

## SUPERVISION AND TASK ASSIGNMENT

### Preamble

At all times, a supervising physiotherapist<sup>1</sup> is responsible for the practice of physiotherapy in accordance with the *Physiotherapy Act* and regulations. The physiotherapist remains responsible, accountable and liable for the quality of physiotherapy provided.

### Definitions

1. (1) In this policy
  - a. **Competent** means ability or capacity to perform the task correctly;
  - b. **Direct Supervision** means the supervising physiotherapist is present when the assigned task is carried out;
  - c. **Assignment** means the assignment of a task that is part of a physiotherapy treatment plan to an individual who is not a registered physiotherapist;
  - d. **Indirect Supervision** means the supervising physiotherapist is not present when the assigned task is carried out, but is readily available;
  - e. **Supervision** means the provision of adequate guidance including periodic review to:
    - i. ensure physiotherapy services provided are safe and effective; and
    - ii. communication, both written and verbal, is appropriate;

### Supervision

2. (1) Supervision encompasses all assigned activities;
- (2) When determining the level of appropriate supervision, the following factors must be considered:
  - a. Practice setting and type;
  - b. The nature of the task;

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<sup>1</sup> The terms *physical therapist, physiotherapist, physiotherapy, physiotherapy, physiothérapie, physiothérapeute, PT and pht* are official marks used with permission. The terms *physical therapist and physical therapy* are synonyms for *physiotherapist and physiotherapy* respectively.

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- c. The acuity of the client's condition;
  - d. The complexity of the client's needs;
  - e. The degree of judgement and decision making required for modification of treatment based on client response.
- (3) In determining the type of supervision required, the physiotherapist must also consider the education, training, skills, job experience, personal attributes, abilities and competence of the individual being supervised.
- (4) The physiotherapist assigning the task or tasks must supervise the individual performing the task
- (5) The nature of the supervisory relationship may be direct, indirect or a combination of the two:
- i. Physiotherapists exercise their best clinical judgment to provide the appropriate mix of direct and indirect supervision as required;
  - ii. In situations where indirect supervision is used, it is reasonable and expected that the supervising physiotherapist be readily available for consultation;
  - iii. The physiotherapist remains responsible, accountable and liable for the quality of physiotherapy provided and it is essential that the supervising physiotherapist evaluate the standard of work performed by the individuals under their supervision;
  - iv. Physiotherapists must review chart entries to ensure that the physiotherapy treatment plan is carried out appropriately and does not need changes. The physiotherapist provides follow-up instruction when the physiotherapy treatment plan or the clinical diagnosis needs to be changed;
  - v. Physiotherapists establish a process, to ensure that ongoing, collaborative communication exists between the various parties.

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## Assignment of Tasks

3. (1) Assignment of tasks occurs when a physiotherapist has determined that:
- a. The treatment plan is suitable for implementation by an individual who is not a registered physiotherapist;
  - b. The individual has the competence to carry out the plan under supervision;
  - c. The individual will implement the prescribed treatment plan under supervision.
- (2) The responsibility for the care and safety of the client cannot be assigned or transferred and it remains with the physiotherapist. The physiotherapist is accountable for the physiotherapy the client receives.
- (3) The assignment of tasks always includes the documented informed consent of the client documented by the Physiotherapist;
- (4) It is the physiotherapist's responsibility to ensure individuals under their supervision are able to competently carry out the physiotherapy functions assigned to them. Physiotherapists must not assign treatment plans to individuals they have not observed performing similar tasks competently;
- (5) Physiotherapists must ensure that individuals carrying out assigned tasks have the ability or capacity to recognize changes in client status and report these to the supervising physiotherapist;
- (6) Re-assessment of the client by the physiotherapist and subsequent changes to the treatment plan must occur as frequently as necessary to maximize expected outcomes;
- (7) Physiotherapists must communicate to individuals under their supervision:
- a. Relevant assessment findings , goals, interventions planned, acceptable range of treatments and the expected response;
  - b. Potential changes in client's condition expected with the treatment delivered;
  - c. The client's actual response to the treatment;

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- d. Observed changes in the client's health status during or as a result of the physiotherapy intervention;
- e. Any changes in the treatment plan and goals.

(8) Tasks that may be assigned to a supervised individual include but are not limited to:

- a. Participation in the collection of qualitative and quantitative client data related to the client's physical status and functional ability;
- b. Performance of selected objective measures, tests or procedures;
- c. Implementation of therapeutic interventions as assigned.
- d. Re-enforcing the physiotherapist's explanations and providing verbal instructions to the client with regard to the treatment plan;
- e. Assisting the physiotherapist in evaluating the effectiveness of specific interventions in relation to identified client outcomes;
- f. Documenting work and collection of workload measurement statistics; and
- g. Performing any task that contributes to the creation of a safe and effective practice environment.

(9)(a) Subject to subsection (b), the types of tasks that are not assigned to supervised individuals are of an evaluative nature and include but are not limited to:

- a. Interpretation of referrals, diagnosis or prognosis;
- b. Interpretation of assessment findings, treatment procedures and goals of treatment;
- c. Planning or modification of treatment program beyond the established limit;
- d. Discussion of treatment rationale, clinical findings and prognosis with client or family;
- e. Documentation that should be done by the physiotherapist;
- f. Discharge planning;

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- g. Any task or procedure that requires continuous clinical judgment e.g. any intervention that has an evaluative component that immediately influences the treatment program.

(b) Subsection 9(a) does not apply to physiotherapy students and sponsored physiotherapists who may be assigned evaluative tasks in a mentoring and/or learning environment.

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