

AHPs working with AHAs have a responsibility to provide teaching and learning to the AHA, and are inherently teachers (as well as managers, supervisors and delegators). This section will provide some background to the basic principles of adult learning, and provide some strategies and tips to support AHP in this role, including task analysis, teaching methods, adapting training material, and adapting training material to the needs of the AHA.

4.1 Teaching Adult Learners

As adult learners, AHA will learn most effectively in specific ways. AHP should be mindful of the principles of adult learning and draw on them in the teaching of AHAs. Adult learners need to:

1. *Understand why something is important to know or do.*

Take the time to explain the theory or rationale for learning a skill or undertaking a task within the teaching process.

2. *Have the freedom to learn in their own way.*

Adult learners learn in different ways: some visual learners, and learn through visual prompting; others are auditory learners and learn when they hear new information; some are kinaesthetic learners and need to physically engage in learning through touching or doing; others are reading and writing learners and learn through note taking and writing. AHPs should determine how the AHA learns best, and tailor teaching to this learning style.

3. *Learn by experience.*

Experiential learning refers to learning from direct experience. It refers to learning and teaching directly within and related to the workplace.

4. *Learn when the time is right for them to learn.*

Learning and teaching should be structured around those skills that the AHA need to do his/her current job. For example, training in working with an autistic child may be best provided just before the AHA starts seeing the child. In this way the learning is very relevant and current, and the AHA has a chance to practice the new skills he/she is learning.

When teaching AHAs, AHPs should be mindful of the following characteristics of adult's learners to maximise the value of training and development exercises:

- Adults usually want to apply what they learn soon after the learning experience.
- Adults are interested in learning concepts and principles; they like to solve problems rather than just learn facts.
- Adults like to participate actively in the learning process by helping to set appropriate learning objectives.
- Adults like to know how well they are doing; feedback should be provided to help them evaluate their own progress.





4.3 Task Analysis

Most skills and tasks are comprised a series of small, discrete steps. Task analysis is a key skill in teaching, and refers to process of reflecting on, or analysing, a skill or task to identify its discrete elements. For example, think about the steps involved in tying shoelaces. You might reflect on the task and identify the following steps:

1. Hold one lace in each hand.
2. Pull the shoe laces tight with a vertical pull.
3. Cross the laces.
4. Pull the front lace around the back of the other.
5. Put that lace through the hole.
6. Tighten the laces with a horizontal pull.
7. Make a bow.
8. Tighten the bow.

As with teaching someone how to tie shoe laces, teaching skills and tasks to an AHA requires skills be broken into discrete elements, or steps, rather than presented in a single indigestible chunk. While this sounds straight forward, the process of separating a task into its smaller elements can be challenging. This is especially so for skills or tasks that we no longer need to think about (e.g. skills AHPs learned in university and have been using ever since).

How skills and tasks are broken down will depend on more than the skill itself. The number of steps required for example, will depend on the knowledge, experience and learning style of the AHA receiving the training. To refer back to the tying of shoe laces, many of the steps identified presuppose a base knowledge, for example, understanding the concepts of vertical and horizontal, and knowing what a 'bow' is. Dependant on who and what you are teaching, the complexity of the steps will, and should, vary.

4.3 Teaching Clinical Skills

As learners acquire new skills they progress through four levels of understanding:

1. Unconsciously Incompetent (don't know what they don't know)
2. Consciously Incompetent (know what they don't know)
3. Consciously competent (can complete the task with thought)
4. Unconsciously competent (can complete a task unconsciously, 'do it in their sleep').

There are many models for teaching clinical skills, and supporting a student to transition from 'unconsciously incompetent' to 'unconsciously competent'. While these generally come from nursing or medicine, many are transferable to the allied health context, and appropriate for the teaching of clinical skills to AHAs.

The below model identifies 12 steps within three phase teaching process 'See one, do one, do one more'.





Introductory Phase: 'See One'

1. **State the objective** of the teaching about to be done, and the specific performance that is expected at the conclusion of the session.
2. **Explain the rationale** and importance of the skill or task.
3. **Provide an overview** of the basic steps of the skill or task and describe necessary equipment and materials.
4. **Explain each step** of the skill or task is done.
5. **Demonstrate** the entire skill or task from start to finish.

The learner has now progressed to Level 2, *consciously incompetent*.

Practice Phase: 'Do One'

6. **Give specific instructions on what to practice** and *how*.
7. **Observe practice** closely and provide frequent prompting where necessary.
8. **Provide feedback** on performance.
9. **Allow** a period of independent **practice time**.
10. **Certify the student** on the entire skill.

The student has now progressed to Level 3, *consciously competent*.

Perfecting Phase: 'Do One More'

11. **Provide precision practice** under realistic stress situations.
12. **Prompt and give feedback only rarely**.

The student has now progressed to the fourth level of skill acquisition, *unconsciously competent*, and can complete the skill or task competently without thought.

This 12 step teaching process is an appropriate tool for developing the skills and competence of AHAs and other adult learners. It may be employed during intentional teaching moments, and other learning and development exercises to maximise learning and development.

Adapted from: TL Schwenk (2009)
CRLT Occasional Paper No. 1: Clinical Teaching, Centre for Research on Learning and Teaching,
University of Michigan, Available from: <http://www.crlt.umich.edu/publinks/occ1.php>.





Appendix A: Learning Plan Template

Name		Position	
Date Start		Date Completed	
Review Date		Review Date	

<i>Area Identified</i>	<i>Learning Goals (specific learning needs - skill, knowledge, attitude, behaviour)</i>	<i>Methods (strategies and resources)</i>	<i>Evidence of learning</i>	<i>Timeframe</i>



For enquiries regarding this package please contact:

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