

# Introduction

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An individual without information cannot take responsibility; an individual who is given information cannot help but take responsibility.

Jan Carlzon, *Riv Pyramiderna!*

The health care industry is becoming more complex. There are considerable personnel shortages in many of the professional disciplines. Administrators are evaluating ways to contain costs as well as to provide solutions for the professional shortages. Consistently, departments are encouraged to use ancillary personnel (e.g., aides, techs) to solve both problems.

It is a professional responsibility to provide quality service and care for the patient. Yet, in times of staff shortages, the challenge is to provide that level of care. So, physical therapists turn to aides for assistance. Unfortunately, aides are not always equipped with appropriate or adequate information, and the result has been inconsistency in quality of care.

This manual was developed to afford consistent and adequate information for aides in an adult neurological rehabilitation setting. However, the contents can be used in a variety of clinical settings. The instructional material is divided into three sections: General Orientation, Basic Principles, and Diagnostic-Specific Training. Each section contains one or more modules that have specific objectives to be accomplished. The estimated training time necessary to accomplish the objectives is provided. Tests for the modules follow the Glossary.

## General Orientation

The keys to successful management of support personnel are consistency and structure. Consistency in the application of policies and procedures and expectations for performance leads to dependability in the work setting. For example, the employee knows that there are certain repercussions for policy infractions. Thus, the employee may be less likely to call in sick or come in late if there are consequences for these actions. Likewise, expectations for extraordinary performance will usually result in that level of performance.

Consistency and structure function together. Structure provides boundaries. Boundaries imply a clearly stated objective or purpose. Employees, then, are able to work more productively in an environment where they know exactly what is expected of them.

The General Orientation section contains daily activities, a sample job description and standards for performance, and sample policies and procedures. The daily activities are ideas for nonpatient treatment time that benefit the clinic (e.g., cleaning and maintaining wheelchairs, performing preventative maintenance on equipment). The job description and standards

of performance are a general reference. The policies and procedures can be adapted to most clinical settings. In addition, other policies should be added (e.g., fire policy, infection control policies) that are specific to the department. It is recommended that policies and standards of performance be reviewed with each employee on a regular basis.

## **Basic Principles**

Knowledge is gained through the cognitive, psychomotor, and affective domains. The two domains emphasized in the Basic Principles section are the cognitive and the psychomotor. The foundation for most of the training is built on an understanding of anatomy, direction of movement, range of motion, and strengthening. It is imperative in the training of an aide that these areas be covered first. Ample time must be allowed for the aide to learn the psychomotor skills correctly with normal individuals.

The remainder of the section deals with patient-handling skills (transfers, gait training, vital signs), modality setup, and abbreviations and terminology specific to physical therapy.

## **Diagnostic-Specific Training**

The largest part of the manual is devoted to common diagnoses in rehabilitation settings. Specific exercise regimens, as well as information on the disease/injury, are included in each module. It is appropriate to consider formalized testing of aides on the material (suggested tests follow the Glossary) to ascertain the amount of learning that has occurred. Again, it is imperative to allow ample time for aides to practice the exercises on normal individuals to develop their skills.

The overall orientation and training of an aide in a rehabilitation setting often takes three to six months. It seems an inordinate amount of time to spend when patients need to be treated now. It is, though, a wise investment of time. As the quality of aide performance increases, so does the quality of care.