



**Family &
Community
Services**

Mealtimes Management

Appraisal for Speech Pathologists,
Occupational Therapists and Physiotherapists
who Support People with Disability



BACKGROUND

This appraisal was developed for speech pathologists, occupational therapists and physiotherapists in Family and Community Services (FACS) by the Practice Leader Speech Pathology in Clinical Innovation and Governance. External agencies and services working with people with disability may also find it useful.

This appraisal supports FACS practitioners, to translate their knowledge regarding mealtime management into their everyday practice. It forms part of the supporting resource material for the Mealtime Management e- learning Core Standard program. Before undertaking the appraisal the participant should have completed the:

- Mealtime Management Modules e- learning course (available at www.ngolearning.com.au)

The participant may also wish to review the aligned resource material:

- Frequently Asked Questions for the Core Standards Program.

The Core-Standards Program and associated resource materials can be found at
http://www.adhc.nsw.gov.au/sp/delivering_disability_services/core_standards.

It is inevitable that with such a large and skilled workforce some FACS practitioners will already have the required knowledge. A participant can choose to omit further learning and can simply complete the appraisal and demonstrate the professional application.

GUIDELINES

The program participant must identify a suitable work practice support person who is willing to complete this appraisal. This is ideally a senior clinician/supervisor with appropriate skills and experience who is the same discipline as the practitioner undertaking the appraisal. An alternative support person may be identified if there is no appropriate professional supervisor, or if the current supervisor believes another person may be better suited to appraising the participant's knowledge.

The participant is required to arrange a time with this work practice support person to plan and administer the appraisal. The appraisal is self paced and participants are simply asked to answer questions in professional supervision when they feel ready to do so.

This appraisal consists of the following two sections:

1) Discussion (regarding application to work practice)

- Case discussion / examples must have been completed within the previous 12 months.
- Case discussion / examples are acceptable if completed in collaboration with another practitioner as long as the support person can identify the participant's level of contribution and is satisfied that the requirements are met. This can be recorded on pages five- six.

2) Direct observation

- With the consent of the person with disability and / or their person responsible, the support person must observe the participant demonstrating the requirements.
- There is not a scoring system in this appraisal. All questions are to be answered to a satisfactory level, and there must be satisfactory demonstration of application to the practitioner's work in the areas outlined. This can be recorded on page seven.

The theory component of the appraisal (question / answers) was completed within the e-learning course.

DISCLAIMER

This Mealtime Management Appraisal was developed by the Practice Leader in Speech Pathology within the Department of Family and Community Services, New South Wales, Australia (FACS).

This appraisal has been developed to indicate whether a participant has increased their knowledge through the completion of the Mealtime Management Core Standards program. It has been designed to promote consistent and efficient good practice. It forms part of the supporting resource material for the core standard program developed by FACS.

Access to this document by practitioners working outside of FACS has been provided in the interests of sharing resources. Reproduction of this document is subject to copyright and permission. Please refer to the ADHC website disclaimer for more details <http://www.adhc.nsw.gov.au/copyright>.

Whilst the information contained in this appraisal has been compiled and presented with all due care, FACS gives no assurance or warranty nor makes any representation as to the accuracy or completeness or legitimacy of its

content. FACS does not accept any liability to any person for the information (or the use of such information) which is provided in this appraisal or incorporated into it by reference. FACS does not intend nor guarantee the use of the appraisal as assessing a level of competence by practitioners working outside of FACS.

MEALTIME MANAGEMENT APPRAISAL

PARTICIPANT NAME: _____

SUPPORT PERSON NAME: _____

SUPPORT PERSON POSITION: _____

DATE APPRAISAL COMMENCED: _____

DISCUSSION Application to work practice. Sample required, must have been generated within the previous 12 months.	Support Person Comments	Meets requirements (Y/N, date, initial)
<p>Discuss two cases where mealtime management was incorporated and contained the following key elements:</p> <ul style="list-style-type: none">• Person with disability and their family/ carers actively participated in planning and decision making.• Identification of person centred and functional goals.• Assessment/ intervention was person centred and integrated the following components of evidence based practice:<ul style="list-style-type: none">○ Client values and perspective○ Clinical expertise/ expert opinion○ Research evidence○ Clinician first hand experience.• Assessment clearly identified reason/cause for mealtime difficulties.• Assessment findings were discussed with the person with disability and their family/ carers to assist in selecting the most appropriate		

<p>intervention.</p> <ul style="list-style-type: none"> • Clinical decision making was documented. • Collaborated with team members to obtain the best outcome for the person with disability. • Considered the following personal factors (where applicable): <ul style="list-style-type: none"> ○ Culture ○ Religion ○ Socioeconomic ○ Communication ○ Lifestyle ○ Mental health ○ Age. • Complied with policies and procedures in the area of mealtime management. <p>(Review progress notes, reports, documented goal setting/ planning tools and other written evidence).</p>		
<p>Describe and produce evaluation/ outcome measures that were used to monitor and review progress for your two cases.</p>		
<p>Show hard or digital copy examples of mealtime management plans, programs, resources or interventions for your two cases (relevant to your discipline).</p>		

DIRECT OBSERVATION Observations must have been conducted within the previous 12 months. Observations are ideally in real time, but may also be done via filming	Support Person Comments	Meets requirements (Y/N, date, initial)
<p>Observe an interaction between the practitioner and a person with mealtime management support needs.</p> <p>Is there evidence of the following practices being administered where possible/ relevant?</p> <ul style="list-style-type: none"> • Person with disability and their family/ carers actively participate in assessment/ intervention and goal setting. • Person centred, functional, meaningful goals are selected. • Assessment/ intervention is person centred and evidence based. • Information is provided in an accessible format. • The practitioner explains mealtime assessment findings/ changes to the person, their family/ carers. • The mealtime management intervention (relevant to your discipline) contains elements that are appropriate to the findings of the mealtime assessment. • The practitioner ensures the person who will carry out the intervention understands what they have to do and how to do it. • The practitioner records and documents the assessment/ intervention. 		

DIRECT OBSERVATION Observations must have been conducted within the previous 12 months. Observations are ideally in real time, but may also be done via filming	Support Person Comments	Meets requirements (Y/N, date, initial)
<ul style="list-style-type: none"> • The practitioner provides information about ongoing intervention, progress and review. <p>Impressions, clinical reasoning and outcomes are discussed with the support person following the interaction.</p>		

I, the SUPPORT PERSON, confirm that all requirements have been met for this core standard appraisal.

SIGNED: _____

NAME: _____

POSITION: _____

DATE: _____