

AHA Day 2021 Post Event Summary

Frequently Asked Questions

Are the presentations and posters from AHA Day available for viewing and can I share these with my peers?

The Presentations and Posters are available to view [HERE](#). You will need to enter the password provided to you via email. We ask that you don't share the passworded content. If you would like permission to share a particular recording, please email us at MonashHealthAHADay@monashhealth.org

Can I get a certificate of attendance?

Please email MonashHealthAHADay@monashhealth.org with your full name. Certificates of attendance will be sent as a PDF via email.

What is the AHA Pay Rate in Victoria?

[Victorian Public Health Sector \(Health and Allied Services, Managers and Administrative Workers\) Single Interest Enterprise Agreement 2016-2020](#)

I would like to know more about AHA Competencies and Grading

[Core AHA competencies package](#)

[Supervision and Delegation Framework for Allied Health Assistants](#)

Are there any networking opportunities for AHAs?

<https://www.ahana.com.au/> - Allied Health Assistant Network of Australia (AHANA)

[Monash Health AHA Day](#) is an annual professional development conference for Allied Health Assistants

How can I find out more about AHAs working in Disability?

If you have any specific questions about working in disability not already answered by Dianne Hardy and Leanne Healey's presentation, or follow up responses below, please email dianne.hardy@nds.org.au or leanneh@everydayind.com.au

I'd like to know more about the Grampians Region AHA Network

Please feel free to contact Amy Robinson (amy.robinson@whcg.org.au) for further information.

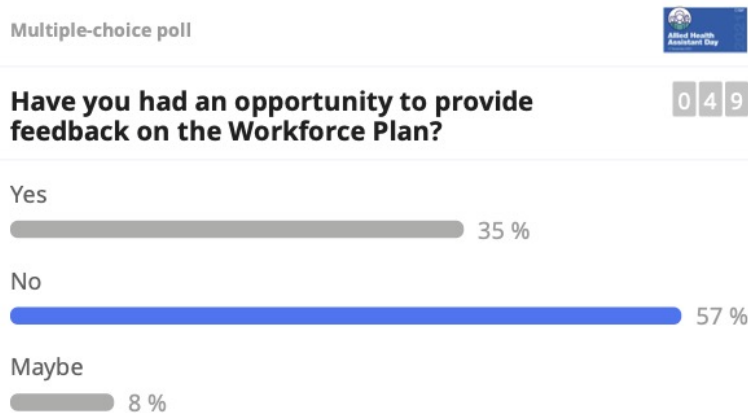
Slido Poll Results

Debra Mitchell, Chief Allied Health Officer – The Value of Allied Health Assistants



Unsurprisingly, the role of the AHA has changed significantly due to COVID across organisations, with over 76% respondents agreeing with the statement.

Jessica Huglin & Sharon McLean – The Victorian AHA Workforce Plan



Further updates on the Victorian AHA Workforce Plan will be provided in a newsletter to be released around March of 2022.

If you have any specific questions or you would like to be added to the mailing list (and haven't already indicated this when booking your AHA Day ticket), please email VictorianAHAWorkforcePlan@monashhealth.org

Tony Sheng – The Monash Health AHA Student Performance Evaluation and Feedback Tool (PET)

86% of respondents indicated that the Monash Health PET would be helpful when supervising AHA students in your workplace.

Sean Kinnaird – The AHA Career Pathway in Education

83% of respondents agreed that having experienced AHAs in the teaching/TAFE sector is of great benefit to the next generation/future AHA workforce.



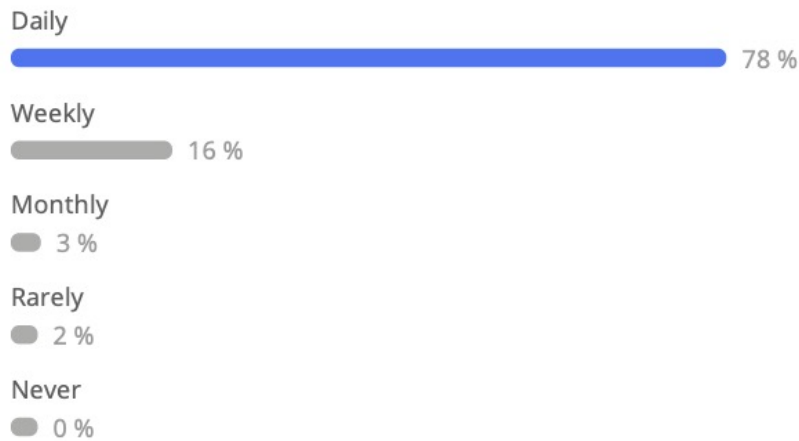
Emma St Clair, Jamieson Sebire, Kylie Saccotelli, Sharon McLean – AHAs in Telehealth

Multiple-choice poll



What part do you see technology playing in the future of AHA work?

1 2 5



94% of respondents see technology playing a daily or weekly role in the future of AHA work.

Lee-Anne Polkinghorne – The AHA Team Leader Role

Multiple-choice poll



Is an AHA Team Leader a role you'd like to see implemented in your workplace?

0 3 7



92% of respondents would like to see the AHA Team Leader role implemented in their workplace.



Best AHA Day Presentation 2021

Multiple-choice poll



Which AHA Day presentation did you like the best?
(2/3)

1 1 0

Burnout and Compassion Fatigue - Samantha Rennie



With how difficult the last two years have been, it was no surprise that Samantha Rennie's presentation on Burnout and Compassion Fatigue resonated with 66% of respondents.

Slido Questions and Answers

Dianne Hardy and Leanne Healey - AHAs in Disability

Are Habit Coaches under the same pay award as a Qualified AHAs?

- Yes – they are paid in line with the health services award - *Leanne*

The habit coach role sounds amazing and also like it could be quite all-consuming. How do you manage hours/conditions to ensure the AHA isn't exploited?

- We have a team of people who utilize intuitive systems that enable us to have eyes across all our workforce - ensuring we provide suitable work hours and conditions for Habit Coaches - *Leanne*

How can we find the balance of Consumer driven while providing staff with better hours, less travel and more consistency and support?

- Critical workforce mass is critical – we support participants across the lifespan who benefit from the Habit Coach program of different times and different days. This provides the workforce with the ability to work longer or shorter days. However, the logistics of this does still present as a challenge - *Leanne*
- You may also like to look at different employers to find one with work arrangements and supports that suit you best - *Dianne*

Are there any AHAs that are self-employed – working with NDIS – for flexible working hours?

- Yes – there are organizations where this occurs. However, they often don't have the systems and structures behind them to support growth of habit coach and safeguard the participant - *Leanne*

How do you differentiate AHA and disability support workers?

- AHAs are outcome focused and are often a time limited intervention
- AHAs always work under the delegation of the AHP
- AHAs often provide time limited burst of supports - *Leanne*

Dianne Hardy How do AHAs apply for NDIS? Can they work under an ABN?

- AHAs can set themselves and work as unregistered or registered NDIS service providers. There is [information about this on the NDIS web site](#). However, there are a few considerations for AHAs in deciding to work for a disability employer as opposed to being a sole trader (ABN). You will need to work under the supervision of an AHP so will need to establish a relationship with at least one AHP to guide your work. If you have never worked in the disability sector you might like to consider working for an employer first to develop your disability related knowledge, skills and experience. As a sole trader you still need to know about, and work within, the [NDIS Code of Conduct](#). There is a user friendly, [NDIS Capability Framework](#) that will help you understand how to work in a person-centered way when delivering NDIS services. There are online platforms now where you can list so people can find you as a sole trade, service provider that can help you attract NDIS clients. You would also need to have your own professional insurance and manage accounts, etc. Some online platforms include services like this - *Dianne*

AHAs traditionally are required to be supervised by an AHP as we are not a registered profession, with no insurance cover. How are Habit coach AHAs supervised and monitored? What about AHA or AHP students working in the NDIS?

- Habit Coaches always have work delegated by a therapist and implement a therapy plan that has been tailored to achieve participant outcomes. Everyday Independence covers the insurance - *Leanne*
- They work under the delegation of therapists and their liability insurance is covered by the therapist or their relevant organization. They always work under the direct, indirect or distant supervision of an AHP - *Leanne*

Emma St Clair, Jamieson Sebire, Kylie Saccotelli, Sharon McLean – The AHA Role in Telehealth

Group therapy was challenging on telehealth. Is it safe for those clients? Did you find any OH&S issues at in-home environment?

- The PT would only refer clients for Telehealth that were not at risk of falling. Those that were identified as a falls risk would still be able to come in for face to face sessions.
- Prior to all clients starting the group I would contact them to go through the process of setting up for Telehealth and at that time we would discuss the best place for them to have their device for the session to enable PT and AHA see them clearly.
- I would also request to see the area to be used and if any potential hazards were identified the client would be requested to seek assistance to make are safe i.e. remove mats, any clutter on the floor, secure any pets for the session - *Sharon*

For those clients that are unable to attend therapy through telehealth due to internet access, device access, hearing or cognitive impairments, or other barriers, do you have another therapy option available?

- If a client was deemed a falls risk or at risk of hospital admission, they were able to come in for face to face. For all others it was the clinical leads that determined if the client met the criteria for face-to-face therapy - *Sharon*

Would you say that there are demographic challenges with equal access to telehealth?

- Not sure if this relates to socioeconomic or age. The location of the community centre I work has a mixed socioeconomic and age demographic as well as large geographic area.
- There was no clear disadvantage or challenge to either, I would have some younger clients that struggled with the process or had poor internet due to their geographic location, this was also the case for the older or financially disadvantaged - *Sharon*
- Sometimes it was a surprise to who managed the technology well. If older clients were using the technology prior to telehealth, they usually managed OK, whereas if they only used a device to access emails or text messages that sometimes was more difficult for them as you need to teach them how to use the device - *Kylie*

How did you go with elderly and aphasic consumers?

- Most of my elderly clients had someone else available to assist with filming and/or troubleshooting.
- For aphasic clients, the platform had features like whiteboards and share screen that we used to compliment the therapy - *Kylie*

With covid restrictions lifted, did clients prefer to remain on telehealth or return to face to face?

- Monash Health has strict restrictions for face-to-face therapy here in Melbourne, the centre that I work at is doing a mixed model. The majority is still Telehealth, only those at risk as deemed by the clinical seniors are attending for face-to-face sessions - *Sharon*

Do you have clients who have converted so well they do not wish to return to face to face setting?

- I would say that our clients that have returned to work definitely prefer Telehealth for both education and exercises sessions, especially those involved with our Cardiac and Pulmonary Rehab Programs - *Sharon*

**Do you do incident reports if the client had a fall during Telehealth? VHIMS?**

- I have not had a client that had a fall, but I did have one that deteriorated medically, and an incident report was required to be completed. Irrespective of the how the service is being the delivered the client is receiving care from the workplace, and if there is an incident it needs to be reported as per workplace policy and procedure guidelines. This would be dependent on the individual workplace and their policy and procedure guidelines - *Sharon*

Sean Kinnaird – The AHA Career Pathway in Education

Many TAFEs advertise for Allied Health Professional AHA trainers only. How much opportunity do you think is available for experienced AHAs with TAE but no diploma or degree background?

You do not need to have a background of other diploma and/or degree qualifications (like what Allied Health Professionals have) to apply for a teaching position in either of the AHA qualifications (Cert III or IV).

The current minimum requirements to become a teacher for either of the (Cert III or IV) AHA qualifications are:

- have experience working in the field related to the unit/s you're teaching
- have completed the Certificate IV in Training and Assessment (TAE40116) qualification

If anyone meets the above requirements, there should be equal opportunity when applying. In fact, some might argue that having an experienced AHA teach either of the AHA qualifications will be more beneficial for the students. After all, who knows the roles and responsibilities of the AHA job better than an AHA...?

Historically, it has been Allied Health Professionals (and other health related workers) that have taught the AHA qualifications. Because of this, I doubt there's any AHA that is in the Manager position of the AHA qualifications, advocating for AHA teachers. Furthermore, AHAs becoming teachers of the AHA qualifications is somewhat new (possibly only past 5-10 years) and, although, there may not be many out there, the numbers are increasing each year. Therefore, there are RTOs/TAFEs out there that may not know that AHAs are now completing the Cert IV in TAE and looking to apply for teaching positions.

Hopefully, with events like AHA Day conference and other projects relating to the AHA workforce, these will help raise awareness of the importance and difference having an AHA help teach the AHA qualifications will make to the students' experience and success rate to employment into the AHA workforce.

If you feel confident, you might consider calling the job application contact person and **(a)** ask why the job advert isn't open to AHAs with Cert IV in TAE, and/or **(b)** educate/explain what a difference you (an AHA) could make to the qualification and their students' experience... you never know, if it doesn't change their stance on that occasion, it might make a difference next time they advertise for a teacher.

What subjects do you teach in the AHA course?

I have been teaching since February this year and so I've taught many subjects/units. I've taught three units with Holmesglen's Cert IV in AHA qualification, three units with Chisholm's Certificate III in AHA qualification, and almost 11 units with Chisholm's Certificate IV in AHA qualification.

I've taught some of the units by themselves and I've taught some of the units as a cluster (up to three units combined).

Please note, aside from the set core units (eight in the Cert III and seven in the Cert IV) each RTO/TAFE can choose their own elective units (three in the Cert III and nine in the Cert IV), and interestingly, there are not many RTOs that offer the exact same suite of elective units (they all might vary by one or a few units).

Here is a list of the units that I have taught and/or are currently teaching:

Cert III:

- HLTAHA001: Assist with an allied health program
- HLTINF001: Comply with infection prevention and control policies and procedures
- HLTWHS001: Participate in workplace health and safety

Cert IV:

- BSBMED301: Interpret and apply medical terminology appropriately
- CHCCOM005: Communicate and work in health or community services
- CHCDIV001: Work with diverse people
- HLTAAP001: Recognise healthy body systems
- HLTAAP002: Confirm physical health status
- CHCCCS002: Assist with movement
- HLTAHA001: Assist with an allied health program
- HLTAHA004: Support client independence and community participation
- HLTAHA010: Assist with the development and maintenance of client functional status
- HLTAHA011: Conduct group sessions for individual client outcomes
- HLTAHA016: Support the fitting of assistive equipment

Megan Jones – The Role of an AHA in the UK

Megan's article on the FODMAP was published in a monthly magazine produced by the British Dietetics Association (BDA) called 'Dietetics Today'. Megan has kindly provided this to us. If you would like to be sent a copy, please email MonashHealthAHADay@monashhealth.org

Did you ever support people in their own homes to facilitate carry-over of dietary principles into real life?

- Regarding supporting people in their own homes, we would follow up those that were under our care in hospital with a discharge telephone call. If the patient had a high 'MUST' score or we felt they needed further Dietetic input, then we would hand over to either the community Dietetic Team (if housebound or in a care home) or a Dietetic clinic at a GP surgery (if they were able to get to a surgery). As an acute/hospital based dietetic assistant, unfortunately my work with the patient stopped after the discharge call, which is a shame as I think you get a lot of reward from seeing the patient get more well and it may be better in terms of continuity of care.
- I do know that other hospitals would assign a patient to a person, and therefore once discharged, they would stay under the same person for care. But it all depends on which area you fall in to and how that hospital operates.

AHA Day 2021 Comments

Thank you so much for this AHA Day; as a Cert IV student nearing graduation these sessions and speakers have been so informative, encouraging and motivating.

What a fabulous day! Thank you so much. The time passed so quickly because it was so very engaging.

Thanks to the whole team and all the presenters for a wonderful and informative day.

Thank you so much for an inspiring and informative day. We really appreciate all that you are doing in the AHA space.