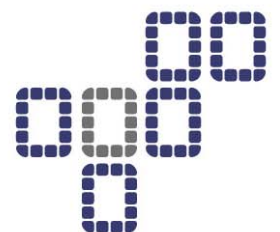


Allied Health Assistant Program

Recruitment, Orientation and Induction 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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Department of **Health**



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TABLE OF CONTENTS

INTRODUCTION: Recruitment, Orientation and Induction of AHAs	p. 1
SECTION 1: RECRUITMENT	p. 2
1.1 Developing a Job Description Form	p. 2
Defining Duties	p. 2
Determining Selection Criteria	p. 3
Job Description Form for Aboriginal Allied Health Assistants	p. 3
1.2 Advertising the Position	p. 4
Accessing Aboriginal applicants	p. 4
Designing advertisements for local advertising	p. 5
1.3 Selecting an Applicant	p. 5
Culturally Appropriate Interviewing	p. 6
SECTION 2: RECRUITMENT RESOURCES	p. 8
2.1 Recruitment of Allied Health Assistants	p. 8
2.2 Recruitment of Aboriginal Allied Health Assistants	p. 8
SECTION 3: WACHS INDUCTION AND ORIENTATION	p. 9
3.1 WACHS Corporate Induction	p. 9
3.2 Regional Induction	p. 9
3.3 Workplace Orientation	p. 9
SECTION 4: WORKPLACE ORIENTATION AND INDUCTION	p. 10
4.1 Worksite Orientation	p. 10
4.2 Work Role Orientation	p. 10
Workplace Policies and Procedures	p. 10
Allied Health Assistant Policy and Guidelines	p. 11
Scope of Practice	p. 11
Management & Coordination	p. 11
Roles & Responsibilities	p. 12
Delegation	p. 12
Support for Work Roles	p. 12
Health Team Roles	p. 12





4.3	Learning, Development & Support	p. 13
	Competency Assessment	p. 13
	Developing a Learning Plan	p. 13
	Performance Management and Support	p. 14
SECTION 5: TIPS & STRATEGIES FOR ORIENTATION AND INDUCTION		p. 15
5.1	Orientation and Inductions Strategies	p. 15
	Orientation Buddy	p. 15
	Work Shadowing	p. 15
	Mentoring	p. 15
5.2	Tips for Facilitating Orientation and Induction	p. 16
	Plan for Orientation	p. 16
	Develop an Orientation Timetable	p. 16
	Engage the Employee in Orientation	p. 16
	Periodically Check	p. 16
APPENDIX ONE: SAMPLE INTERVIEW QUESTIONS		p. 17
APPENDIX TWO: WORKSITE ORIENTATION CHECKLIST		p. 19
ACKNOWLEDGEMENTS		p. 20





INTRODUCTION: RECRUITMENT, ORIENTATION AND INDUCTION OF ALLIED HEALTH ASSISTANTS

Allied Health Assistants (AHAs) form a unique part of the allied health workforce. Typically they are recruited from within the local community. They often come to the role with no formal training, and may have not previously worked in an AHA role, or a health setting more broadly. This workforce profile makes effective recruitment, orientation and induction processes especially important for AHAs.

Allied Health Professionals (AHPs) are responsible for supporting the recruitment, orientation and induction of AHAs in the workplace. This resource kit has been designed to support AHPs through these processes and to provide links to existing WACHS policy, guidelines and resources.

The package is divided into five sections. Section one outlines the processes for recruitment of AHAs. Section two provides a list of resources that may be used to support the recruitment of AHAs. Section three outlines WACHS orientation and induction processes, including corporate induction, regional induction and workplace orientation. Section four provides a guide for the workplace orientation and induction of AHAs, outlining key elements to be included in local programs. Finally, section five provides tips and strategies that may enhance the process.

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: RECRUITMENT

Many AHPs are tentative to be flexible in their recruitment practices, fearing that changes to 'normal' processes may not meet the Public Service Standards. However, while AHPs must adhere to the public sector standards in relation to recruitment, it is important to remember that there is scope for flexibility and responsiveness in recruitment practices.

The major parameter in the Public Service Standards is equity in recruitment. This means that whatever processes are used, they need to be consistent for every applicant. It is recommended that AHPs liaise with their local Human Resource Manager for additional advice regarding Public Sector Standards, and flexibility within these standards to allow the recruitment and selection process to be more appropriate.

For Aboriginal people, a flexible and culturally appropriate recruitment process is critical. In the first instance, many traditional advertising streams may not reach Aboriginal people. Additionally, if the advertisement reaches the target audience, many Aboriginal people are often deterred from applying for positions because they: are worried about having the 'right words' for written communications in English; are unable to fully understand the selection criteria; and feel disadvantaged in a formal interview process. More barriers exist in the interview process itself, with the setting and format of interviews often somewhat culturally inappropriate, intimidating and prohibitive for many Aboriginal people.

To supplement the advice of local Human Resource teams, this section will outline the recruitment processes for AHAs. It will suggest strategies for job design, the effective advertising of positions, and strategies to ensure the interview process is appropriate. Together these strategies will allow for the more effective recruitment of AHAs.

1.1 Developing a Job Description Form

A Job Description Form (JDF) states the key responsibilities and selection criteria of a position. The JDF, and the criteria outlined within it, will guide the selection process and influence the type of applicant that is selected to fill a position. It is important to ensure the JDF accurately reflects the skills and knowledge required of the applicant to successfully undertake the role.

A JDF template for AHAs has been established and is available from the WACHS AHA Intranet page <http://wachs.health.wa.gov.au/default.asp?rid=7&pid=639>. The template outlines all the potential duties that can be undertaken by an AHA, and recommended selection criteria.

Defining Duties

In defining the duties to be undertaken by the AHA:

- Use the JDF template to identify the duties to be undertaken with this position
- Remove duties not relevant for this position
- Consider re-wording the selected duties into language appropriate for the role
- Add in additional duties, as required.





Determining Selection Criteria

In determining the selection criteria for the AHA position:

- Review the selection criteria included on the AHA JDF template
- Remove inappropriate or non-relevant criteria
- Consider re-wording the selection criteria into language appropriate for the role.

Job Description Form for Aboriginal Allied Health Assistants

The role of Aboriginal Allied Health Assistants (AAHAs) may vary somewhat from that of other AHAs. As well as other differences, it is likely the AAHA role will include cultural mediation. This difference in role expectations should be reflected in the position JDF.

Several additional factors should be considered in the design of an AAHA position and the development of the position JDF. The following questions should be considered when determining the nature of the position, and the type of person required to fill the role:

- Why is an Aboriginal person desirable for this position?
- Does the position require an Aboriginal person from a particular region? If so how can the selection criteria to reflect this?
- What skills and abilities are required, including Aboriginal cultural knowledge and skills?
- Is it necessary or desirable to utilise an Aboriginal Employment Officer or an external Aboriginal consultant to facilitate the recruitment process?

Additional selection criteria for an AAHA JDF may include:

- Demonstrated experience liaising and consulting with Aboriginal people in a culturally sensitive manner
- Shows a level of knowledge of Aboriginal cultures appropriate to the position
- Ability to communicate sensitively and effectively with Aboriginal people and aware of the need for proper consultation and negotiation
- Ability to liaise with a wide range of people, including non-Aboriginal employees, community people and Aboriginal organisations
- Demonstrated experience and knowledge of Aboriginal health issues
- Show knowledge and understanding of the health needs of xxxx community.





1.2 Advertising the Position

Where and how a position is advertised will significantly impact the success of the advertisement. While advertising on the WA government website www.jobs.wa.gov.au will enable online access to all internal staff and the general public it may also be appropriate to consider advertising beyond the *usual* mediums. These may include:

- Local community newspapers
- Community notice boards (hospital, community centre, school)
- Organisation and community newsletters (school, health service)
- Word of Mouth (through existing networks)
- Internal applicants (consider ways of advertising the position to people already working in the health system such as food services or patient care assistants).

Accessing Aboriginal applicants

To specifically target Aboriginal applicants the below mediums may be useful and appropriate:

- Aboriginal specific media, such as newsletters, newspapers and radio
- Local Aboriginal Organisations (such as the Aboriginal Medical Service)
- Community newspapers with wide distribution
- Internal (organisational) Aboriginal staff networks (word of mouth)
- Inter-agency networks (such as network meetings or email networks)
- Aboriginal Employment Development Officers (AEDO) or Aboriginal Liaison Officers
- Aboriginal Services Branch, Department of Training
- Existing community networks (such as the Aboriginal Employment Coordinators' Network)
- Community meetings with key Aboriginal people, such as Elders.

Often Aboriginal media sources are the best sites for the formal advertisement of a position. There are several major, often national, Aboriginal media groups providing newspaper, radio and television that may be useful. Several of these are listed below. However, local media is often more powerful.

KOORI MAIL NEWSPAPER
PO Box 117 Lismore NSW 2480
Phone: 02 6622 2666
Fax: 02 6622 2600
Website: www.koorimail.com
Email: admin@koorimail.com

National Aboriginal Times
PO Box 696, Woden ACT 2606
Phone: 1300 786 611
Fax: 1300 786 622
Email: mail@nit.com.au

Aboriginal & Islander Health Worker Journal
PO Box 502, Matraville NSW 2036
Phone: 02 9311 2593
Fax: 02 9311 2814
Website: www.aihwj.com.au
Email: journal@aihwj.com.au

Western Australian Aboriginal Media
Association
176 Wellington St, East Perth WA 6004
Phone: 08 9325 1622
Fax: 08 9221 1069





Designing advertisements for local advertising

The design of an advertisement will affect who responds to it. When specifically targeting the community members try the following:

- Use plain English. Keep the text simple and brief.
- For Aboriginal positions, consider using innovative design features, such as artwork (ensure it is relevant to the region or target group by consulting the local Aboriginal art community). Examples include incorporating an Aboriginal designed border or a photo.

1.3 Selecting an Applicant

To comply with Public Service Standards the interview process should to be the same for every applicant. That is: all applicants must be asked the same questions; all applicants must have the same access to interview questions prior to interview; and all applicants must be given the same opportunity to demonstrate their appropriateness for the position.

Putting applicants at ease will allow you to get the most out of an interview. The below suggestions may help make the interview process less intimidating for applicants:

- Use simple language when designing the interview questions.
- Start with a simple question and general chat to help applicants feel at ease.
- Provide the interview questions to the applicants prior to the interview.
- Consider using an informal, conversational questioning style rather than a standard interview pro-forma. This will aid in the establishment of rapport and add to the comfort of the applicant.
- Take time to determine how the applicants experience and skill relate to the job. Open ended questions, such as 'Can tell us about a time when you...' may prove useful, and allow for the identification of transferable skills.
- Endeavour to make the interview process less formal and intimidating. For example, make informal contact with the applicant prior to the interview to establish rapport.
- If possible, avoid having physical barriers, such as a desk, between the panel and the applicant.
- Interviews can be conducted in many ways (face-to-face, via telephone, via videoconference). Utilise the method most appropriate to the particular context.

Examples of interview questions have been included in Appendix One: *Sample Interview Questions*.





Culturally Appropriate Interviewing

As with the advertisement of a position, it is important to ensure the selection process, particularly interviews, are culturally appropriate and accessible so as not to disadvantage Aboriginal applicants. Below are some suggested strategies to facilitate culturally respectful selection processes.

Interviewing

- Ensure all panel members have training in cross-cultural communication and that they understand potential gender/family issues for the Aboriginal applicant.
- Include an Aboriginal person on the panel. This may be a local respected Elder, or a staff member within the health service.
- Where relevant, ensure that the Aboriginal panel member is properly supported by ensuring that they can operate confidently in a formal decision making process. You may want to provide access to an Aboriginal elder/mentor who can support them in this role.
- Prior to interviewing it may be beneficial to conduct a workshop or community meeting to explain the selection criteria and what skills are needed for the position to potential applicants in a comfortable setting. Additionally, this will provide the opportunity to engage with and observe applicants in an informal setting.
- Interviews may be conducted in many settings (within the health service, within a community, within a local Aboriginal organisation, in informal family groups or by any other method acceptable to the group being interviewed). Again use the method most appropriate to the particular context.
- If you are using an interpreter make sure that they fully understand the interview questions before the interview commences so not to disadvantage the applicant.
- For future collaboration and community involvement, take the time to provide personal feedback and advice to unsuccessful applicants.

Obtaining Referee Reports

During the selection process some Aboriginal applicants may find it difficult to nominate suitable referees. This may be due to limited formal work experience, or cultural differences in terms of self-promotion. It may be useful to provide the applicant with a list of people that may be suitable, such as: a clinic nurse or health service employee; school principal; if in an Aboriginal community, the Community manager, or Member of an Aboriginal Organisation; Community Elder or Traditional land Owner; previous TAFE Instructors; or previous supervisors, managers or bosses. Ideally, referees should include both an Aboriginal and one non-Aboriginal person. Additionally, Aboriginal people used as referees should be known to the applicant but not be an immediate family member bound by kin obligation.





Additional consideration may need to be given to seeking references from Aboriginal referees. Some of these may include:

- The format of the reference: Some Aboriginal referees will be happy to provide a written report, particularly if provided with a template to complete. Others will feel more comfortable to give a verbal report over the phone, while others may only provide a report face-to-face.
- Some referees may require an interpreter. Where possible, use a community interpreter. The community Council or local Aboriginal organisations should be able to suggest appropriate persons.
- It should be made clear prior to seeking a reference that no payment or remuneration will be provided to the referee.





SECTION 2: RECRUITMENT RESOURCES

In addition to this guide, a range of resources are available on the WACHS Allied Health Intranet Site, for both managing AHPs and AHAs. Take the time to familiarise yourself with the site, and direct your AHA to relevant resources and information. The WACHS AHA Intranet can be accessed at: <http://wachs.health.wa.gov.au/default.asp?rid=7&pid=639>

The resources listed below may support the recruitment, orientation and induction of AHAs.

2.1 Recruitment of Allied Health Assistants

- *Recruiting for the WA Public Sector*
The Office of the Public Sector Standards Commissioner and the Office of Equal Employment Opportunity, 2005
<http://www.opssc.wa.gov.au/documents/hrm/recruiting/bookletfinal.pdf>
- *HCN Recruitment Package (located on the WACHS intranet)*
Department of Health Government of Western Australia
http://hcn-intranet.hdwa.health.wa.gov.au/portal/page?_pageid=118,4358924&_dad=portal&_schema=PORTAL&p_countr=&p_lang=

2.2 Recruitment of Aboriginal Allied Health Assistants

- *Aboriginal Employment: A guide to better attraction, selection and retention strategies across WA Health*
Department of Health (WA), 2009
<http://www.aboriginal.health.wa.gov.au/employment/index.cfm>
- *Employing Aboriginal Australians: A Guide for Employers*
GROW Employment Council, 2008
http://www.grow.org.au/contentfiles/76/Blue%20Workbook_web_2008.pdf
- *Recruitment and Retention of Aboriginal Australians: Showing the Way*
Office of Equal Employment Opportunity, 2008
http://www.oeeo.wa.gov.au/documents/generalpublications/stw_indigenous.pdf
- *A support strategy for the recruitment and retention of Aboriginal Australians*
Office of Equal Employment Opportunity, 2002
<http://www.oeeo.wa.gov.au/documents/indigenousworkplaces/indigenousemploymentstrategy.pdf>





SECTION 3: WACHS ORIENTATION AND INDUCTION

A successful orientation and induction program is key to staff retention. Orientation and induction programs introduce new employees to the organisation by providing necessary information, resources and support to assist them to adjust to the new work environment quickly.

WACHS follows to WA Department of Health orientation and induction policy and guidelines. These can be downloaded from:

<http://intranet.health.wa.gov.au/corporateinduction/docs/IndOrienCompleteGuidelines.pdf>

All WACHS employees need to complete three components of induction/orientation, followed by ongoing education and performance development. These include: WACHS Corporate Induction; Regional Induction; Workplace Orientation. While this package focuses on the workplace orientation, below is a brief summary of each of the three elements and links to the necessary resources.

3.1 WACHS Corporate Induction

WACHS Corporate Induction must be completed by all new employees within the first month of employment. It provides new staff with an overarching induction to the organisation. The package is provided through an online tool, accessed at:

<http://wachs.health.wa.gov.au/default.asp?rid=7&pid=2607>.

To best support the induction process may be appropriate to complete the induction tool with the new staff member, particularly those with limited literacy or computer skills, or assign a work buddy. Additionally, if the new staff member is an Aboriginal person, it may be appropriate to assign another Aboriginal member of staff to assist in this process.

3.2 Regional Induction

Regional Induction is delivered through Regional Induction Seminars. These seminars are held at regular intervals in each of the WACHS regions. Regional inductions will include an introduction to the region and the local country health service. See your local or regional Staff Development Team for further information.

3.2 Workplace Orientation

Workplace orientation assists staff to learn more about their new job, work role, colleagues and workplace. This process will be specific to the particular context, and the role of the new staff member. Workplace orientation may generally take several months, during which staff will develop, their knowledge and performance levels to acceptable standards of quality and timeliness. Workplace orientation is generally provided to AHAs by the AHP or Manager supervisor them, other AHAs, or other staff in the work area.





SECTION 4: WORKPLACE ORIENTATION AND INDUCTION

The workplace orientation and induction of AHA may vary somewhat from the orientation of other new staff. AHAs often come to the role with no formal training. They often have not previously worked in an AHA role, or a health setting more broadly. This lack of prior experience and training may present specific challenges to AHPs and Managers in orienting and inducing new staff.

AHPs and Managers should be cognisant that new AHAs will often not be 'work ready' on appointment. Appropriate induction will likely be lengthy, extending over several months, and will include training and gradual role induction as skills and competence develop.

This section will outline the necessary elements of an induction program to support new AHAs. It will include a description of: Worksite Orientation; Role Orientation; and Ongoing Skill Development. Additionally, it will suggest some strategies to facilitate more effective orientation. Collectively, this program provides AHPs and Managers the means to appropriately support the orientation, induction and development of new AHAs.

4.1 Worksite Orientation

The new AHA should be thoroughly oriented to the worksite. This will include providing the new staff member with information about local facilities and resources, OSH procedures, Human Resources, IT and computing and local administration, amongst other things.

A comprehensive check list for the worksite orientation of new AHA is outlined in *Appendix Two: Worksite Orientation Checklist*. You might even want to give this checklist to your AHA, so that he/she can check off each item as it is covered. This keeps your AHA involved in the orientation process.

4.2 Work Role Orientation

The new AHA should be thoroughly oriented to their role. This should include discussions around the key responsibilities of the position and the expectations of the AHP. The work role orientation of AHAs should include each of the elements outlined below.

Workplace Policies and Procedures

The AHA should be orientated to all relevant workplace procedures and policies. These may vary depending on the role of the assistant. This involves more than just giving the AHA the key documents. You will need to explain the policies, and ensure that the AHA understands them. You also need to show the AHA where policies and procedures can be found on the intranet and in hard copy.





The policies outlined below should be included in the AHA orientation. However, this is not an exhaustive list, other relevant policies should be included on a site specific basis.

- Compliments and complaints
- Confidentiality and disclosure
- Clinical incident management
- Bullying in the workplace
- Code of Conduct
- Employee Accident Incident and Hazard Reporting
- Internet and Electronic Mail
- Workforce Learning and Development
- Driver Safety
- Home Visiting
- Occupational Safety and Health
- Infection Control

Allied Health Assistant Policy and Guidelines

AHAs should be orientated to all relevant role specific policies and guidelines. Before discussing these with new staff, re-familiarise yourself with the documents. Ensure that you have a clear understanding of how they relate to the AHA role. The AHA policy can be of assistance in describing AHA position within the organisation, and roles and responsibilities of AHAs from an organisational perspective.

For more information refer to the *WACHS Allied Health Assistant Policy*.

Scope of Practice

The Scope of Practice Guideline is an especially important in the orientation of AHAs. It clearly describes the scope of activities the AHA is able to undertake, and the limitations on their practices. These should be discussed at length with the AHA. Managing AHPs must ensure that AHA comply with the scope of practice guideline. AHA must not work beyond their scope of practice or level of competence.

For more information refer to the *WACHS Allied Health Assistant Scope of Practice Guideline*

Management & Coordination

AHAs are employed under a number of different employment structures. Several different people within the health service may fulfill management roles, depending on the governance structure used, including a Line Manager or an assigned AHA Manager/Coordinator.

The orientation of the AHA should provide clearly documented delineation of professionals fulfilling specific management and coordination roles. This should include not only information on who is performing specific management duties, but also the specific times and or frequency management activities will be provided and the best means of contacting the appropriate manager outside of these allocated times.

For more information refer to the *WACHS Allied Health Assistant Management Guideline*.





Roles & Responsibilities

AHAs undertake a variety of roles within each health service. The new AHA will need to be orientated to their specific JDF, and provided with information on their required roles. The roles outlined within the JDF will guide additional orientation information they will need.

For each role, there will be a range of orientation requirements. You may need to gradually introduce roles across a number of weeks to allow the AHA time to understand and learn each new role they will be undertaking. The rate and sequence of role introduction will be determined by specific position and the individual skills and strengths of the AHA.

For more information refer to the *WACHS Allied Health Assistant Roles, Responsibilities and Competencies Guideline*.

Delegation

During orientation, the processes and principles of delegation should be explained to the AHA. This includes the principles used by the health professional to determine when an activity is appropriate to delegate. The role of the AHA in delegation should be highlighted. AHAs should be comfortable and confident in their capacity to carry out a delegated activity. They should also be encouraged and supported to be proactive in seeking further information or clarification if required.

During orientation, AHAs should be introduced to all delegating AHPs. AHAs should develop an understanding the role of the professional, the types of duties they will be delegated by the health professional and how to access support for delegated activities.

Support for Work Roles

AHAs will initially need more support to complete their work roles. Time should be spent with the AHA identifying where he/she can access support for specific aspects of their role. The delegating or managing AHP will be a major support (see above), but other support mechanisms may be available (such as an AHA peer, or resources available on the shared drive).

Health Team Roles

As AHAs work under the delegation of AHPs, it is vital that AHA have an understanding of the role of the all AHPs within the health team. The AHA should be allocated time with each AHP to provide an overview of their role and how services are delivered. This may include observation of the AHP delivering services.





4.3 Learning, Development & Support

AHAs are unlikely to commence 'job ready', and will need to be skilled to undertake at least some aspects of their role. To facilitate and support this process, the orientation of AHAs should include an assessment of the competence of the AHA and the establishment of a learning and development plan. In addition, the AHA should be made aware of the available support and development pathways.

Competency Assessment

Within the first week of orientation it is critical to identify the skills and competencies the new AHA requires to perform the expected role, and to assess their current skills and knowledge against these competencies. This will provide a guide to the activities that the AHA can initially be delegated, as well as the additional education and training requirements.

It is likely that the AHA will not immediately be able to undertake some roles of their job. AHPs and Managers may need to stagger the AHA introduction to their role according to the level of experience relative to the area. For example, an initial phase of orientation may see an AHA only undertaking administrative duties as they receive training in other delegated clinical activities.

Analysis of competencies for planning the orientation of AHA should be completed using the *Rural and Remote Allied Health Competencies – Allied Health Assistants* tool. Competencies within the tool include:

- Generic AHA competencies
- Role Specific AHA competencies
- Clinical Skill Specific AHA competencies.

Developing a Learning Plan

In order to develop the AHA skills and competencies, the AHP should work with the assistant to develop a learning plan within the first 3 months of employment. The learning plan may consist of a range of strategies including:

- Learning on the job (e.g. this may involve setting up specific sessions where you can demonstrate a skill and then observe the assistant performing it).
- Formal learning opportunities (e.g. AHA training modules)

This learning plan is closely tied to the AHA role development. As the AHA learns new skills, he/she will be able to undertake more job roles.





Professional Development and Support

During the orientation process AHAs should be made aware of the available professional development and support pathway. Existing pathways include:

- Completing the WACHS Allied Health Assistant training modules
- Work Shadowing
- Supervision meetings
- Attending health service in servicing (e.g. manual handling, CPR, fire & safety)
- Enrolling in formal training at TAFE.
- Mentoring
- Performance development
- Online training (e.g. St John First Aid)
- WACHS Allied Health Assistants Network.

The *Learning, Development and Support of Allied Health Assistants Resource Kit* provides further information on professional development and support.





SECTION 5: TIPS & STRATEGIES FOR ORIENTATION AND INDUCTION

Below are some tips and strategies to facilitate and enhance the orientation and induction of new AHAs.

5.1 Orientation and Inductions Strategies

Orientation Buddy

Assigning a buddy to support orientation can help your AHA feel more comfortable in their new role. The buddy can explain the 'what's what and who's who', to help your assistant feel more familiar with the workplace.

Work Shadowing

Work shadowing may aid the AHA in developing an understanding of the role of AHPs and AHAs within WACHS. Orientation should include scheduled times to observe AHP service delivery. Time should also be allocated to allow the AHA to ask questions during this observation period.

Work shadowing of another AHA may also be very beneficial. This will allow the AHA to further develop an understanding of their role and scope of practice, as well as provide a valuable networking opportunity.

Mentoring

Being able to access support and advice from a more experienced staff member can greatly be particularly valuable to support the transition of a new AHA.

In establishing a mentor for an AHA:

- Discuss with the AHA the type of mentor that he/she would require, and the terms of the mentoring relationship.
- For Aboriginal AHAs, determine if more than one mentor is required i.e. an Aboriginal mentor and a non-Aboriginal mentor).

Possible mentors for AHAs may include:

- Another AHA
- Someone within the department
- Someone in the health service who has a similar role or cultural background
- A mentor from the community in which the AHA will be working
- A negotiated appropriate mentor from another organisation.





5.2 Tips for Facilitating Orientation and Induction

Plan for Orientation

- Take time to prepare an orientation program before the AHA commences. This may include reviewing orientation processes and relevant policies, procedures and guidelines, setting up meetings, preparing the employees workspace, or letting people know that a new AHA is starting.

Develop an Orientation Timetable

- Spread orientation and induction out over an extended period, dependant on the needs of the AHA. Don't expect to provide all details about the organisation, its management, philosophies, guidelines and specific job duties into a 3-day orientation marathon. Consider orientation a process, not a one-time event.
- Obviously the first week will be the most time intensive. However, you should allocate time in the following weeks to continue with the orientation process. Quarantining time for orientation is important.
- Allow time for the new AHA to gain the training and skills to fulfil the requirements of the role. Do not expect them to be 'job ready' when they start.

Engage the Employee in Orientation

- Engage the AHA in the orientation and induction process. Many aspects of orientation and induction can be self-directed.
- Orientation and induction should emphasise people as well as procedures and things. The AHA needs to quickly establish relationships with the other people in the organisation so that they feel comfortable asking questions and seeking help.

Periodically Check

- Schedule regular catch up with the AHA for an 'orientation and induction check' to see if the job is everything they thought it would be and to answer any questions they may have.





APPENDIX ONE: SAMPLE INTERVIEW QUESTIONS

General

- What is your understanding of the position you are applying for?
- Why did you apply for this position & what particular skills do you feel you would bring to it?

Communication Skills

- What techniques would you use to ensure effective communication with:
 - a) Your supervisor
 - b) A child
 - c) An elderly person
- Describe a time in which you had difficulty in getting your message across, including the difficulty involved and how you addressed the difficulty and the result of your actions.
- Provide an example of a time when a member of the public has become verbally abusive to you, either over the telephone or face to face? How did you handle the situation?
- Tell us about a situation when you successfully used your written communication skills in the workplace. Identify the skills you used
- The <<parent/husband/teacher>> comes to you with a question regarding the patients program. She does not like the goals/ activities you are completing. How would you deal with this situation?
- Please describe a situation in which you were faced with a difficult problem and your supervisor was not available. How did you deal with this and what was the result of your actions?

Team Work

- Please describe a work team you have been involved in. What are the key ingredients that make a successful team?
- You may be required to share your workspace, desk and computer with other allied health assistants. You also have to share items such as toys, book, and other therapy materials. How would you work with the others in your shared area to ensure things ran smoothly?

Time Management

- The Physiotherapist and Speech Pathologist both ask you to see a patient on the same morning. How would you manage this?
- This job required travelling to schools, homes and other places in the community to see your clients. What strategies would you use to stay organised and on time?
- Please describe an example of when you had many tasks to undertake in a limited, defined period of time and describe how you addressed this issue and the results of your actions.
- This position involves working with multiple supervisors and in different locations. What techniques would you use to ensure that you get all of your duties done within your allocated working hours?





- Describe a situation when you were required to do a number of things at the same time. How did you handle it? What strategies did you use? What would you do if your workload was too much?

Role Specific

- In this position, you will be required to <<insert the major role of the position>>. Your work will be provided and supervised by qualified <<insert relevant disciplines>>. What experience and knowledge do have relevant to this kind of work?
- What is your understanding of the aim of providing therapy?
- You have been given a therapy program to implement with a patient
 - a) What are the steps you would take in preparing for your first session?
 - b) What environment factors would you consider in order to maximise the effectiveness of the program?
 - c) How would you report back to the supervising therapist or the patient's carers?
- The Physiotherapist has recently reviewed a patient are working with and they have been given a new programme that is much harder and they are now struggling with it. They often become frustrated and non-compliant. What would you do in this situation?
- What would you do if you were given a therapy program that you did not understand?
- Describe a situation where you have worked with a person with a disability. What was the disability, what did you have to consider beforehand, what difficulties arose and how did you overcome them?

Paediatric Specific

- Please tell us about your experience in working with children?
- What do you believe are the most important attributes that you need when dealing with children?
- What would you do if the child you were working with just sat in silence?
- What experience have you had dealing with children with behavioural problems?
- You had planned to conduct a specific activity with a child, but he has a new toy he refuses to part with.
 - a) What strategies could you use to entice him to participate in your planned activity?
 - b) If your strategies are not successful, how could you adapt your plan to incorporate the toy, but still meet the set goal?
- You are assisting the therapist run a group with 6 children and one of them is interrupting the activities. What would you do?

Adult Specific

- What experience have you had working with elderly people?
- When working with a patient it becomes apparent that she needs toileting. This cannot be done independently. What action would you take in this instance?
- A new patient has been admitted to the hospital. She/he has had a stroke with some mild weakness on the left side. The nursing staff asks you (while you are working with another patient) to take the patient for a walk around the hospital for exercise. What is your response?

Final Questions

- Do you have any questions or anything you wish to add to support your application?





APPENDIX TWO: WORKSITE ORIENTATION CHECKLIST

Within First Week

Policy

- Key policies & procedures
- Departmental procedure manual

Facilities

- Office/desk/workstation
- Office keys/access systems
- Site orientation (departments, wards etc)
- Parking, toilets, staff room, cafeteria
- Security (open/closing procedure)
- Duress alarms/emergency alarms
- Evacuation points
- Other service sites

Resources

- Stationary
- Computers/printers
- Photocopying & Scanning
- Telephone/fax
- Stores & ordering procedure
- Pool vehicles (availability & booking)
- Equipment & booking (laptop/camera etc)
- Videoconferencing (booking & training)
- Pager & Mobile Phones
- Meeting Rooms (venues & booking)
- Purchasing items & petty cash
- Diary/Calendars
- Maintenance requests procedure

OSH

- OSH contacts/procedures
- Travel guidelines/policy
- Home visiting guidelines/policy
- Incident reporting

HR

- Contract (terms and conditions)
- HSU Award (terms and conditions)
- WWC, Criminal Screening
- Local HR Procedures (A/L, sick days etc)
- HCN Forms
- TOIL/Overtime/On call
- Payroll Issues
- Start/finish times (working hours)
- Dress code/uniform standards
- Time sheets/rosters
- Security ID
- Salary Packaging
- Allowance/Claims
- Immunisation Status
- Drivers License

Directories

- Local health service directory
- Community services directory
- Key contact lists

IT

- Computer Access
- Help Desk/IT Support
- Email
- Intranet & internet
- Share Drive

Communication

- Email groups
- Mail (incoming/outgoing)
- Notice Boards & Newsletters

Administration

- Standard letters, templates etc
- Stationary
- Clerical assistance
- Medical record forms

Information Management

- HCARE (use and local rules)
- Records management systems

Within First Month

Management

- Local Plans (strategic, operational)
- Management structure
- Delegation schedules
- Reporting requirements
- Communication channels

Mandatory Skills

- Fire & Safety (fire wardens)
- Aggression/Bullying
- Manual Handling, CPR/BLS
- Emergency response (including cyclone)
- Rural/remote driving/driver safety
- Infection Control

Within First Three Months

Self Care

- First aid
- Bush crisis line
- Employee Assistance program

Consumers

- Complaints management procedures





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