

Development of paediatric physiotherapy acute care competencies.

Elizabeth Dalla Santa¹, Clare McKinnon², Dr Ruth Nicholls³, A/Prof Bev Eldridge^{4,5}

1 The Royal Children's Hospital, 52 Flemington Road, Parkville 3052, liz.dallasanta@rch.org.au

2 The Royal Children's Hospital, 52 Flemington Road, Parkville 3052

3 The Royal Children's Hospital, 52 Flemington Road, Parkville 3052

4 The Royal Children's Hospital, 52 Flemington Road, Parkville 3052

5 University of Melbourne

Background: Standardisation of clinical training is essential to ensure maintenance of professional standards, consistent care delivery and evidence-based practice. Despite no dedicated project funding, investment in the development of acute care competencies were deemed essential, due to a lack of clarity regarding training timeframes and expectations. All physiotherapy staff at RCH are required to work autonomously, providing after-hours service in paediatric intensive care and other high acuity areas. Many of the skills required will not have been practiced before working in a tertiary paediatric setting.

Methods: A physiotherapy competency workbook was developed with involvement by expert clinical staff, an allied health clinical education lead with proficiency in development of competencies, nursing education and engagement with staff undertaking the competency training. The Department of Health, allied health credentialing, competency and capability framework was drawn upon to create a context specific document. Seven skills were identified as "high risk" and developed in to competency-based assessments and linked with departmental evidence-based guidelines.

Results: Qualitative analysis via a survey of supervisor and supervisee perceptions and satisfaction with previous training methods for acute care skills will be explored. Survey findings will be contrasted to analysis post-implementation of the competency-training workbook in the training of new staff members. A self-assessment tool will also be evaluated pre- and post- training of new starters to ascertain improvement in self perceived competency and capability.

Discussion: Further development and assessment of the competency workbook is required. The consistency of clinical practice for "moderate and low risk" skills will be ensured through development of performance standards but will not require formal competency-based assessment. The implementation of this workbook will require a paradigm shift from ad-hoc training and strengthen the culture of a learning organisation in favour of consistency and a focus on patient safety.