

Community Rehabilitation Workforce Project

Final Report – June 2008



**Queensland
Government**
Queensland Health



Community Rehabilitation Workforce Project

Executive Summary

The Queensland Health Community Rehabilitation Workforce Project (CRWP) was funded for five (5) years until June 2008, by the Australian Government Pathways Home Programme. The aim of the CRWP was to optimise the capability of the current and future workforce to develop, implement and evaluate community rehabilitation (CR) programmes to meet the current and emerging health needs of the Queensland community. An initial and critical aspect of the project was an *Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland* conducted by Griffith University. This formative evaluation involved 190 participants and developed 10 competency domains for CR. A series of literature reviews and the International Classification of Functioning, Disability and Health (ICF) also formed a basis for subsequent project activities.

Developing the CR assistant workforce was a major aspect of the project. This included piloting an Advanced CR Assistant (ACRA) role in six (6) sites across Queensland. The development of the ACRA role was locally driven through a service mapping and needs analysis process. Consistency across the pilot sites regarding the purpose of the role, resulted in the development of a state-wide role description. Evaluation from the perspective of the ACRA, health professionals and clients indicated that the role was valuable. Many of the pilot sites have secured ongoing funding. The project also funded the development of an online training module for health professionals around skills for supervising assistants.

The CRWP funded Sunshine Coast TAFE to develop learning materials and to deliver the Certificate IV in Allied Health Assistance with directed electives in CR to 60 sponsored participants. Once they graduate in June 2009, participants will be a valuable resource for future advanced assistant roles. Development of a nationally recognised qualification specific to advanced assistant roles in CR through the Community Services and Health Industry Skills Council, was also funded by the project. Three (3) new units of competency are approaching the final endorsement stage and it has been recommended that learning materials be developed for these new units.

Learning and development activities for health professionals in the existing CR workforce were also delivered by the project with over 1,600 participants attending in-services, workshops and videoconferences provided by Training and Development Officers. Formal evaluation indicated that this interdisciplinary training was valued and valuable and that rural and remote clinicians were able to gain equitable access. Training and Development Implementation Grants

funded 25 projects to implement changes in the workplace linked with learning and development activities.

The project also funded post-graduate scholarships which were awarded to 81 applicants who studied CR related courses at a variety of universities. Scholarship recipients reported a wide variety of learning outcomes which they planned to apply to their current CR roles. In addition, three (3) major postgraduate course initiatives were funded by the CRWP at Queensland universities. A total of 13 research grants and 10 evidence based practice grants were also funded. In order to effectively monitor the outcomes of CR services in the future, the Centre for Allied Health Evidence (University of South Australia) was commissioned to develop a compendium of clinical (outcome) measures in CR.

Training of the future workforce was another priority for the CRWP. The project funded curriculum development in CR at eight (8) tertiary institutions. An interdisciplinary student placement in CR model was also developed with 134 students from various universities participating. Evaluation results indicated that students found the placement to be of value, particularly with respect to working with other disciplines, but that there was some dissatisfaction with the limited opportunity to practice discipline specific skills. A neuro-rehabilitation practicum for physiotherapy students from James Cook University was also trialled and evaluated, and the M.A.G.P.I.E process was developed as a case management model for students and clinicians.

Sustainability of project achievements was maximized through the development and wide dissemination of a resource DVD which includes workbooks, toolkits, learning materials, and research findings developed or funded through the project. The project internet site which includes many of these materials, will also be maintained in the long term. The CR Special Interest Group, and the CR Contacts Group will also continue after project closure. They will continue dissemination of project resources, peer support, networking, training delivery, facilitation of evidence based practice and advocacy of best practice in CR at a client and systems level.

Key project recommendations include:

- Broadening the scope of all aspects of the CRWP to encompass the whole continuum of care and enhance the focus on paediatrics.
- Continuing the interdisciplinary approach to workplace learning and development, clinical education and post-graduate education.
- Expanding partnerships with service providers, including within Queensland Health, other Government agencies, private practitioners and NGOs, and with the VET sector and universities both nationally and

internationally in curriculum development, research, and delivery of learning and development programs.

- Continuing a strong focus on innovative workforce solutions across the continuum of care in areas such as advanced support personnel, eHab (Tele-rehabilitation), extended scope of practice, and other alternative models of service delivery.
- Continuing a strong marketing focus which includes strong branding of CR.

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1. Project planning

Background

The Pathways Home programme is an Australian Government initiative which aims to assist the move nationally to a greater focus on the care and services provided to support the transition from hospital to home under the Australian Health Care Agreement 2003-08.

Approval was obtained from the Australian Government in 2004 to access \$6.2m of the \$45m allocated to Queensland Health under the five (5) year Pathways Home programme, to support workforce initiatives. Funding was allocated for initiatives aimed at community rehabilitation training for health care workers across the workforce continuum from support personnel to experienced clinicians. These projects were collectively managed by the Community Rehabilitation Workforce Project (CRWP).



Aim and Scope

The aim of the CRWP was to optimise the capability of the current and future workforce to develop, implement and evaluate community rehabilitation programmes to meet the current and emerging health needs of the Queensland community.

The project sought to support staff working in rehabilitation to develop skills to enable them to adopt lead roles in the sustainable implementation of community rehabilitation programmes in the future. The project also sought to support relevant undergraduate programmes to increase the profile of community rehabilitation as a service delivery trend and to engender a shift in focus in relation to service provision models amongst the future workforce.

The project had a state-wide focus and involved both Queensland Health staff and workers from other organisations which provide rehabilitation in the community. This included non-government agencies, private practitioners, Community Controlled Organisations and other government departments.

The project did not focus on Alcohol Tobacco and Other Drugs Services, or specialist Mental Health Services.

The professions targeted were occupational therapy, speech pathology, physiotherapy and rehabilitation nursing. Professions such as social work, psychology, dietetics and nutrition, medicine and podiatry were also included in most activities. The project also focused on developing more advanced roles for the community rehabilitation assistant workforce.



Objectives

The objectives of the project were:

1. To establish a baseline of workforce skills that require development for the implementation of community rehabilitation programmes in Queensland through a training and education audit.
2. To develop, implement and evaluate training and education initiatives for existing staff as identified in the training and education audit.
3. To assist universities to develop and implement postgraduate courses aimed at improving the skill set of the existing allied health and nursing workforce in community rehabilitation across disciplines and service providers.
4. To influence and support the integration of community rehabilitation coursework offered at an undergraduate level to allied health and nursing students.
5. To develop a cost effective and sustainable interdisciplinary student placement model which improves workforce preparation in community rehabilitation and meets student, clinical educator and university requirements.
6. To undertake an evaluation of the community rehabilitation training initiatives implemented at an undergraduate and postgraduate level as part of the project.

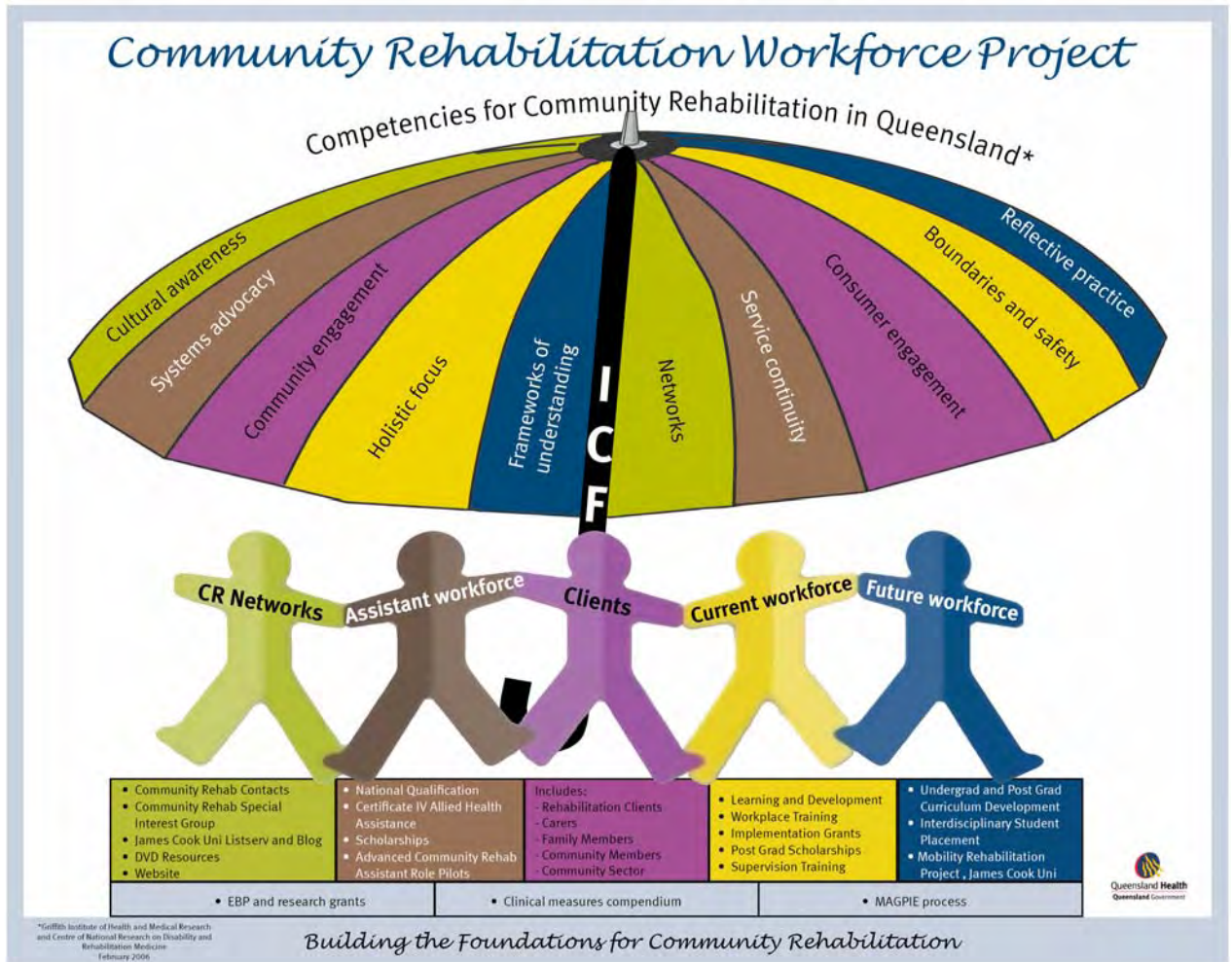
7. To explore opportunities to support and train health workers at an associate or assistant level to participate in community rehabilitation.
8. To explore opportunities to pilot roles for assistant or associate level health workers in community rehabilitation.
9. To ensure project compliance with the requirements of the Pathways Home Programme in Queensland and the Australian Health Care Agreement.
10. To undertake communication and marketing activities to increase the profile of community rehabilitation in Queensland.



Project Strategies

Project staff developed a concept map which diagrammatically represents the major strategies and activities of the project. Figure 1 emphasises the overarching influence of the 10 community rehabilitation (CR) competency domains and the International Classification of Functioning, Disability and Health (ICF). Both of these are described later in this report.

Figure 1: Project Concept Map



Governance Structure and Staffing

The project was sponsored by the Medical Chair, Division of Rehabilitation at the Princess Alexandra Hospital and District Health Service, and by the Principal Allied Health Advisor, Allied Health Workforce Advice and Co-Ordination Unit, Queensland Health Corporate Office. Two Reference Groups provided guidance to the project – an overall project reference group and the Working party for Community Rehabilitation Workforce Project: Community Rehabilitation Assistant Workforce.

A final membership list for both reference groups is included in Appendix 1. A full list of project staff is also included in Appendix 1.



Evaluation Framework

Evaluation of the CRWP activities was conceptualised as a four (4) phase strategy with a number of indicators for each phase. (See Table 1). Instruments were developed to measure each indicator as it related to each project activity. Results of the evaluation are discussed in the relevant section of this report in relation to each project activity.

Table 1: Four Phase Evaluation Strategy for CRWP

	Phase	Indicators
1	Establish CR Competencies	<ul style="list-style-type: none"> • Broad and comprehensive formative evaluation (Competencies Audit) is conducted • CR literature reviews conducted • CR research is fostered in QLD • Best practice guidelines for CR in QLD are formulated
2	Deliver CR competencies through training and education to workforce	<ul style="list-style-type: none"> • Models of training and education delivery are consistent with Audit recommendations • Student CR placement opportunities are maximised

	Phase	Indicators
		<ul style="list-style-type: none"> • The CR competencies receive broad exposure: UG students, PG students, AH&N staff - QH & Non QH Support staff • There is perceived satisfaction and value with methods of training and education delivery • Delivery of education and training results in uptake of core competencies • There is sustainability of delivery post project
3	Workforce apply CR competencies in practice	<ul style="list-style-type: none"> • Services apply CR competencies in practice • Competencies are sustained
4	Benefit to consumers	<ul style="list-style-type: none"> • CRWP training and education agenda reflects consumer needs • Consumers value new support staff roles • Service providers perceive that consumers will directly benefit from CRWP initiatives

2. Establishing a baseline for CRWP activities

Defining community rehabilitation

The project defined community rehabilitation in the following way:

Community rehabilitation is a process which seeks to equip, empower and provide education and training for rehabilitation clients, carers, family, community members and the community sector to take on appropriate roles in the delivery of health and rehabilitation services to achieve enhanced and sustainable client outcomes.

It is therefore a broad and diverse area which generally encompasses:

- The physical, social and attitudinal environment in which services are delivered
- The use of networks to create a complete response to consumer needs
- The engagement of consumers in their own rehabilitation

This definition was adapted from "*CBR : a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities : joint position paper 2004*", International Labour Organization, United Nations Educational, Scientific and Cultural Organization and the World Health Organization.



Audit of CR competencies

The Disability and Rehabilitation Research Unit at Griffith University were successful in gaining a tender from the project to conduct an *Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland*. A copy of the full report is available on the CRWP web-site. The following is taken from the executive summary of the report.

The overall objective of the Education and Training Audit was to define competencies for the CR workforce, identify the barriers to these competencies, the training needs of CR professionals and the support roles they require. The specific aims of the Audit were as follows:

- To determine the competencies that are required for CR in Queensland
- To determine the existing competencies in the Queensland CR workforce, gaps, barriers and potential solutions to facilitate competencies
- To determine the education and training needs across disciplines, experience levels, work contexts and organisations
- To develop recommendations for appropriate delivery of education and training for the CR workforce
- To examine the current and potential future roles of support personnel in CR

The Audit utilised multiple methods to gather data including focus groups, expert panels, interviews and surveys. Participants were recruited from a diverse spread of Allied Health, Nursing and support personnel who were employed in Community Rehabilitation (CR) services from rural/remote and metropolitan areas, Indigenous communities, government and non-government services and all QH districts. The final sample consisted of 190 participants who were involved in different components of the method.

The competency development process consisted of a sequence of seven (7) steps that involved iterative cycles of data gathering and verification of the findings until consensus was highly probable.

The results revealed ten (10) key competency domains that were relevant to good CR practice in Queensland (See Table 2).

Table 2: Ten Competency Domains for Community Rehabilitation in Queensland

Frameworks of Understanding: Understanding and implementing recognised models and frameworks that underpin CR
Consumer Engagement: Interacting in a way that promotes Consumer understanding, choice, control and engagement in their own health and wellbeing
Holistic Focus: Recognition that the needs of individuals extend beyond immediate physical health issues and incorporate social and emotional health
Service Continuity: Coordination of transition points, particularly when movement is from metropolitan treatment back to rural community and ability to identify risks that could be prevented
Networks: Ability to engage and work in a team, share information, and collaborate with other services to ensure that gaps in the service system are addressed
Cultural Awareness: Demonstrating an awareness of cultural differences and practising in ways that accommodate culture
Community Engagement: Understanding and investing in the local community to become a trusted partner

Boundaries and Safety: Ability to care for one's own well-being in complex environments and maintain professional boundaries at the same time as engaging with consumers and community
Reflective Practice: Thinking creatively to solve problems, prioritise, and plan through difficult and diverse tasks by using local solutions, a creative use of resources and a flexible approach to problems
Systems Advocacy: Advocating to make changes that improve services for the Consumer

A more detailed description of the competencies is included in Appendix 2.

The Audit identified significant training needs, particularly in areas such as principles and practices of CR. Major issues were raised regarding barriers to attending training and several methods were recommended for the delivery of accessible training. These are outlined later in this report in the *Formative Evaluation - Links with the Competencies Audit* section.



Literature reviews

The CRWP undertook a number of literature reviews to establish the competency base, scope, and efficacy of community rehabilitation. The reports are listed below:

1. CRWP (2005) Community Based Rehabilitation. A review for Queensland Health focusing on some key aspects of CBR in economically developed countries.
2. CRWP (2006) Community rehabilitation for aged clients after orthopaedic surgery - a review of the literature.
3. CRWP (2006) Workforce competencies required to provide community rehabilitation for aged clients after orthopaedic surgery - a literature review.
4. CRWP (2006) Community rehabilitation needs of stroke survivors – short and long term.
5. CRWP (2006) Key workforce competencies required to provide community rehabilitation for aged clients after stroke.
6. CRWP (2006) The efficacy of community rehabilitation for aged clients after stroke - a review of the literature.

Full copies of these reports are available at
<http://www.health.qld.gov.au/ghcrwp/default.asp#resources>

7. Systematic Review of the Literature on Utilisation of Support Workers in Community Based Rehabilitation

A full copy of this report is available at
<http://www.health.qld.gov.au/qhcrwp/default.asp#support>



The ICF as a framework for CR

Increasingly, healthcare sectors are endeavouring to utilise a common framework, both for language and to contextualise assessment and management of health and welfare needs. The ICF framework, based on international consensus and collaboration was recognised as a key framework of understanding for the CRWP.

“The ICF mainstreams the experience of disability and recognises it as a universal human experience. By shifting the focus from cause to impact it places all health conditions on an equal footing, allowing them to be compared using a common metric – the ruler of health and disability. Furthermore, the ICF takes into account the social aspects of disability and does not see disability only as a ‘medical’ or ‘biological’ dysfunction. By including the Contextual Factors, in which environmental factors are listed, ICF allows the recording of the impact of the environment on the person’s functioning”.

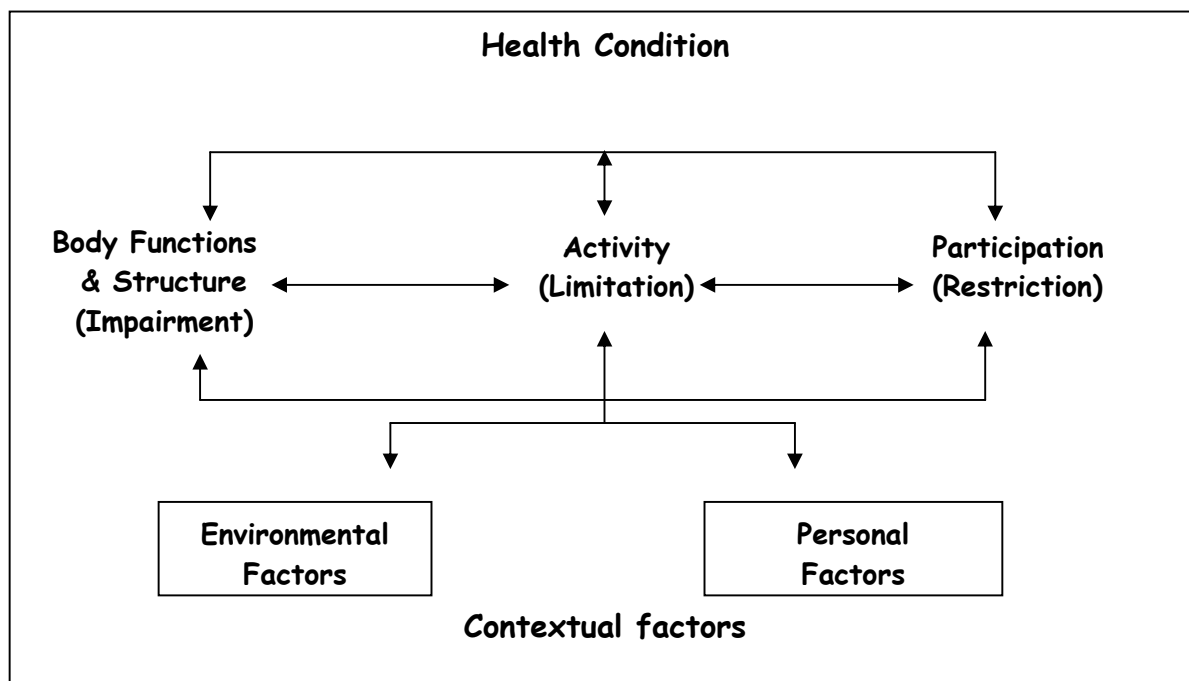
(<http://www.who.int/classifications/icf/en>)

The CRWP funded Competencies Audit identified ‘Frameworks of Understanding: Understanding and implementing recognised models and frameworks that underpin Community Rehabilitation’ as a key CR competency.

The ICF was identified and promoted by the CRWP as providing an internationally endorsed framework and a common language for use in CR teams which are composed of professionals from a wide range of professional backgrounds. Figure 2 includes a schematic diagram of the ICF.

Figure 2: Schematic Diagram of the International Classification of Functioning, Disability and Health.

(World Health Organization. International Classification of Functioning, Disability and Health [ICF]. Geneva: World Health Organization; 2002.)



The ICF provides a taxonomy of domains within which health and clinical interventions can be situated or contextualised. They are defined as follows:

- **Body Functions** are physiological functions of body systems(including psychological functions)
- **Body Structures** are anatomical parts of the body such as organs, limbs and their components
- **Impairments** are problems in body function or structure such as a significant deviation or loss
- **Activity** is the execution of a task or action by an individual
- **Participation** is involvement in a life situation
- **Activity Limitations** are difficulties an individual may have in executing activities
- **Participation Restrictions** are problems an individual may experience in involvement in life situations
- **Environmental Factors** make up the physical, social and attitudinal environment in which people live and conduct their lives

For additional information about the ICF, visit [www.who.int/classification/icfBeginners Guide](http://www.who.int/classification/icfBeginners%20Guide)

The ICF framework and language have been incorporated into all CRWP activities:

- Professional development of current CR workforce via Training and Development Officers
- Undergraduate / Graduate Entry Masters curriculum development initiatives in participating universities
- Interdisciplinary Student Placement in Community Rehabilitation
- Advanced Community Rehabilitation Assistant training (Certificate IV Allied Health Assistance)
- Post graduate curriculum development (Graduate Certificate in Community Rehabilitation, offered by Griffith University)
- Outcome measures compendium funded by CRWP
- Resource DVDs compiled by the CRWP for dissemination via 'Community Rehabilitation Contacts' beyond the life of the project

The CRWP produced an ICF DVD designed as a teaching and learning tool which is appropriate for use in undergraduate, postgraduate and professional development settings.

The CRWP recommends that the use of the ICF framework continues to be promoted as the underpinning framework of choice for community rehabilitation.



3. Developing the CR assistant workforce in Queensland

Pilot program of an advanced CR assistant role

Rationale

Numerous challenges facing the Queensland healthcare system, including growing workforce issues, have highlighted the need to investigate new models of service delivery. Effective and innovative use of support staff is one strategy that can be employed to assist in meeting the needs of consumers in an environment of chronic shortages of qualified health care professionals.

Description

The CRWP developed, trialled and evaluated an Advanced Community Rehabilitation Assistant (ACRA) position in six (6) pilot sites across Queensland. Table 3 shows where and when the ACRA positions were trialled.

Table 3: ACRA Pilot Sites

Pilot Site	Team ACRA worked with	ACRA establishment	Date ACRA commenced (all pilots ceased on June 30, 2008)
Roma	Rehabilitation and Allied Health Unit	1 FTE	3/12/2007
St George	Primary Health Care Unit	1 FTE shared by 2 part-timers	3/12/2008
Cairns	Transition Care	1 FTE	4/2/2008
Cairns	Smithfield Community Health	1 FTE	11/2/2008
Northside Health Service District	Community Based Rehabilitation Team	1 FTE	12/11/2007
Spiritus- Logan Branch	Allied Health	1 FTE	20/8/2007

The development of the roles was locally driven with a part-time project officer employed at each site to facilitate the process. The project officers worked with the teams and completed service mapping and a needs analysis, and scoped

roles for the community rehabilitation assistant workforce. A job description was developed at each pilot site. As they all shared a common purpose, roles, responsibilities and reporting structures, they were collated into one job description that underwent the Job Evaluation and Management Scheme (JEMS) centrally. Minor changes were then made at a local level. Task lists were produced in consultation with local services, based on the job description. The project officers recruited locally based assistant staff to the trial positions and continued to provide support to the ACRAAs and the local teams throughout the trial.

The project officers contributed to the coordination of education and training of the ACRAAs in the pilot phase through both formal and informal methods. All of the ACRAAs were sponsored to undertake the Certificate IV in Allied Health Assistance with directed electives in CR, with the course commencing in semester 1, 2008. In-house training was also developed around topics identified by local teams during the early stages of the pilot projects. The project officers developed an interactive workbook for ACRAAs covering many of the identified topics. Monthly teleconferences facilitated by a project officer were also initiated. The teleconferences were utilised for two purposes, firstly to provide a forum for the ACRAAs to network, and secondly to deliver further training to the ACRAAs. The training component was opened to any interested allied health assistants. There was a high level of interest in accessing this training from allied health assistants across the state. The project officers also co-ordinated supervisor training for professionals.

Consultation occurred at all stages of the project with union, industrial relations, human resource and professional association representatives. Updates on the project direction were delivered to the Queensland Health Public Hospital Oversight Committee at their monthly meetings, as were any significant materials or documents produced as part of the project.

The ACRAA roles were multidisciplinary in nature, working with a variety of Allied Health Professionals. It was hoped that the ACRAAs would also support Nursing Professionals working in CR and one pilot site started to explore this. However, due to the time constraints of the project, this did not progress very far. There was also concern from professional nursing bodies regarding the scope of the ACRAAs' role in relation to nursing support.

Guidelines for advanced assistants and their supervisors were also developed to guide the practice of advanced assistants working in community rehabilitation and their supervisors. The guidelines and other relevant materials developed during the project were compiled into an ACRAA resource kit that was incorporated into the CRWP resource DVD (discussed in the *Sustainability* section of this report). The resource kit, whilst not prescriptive, provides a framework for the development and implementation of assistant positions in CR.

Three (3) videoconferences were conducted with approximately 24 sites to educate stakeholders about the resources and how they can they be utilised.

Evaluation

The ACRA pilots were evaluated through the use of the following tools:

- A pre and post questionnaire completed by the ACRA
- Semi structured interviews with the ACRA's, health professionals and clients
- Daily diaries completed by the ACRA's
- The collection of activity levels/statistics

Evaluation of the pilot projects showed that the ACRA roles were developing according to the direction their services were heading and, as such, there was variety across the sites regarding how and where the ACRA's carried out their roles.

Data obtained from the pilot sites indicate that ACRA's can be a valuable resource in the provision of community rehabilitation services, however some challenges exist. Health professionals have described benefits for themselves, their clients and their services. ACRA's have generally expressed job satisfaction and feel useful and valued in their roles. Clients have expressed satisfaction with the ACRA role and have particularly made mention of how ACRA's have facilitated community participation. Whilst clinicians have reported a significant time investment for the training and support of the ACRA's, particularly in the early stages, it was agreed that this was beneficial in the long term. For the full evaluation of the pilot project, refer to the *Evaluation of the trial of new Advanced Community Rehabilitation Assistant (ACRA) Roles in Queensland* report which will be posted on the CRWP internet site.

Discussion/Recommendations

Business cases and options reports were submitted to the Districts to facilitate applications to secure further funding for the positions. Most of the pilot sites have subsequently secured funding to continue the piloted ACRA roles in their District. Recurrent funding has been secured for the positions in Roma, St George and with the Transition Care Program in Cairns. Spiritus Care Services at Logan are funding the position until 31st December 2008, and will then consider further funding.

The ACRA's recruited as part of the pilot come from a variety of support worker backgrounds (ie. Allied Health Assistants, Personal Care Workers, Operational Staff). This enabled them to bring a range of skills to the role. However, it has been identified that the position would function at the advanced level sooner, if the incumbent had an allied health assistance background.

Whilst in the end the ACRA pilot project focused predominantly on the support of allied health professionals, the roles could also prove to be very beneficial in supporting nursing professionals in CR. This direction warrants further investigation and consultation.

It was identified during the project that there are limited in-house training opportunities specifically targeted at the support workforce. The AHA training teleconferences conducted during the project helped address this need and were received well across the state. It is therefore recommended that AHA training continue. A similar framework could be rolled out at District level, with the local health professionals delivering the training sessions.

The teams in which the ACRA roles were trialled, had limited (or no) involvement with paediatric clients. It is recommended that the scope of the ACRA role be reviewed and expanded to enhance the ability of this position to support health professionals working in the paediatric CR area.

Whilst the resources developed during this project had a CR focus, many of them could be applied to assistant and/or advanced assistant positions within the acute setting. It is recommended that the ACRA resource kit continue to be promoted after the CRWP ceases.

Associated Project Reports and/or Resources

- CRWP Resource DVD, ACRA Resources, located on filepath [CRWP Resource DVD - Final Version 160508\CRWP Resources\Advanced Assistant Resource Kit\Contents Power point slide.ppt](#)
- CRWP (2008) *Evaluation of the trial of new Advanced Community Rehabilitation Assistant (ACRA) Roles in Queensland*



Certificate IV qualification for CR assistants

Rationale

The Allied Health Assistant (AHA) workforce is critical to the future delivery of allied health, community and rehabilitation services in Queensland. Up-skilling of the AHA workforce is one strategy to address workforce shortages, build the capability of the current and future workforce, and enable allied health professionals to explore extended scope of practice. The CRWP identified formal training opportunities for allied health assistants as critical in formalising

competence levels, enabling career progression, building professional trust in support staff, and building the capability of the current and future workforce to deliver CR services.

Description

The CRWP established a working group to identify the skills, knowledge and attributes required for a CR assistant role and mapped these against current units in Training Packages in the Vocational Education and Training (VET) Sector. The Certificate IV in Allied Health Assistance (AHA) with directed electives in CR (selected by the working group) was determined to be the most appropriate qualification.

The CRWP put out a “request for tender” to contextualise the program, develop resources and deliver training. Sunshine Coast TAFE was awarded the tender. The CRWP worked closely with the TAFE and provided input and advice regarding the actual course content.

The CRWP invited allied health assistants and support workers to submit an expression of interest for a scholarship to undertake the course. Sponsorship included tuition fees as well as travel, accommodation and allowances to attend a five (5) day workshop.

Evaluation

The CRWP received over 200 enquires and approximately 110 appropriate applications for the scholarships. Sixty (60) scholarships were awarded by CRWP with a further 15 places funded by the AH Workforce Advice and Coordination Unit in Queensland Health Corporate Office. Table 4 provides a geographical breakdown of participants and indicates that there was an equitable geographical spread and a good representation of participants outside Queensland Health (30%).

Table 4: Summary of Successful Applicants for Certificate IV (Non-QH Participants in Brackets)

Northern Area Health Service	9 (3)
Cooktown	1
Townsville	3 (+3)
Atherton	1
Cairns	4
Central Area Health Service	23 (5)
Redcliffe / Caboolture	12 (+3)
Gladstone/Rockhampton	5 (+1)

Hervey Bay	1
Sunshine Coast	2 (+1)
Maryborough	1
Bundaberg	1
Royal Childrens Hospital	1
Southern Area Health Service	22 (+13)
Beaudesert	1
Toowoomba	3
Gold Coast	4 (+4)
Tara	1
St George	1 (+1)
West Moreton / South Burnett	1
Logan	2 (+2)
Dalby	3
PAH	3
Roma	1 (+1)
QEII	2
Other Non-QH in Brisbane	(+5)

Table 5 indicates that the majority of successful applicants (69%) were currently in a therapy assistant role.

Table 5: Successful Applicants by Current Role

Current Role	Number of Applicants
Therapy Assistant (TA)	48*
Enrolled Nurse (EN)	4
Support Worker	15
Other	3
TOTAL	70

*Note where successful applicants indicated a dual role (eg. TA and support worker or TA and EN, they were entered into the TA category)

Table 6 shows that 20% of applicants were from Equal Employment Opportunity and Project priority areas.

Table 6: Successful Applicants by Priority Areas

Priority Area	Number of Applicants
Rural and remote	8
ATSI	3
LOTE (in full)	2
People with a Disability	1
TOTAL	14 (20%)

Due to some withdrawals from the program, in June 2008 there were 68 scholarship holders enrolled in the course.

The program is being delivered by videoconference workshops (at the commencement of pre-requisites, compulsory units and the directed CR electives), a five day face-to-face workshop, and flexible delivery including online learning, self paced workbooks, phone and email support, and study groups. Pre-requisites commenced in Semester 2, 2007 and the actual course commenced in Semester 1, 2008 with participants attending one (1) of four (4) five (5) day workshops conducted in Townsville, Toowoomba, Redcliffe and Logan.

The course is scheduled to finish in June 2009.

Discussion/Recommendations

It is recommended that QH provide ongoing support for the sponsored participants for the remainder of the course as they will constitute a trained and qualified future workforce for the Advanced Community Rehabilitation Assistance role. It has been negotiated that a representative from the Allied Health and Oral Health Clinical Education and Training Unit in Queensland Health Corporate Office be a QH contact person. However, the TAFE will remain the initial point of contact for student queries and concerns.

It is recommended that the TAFE conduct further videoconference sessions to support the students during the flexible delivery of the remaining modules. The facilitation of development of study groups has also been encouraged.

Associated Project Reports and/or Resources

- CRWP (2008) *Evaluation of the trial of new Advanced Community Rehabilitation Assistant (ACRA) Roles in Queensland*

Supporting a national training framework for CR assistants

Rationale

The profile of health care in Australia is evolving in response to the changing population demographics, preferences and needs. Shortages of professional health workers coupled with an ageing population, highlights the need to explore the emerging role of CR in the health care spectrum and the range of skilled workers required to fulfill the functions of CR. It has been identified that workers who provide support to allied health professionals and other health professionals are an essential part of the CR workforce.

The Community Services and Health Industry Skills Council (CSHISC) was commissioned by the CRWP to investigate VET Sector qualifications that may exist to support health workers to up-skill in CR and to upgrade as appropriate. This included the identification, amendment and development of new units of competency reflecting CR work roles. In particular the aim was to:

- Identify the scope of community allied health assistant roles including community rehabilitation nationally;
- Develop new units of competency to be packaged in the current HLT07 Certificate IV in Allied Health Assisting via Category 2 Change and/or add to the ongoing CHC02 Community Services Training Package Review.

Description

As a result of analysis completed by Queensland Health, it was identified that there was a gap in the current HLT07 package and the potential for development of new units of competencies for allied health assistant workers in community environments and in particular CR.

As part of the methodology, the CSHISC established a national Industry Reference Group (IRG) of key stakeholders to guide the general direction of the project and sign off on the development work. The IRG members provided access to national networks within their sector or constituency.

The stages of this project have included:

- Development and release of Scoping Report (December 2007) – this was a research and consultation process to determine the job roles and functions to be subject to competency development. The Scoping Report identified existing units of competency in the HLT07 Health Training Package and CHC02 Community Services Training Package that potentially describe Advanced Community Rehabilitation Assistant skills. The Scoping Report is available through a link on the website www.health.qld.gov.au/ghcrwp
- Development of three (3) draft units of competency, an elective group and skill set, to add to HLT07 and possibly CHC02(8):

- HLTCR401A *Work Effectively in Community Rehabilitation*
- HLTCR402A *Support Daily Living Requirements in a Community Rehabilitation Context*
- HLTCR403A *Support Community Access and Participation*
- Validation of these draft units between December 2007 to March 2008, which was linked with CHC02 Draft 2 validation

At the time of this report the three (3) draft units are in the process of being signed off by the IRG and key industry stakeholders (due for completion in June - July 2008). The plan is for the Units to be endorsed and available for Registered Training Organisation (RTO) delivery in approximately October 2008.

The three (3) draft units are a new component available for inclusion in Training Packages and represent a skill set or group of competencies that can be assessed either as part of a whole qualification or independently. This allows for a group of competencies to be named on the qualification or statement of attainment document awarded by an RTO (See Table 7).

Table 7: Summary of CR Statement of Attainment

Target Group	Individuals wishing to gain a set of skills in community rehabilitation assistance to complement another health or community services qualification
Pathway	These units provide credit towards HLT42507 Certificate IV in Allied Health Assistance or other health or community services qualifications
Units	<ul style="list-style-type: none"> • <u>HLTCR401A - Work effectively in community rehabilitation</u> • <u>HLTCR402A - Support client daily living requirements in a community rehabilitation context</u> • <u>HLTCR403A - Support community access and participation</u>
Suggested form of words for Statement of Attainment	These units from the Health Training Package (HLT07) meet industry requirements for assistance in community rehabilitation

Evaluation

Endorsement of national units of competency and qualifications follows a formal process established by the Australian Government. This process includes Draft 3 industry sign off, ISC Board referral to DEST, consideration by state/territory training authorities (STAs), endorsement by the National Quality Council (NQC) and sign off by state/territory ministers for education and training. This process is being followed by the CSHISC.

Discussion/Recommendations

It was recommended that the units of competency be developed to specifically address the following requirements of the CR support function:

- Working effectively in the CR context
- Working with the client to carry out daily living activities in a CR context
- Supporting health professionals
- Supporting community access

These have been developed under the direction of the IRG, with feedback from a national perspective. The actual development of the material that will be delivered remains the responsibility of the individual RTO. The CSHISC has no control over the quality of the actual course work developed. While there may be other regulatory bodies, this effectively means a lack of specific CR quality assurance regarding the relevance and effectiveness of the material to produce a workforce well equipped to develop, implement and evaluate CR programmes to meet the current and emerging health needs of the Queensland community.

Whilst the development of this skill set and the units of competency will allow the development of a workforce trained specifically in CR, a need has been identified for an overseeing body or expert to ensure the materials developed accurately reflect the 10 CR competencies. This is crucial for maintaining the momentum established during this process. Consequently it is recommended that Queensland Health fund a CR expert to contextualise the three (3) new units of competency to ensure an accurate reflection of the 10 CR competencies. These units would then be available for RTOs to purchase and deliver.

Associated Project Reports and/or Resources

Community Service and Health Industry Skills Council Scoping Report for Community Rehabilitation Competencies www.health.qld.gov.au/qhcrwp



Clinical supervision training for health professionals

Rationale

Utilisation of allied health and nursing support staff is becoming increasingly common with the need for more innovative and non-traditional models of care to meet the current and future challenges of health service provision. The Audit of Education and Training Needs of Staff Working in Community Rehabilitation¹ conducted by Griffith University recognised the need for investment in training for professionals providing supervision to support staff. As a result, an objective of the Community Rehabilitation Assistant Workforce Project (CRAWP) was to develop, implement and evaluate training for allied health and nursing professionals providing supervision to support staff working in community rehabilitation.

Description

The CRAWP funded the development of a training module around the competencies unique to supervising community rehabilitation support staff. This module was incorporated into a Clinical Educators' Continuing Professional Development training package developed by the University of Queensland and delivered online via Med-E-Serv.

The training package was initially only available free of charge to Queensland Health (QH) Allied Health staff. Thus, additional funding was also provided to enable 150 allied health and nursing professionals from non-government organisations, private practice and government departments outside Queensland Health to undertake the training.

Evaluation

A module titled "The Basics of Clinical Supervision" was developed and included in the Introduction to Clinical Education Principles and Practice (H14390). The following table provides a breakdown of the CRWP sponsored enrollees and their completion rates. 51% of the net enrolled participants completed the 22 hour online training package by March 30, 2008. This rate was well above the completion rate for the program as a whole. The sponsored participants who did not complete the program by March 30, will continue to have access to and be able to complete the program after the CRAWP ceases.

¹ Griffith University. 2006. *Audit of Training and Education Needs of Staff Working in Community Rehabilitation in Queensland*. Meadowbrook: Griffith University.

Table 8: Breakdown of Sponsored Participants

	QH	Non-QH	Total
Number enrolled	27	38	65
Number formally withdrawn	-5	-7	-12(18%)
Net Enrolled	22	31	53
by Classification			
Number Nurses	22	21	43(81%)
Number Allied Health	0	10	10(19%)
by Completion			
Number Completed	10	17	27(51%)
Number Did not complete	12	14	26(49%)

When Queensland Health released the Introduction to Clinical Education Principles and Practice training package, there were a number of industrial issues that had a negative impact on uptake and completion of the program. Hence the CRAWP decided to release “The Basics of Clinical Supervision” as a stand-alone module with an introduction to clinical supervision, as well as continuing with the whole training package. The new package was titled “Principles of Clinical Supervision”, and following is a breakdown of enrolments into this course from January to April 30, 2008.

- QH employees = 24
- Non-QH employees = 46.

Discussion/Recommendations

The stand-alone module, “Principles of Clinical Supervision” ceased to be offered after April 30, 2008, however the module “The Basics of Clinical Supervision” continues to be included in the original training package. This package is offered free of charge to Queensland Health employees and is also available to non-Queensland Health professionals for a fee of \$770 per person. It is recommended that CR staff continue to be encouraged to enrol and/or complete this online learning as it addresses a training need area identified in the Griffith University Audit. As the package is provided online, it gives the training the flexibility required to meet the varying needs of the health professionals.

Associated Project Reports and/or Resources

More information about the Training Package can be obtained from the following websites.

Queensland Health employees can enrol on-line through the CDES portal:

<http://cdes.learning.medeserv.com.au/clinicaleducation>

Non Queensland Health employees can enrol on-line through the UQ Health Insitu portal:

<http://healthinsitu.uq.edu.au/clinicaleducation>

4. Learning and development activities for health professionals in the existing CR workforce in Queensland

The project sponsored learning and development activities for CR practitioners (existing staff) through the provision of in-services, workshops and Special Interest Groups, and via scholarships for post-graduate study, research and evidence based practice reviews. The project also funded development of a compendium of outcome measures and preparation of new post-graduate resources in CR at three (3) Queensland universities.



Training and development provided at the workplace

Rationale

Formative Evaluation - Links with the Competencies Audit

All learning and development was based on the 10 competency domains identified in the competencies audit. The following are other key results of the Audit that guided the training agenda:

- **Major Areas of Training Need:**
 - Frameworks, models, approaches to CR
 - Outcome measurement, research, evidence
 - Mental Health system
 - Impact of culture

- **Barriers to Training:**
 - Individual commitment and organisational culture
 - Vast range of clinician situations and circumstances
 - Great range of knowledge levels and learning styles
 - Training participation is motivated by clinical dilemmas
 - Limited direct and indirect (eg travel, backfill) funding for training

- **Preferred Training Delivery Methods**
 - Multiple media – local and flexible
 - On the job training with mentoring
 - Team-based learning at work

- Networks
- Include consumers as trainers

Description

Target Occupations

The training and development was designed for people who work in CR. Participation was prioritised to (but not limited to) the project target occupations (see the *Project Aim and Scope* Section of this report).

Resources

The project funded four (4) full-time equivalent Training and Development Officers (TDOs) to develop and deliver a variety of learning materials based on the 10 CR competency domains. The remit of the TDOs also included developing networks and mentoring programs and raising the profile of CR.

The TDOs were based in Townsville, Mackay, Rockhampton, Toowoomba and Brisbane. The project also funded provision of training by external providers and participant travel when required.

Learning and Development Strategies

As the learning and development activities aimed to be of high quality, take into account adult learning principles, cover all 10 competency domains, and address barriers to training (including geographical access), the following strategies were incorporated:

- Development of 15 topics across the 10 competency domains (see Table 9)
- Provision of videoconferences and work based team learning in 2 hour sessions plus some full day and half day workshops
- Utilisation of a monthly training calendar of videoconferences and workshops plus provision of individualised training at the workplace
- Use of adapted Cunningham Centre (a Queensland Health specialist learning and development unit) quality systems for expressions of interest, confirmation of enrolments, evaluation, etc. These conform to ISO9001.
- Marketing via email and team visits
- Imbedding of cultural awareness in all topics
- Inclusion of the evidence base in all sessions via bibliography, journal articles, etc
- Incorporation of practical examples, case studies, tools and interactive activities into all topics

Summative Evaluation

Data was collected regarding participant numbers, demographics, and topics attended. Feedback was sought via a questionnaire immediately post the education session. The response rate for this questionnaire was approximately

48% with the response rate for videoconferences being lower than for face to face sessions. The results will be reported in the *Participant Feedback* section below.

A follow-up evaluation questionnaire was also emailed to teams three (3) months after they attended a training session. The response rate for this questionnaire was poor at 7%. The results of the returned questionnaires can not be relied on to be representative due to the poor response rate and thus the results will not be reported.

There were approximately 1,600 participants at training from March 2007 until end April 2008.

Coverage of Competency Domains

As indicated in Table 9, learning and development topics provided a comprehensive coverage of the 10 competency domains.

Table 9: Coverage of the CR Competency Areas by Training Offered

CR Competency Area	Training
Frameworks of Understanding	<ul style="list-style-type: none"> • Introduction to the International Classification of Functioning, Disability & Health (ICF) - 2 hours • Goal Setting and Motivation – 2 hours • Mental Health Awareness & Mental Health Act and Suicide – 2 x half day sessions • Motivational Interviewing (2 hour session and one day workshop) • Case Management – 2 hours • Community Engagement – 1 day • Professional Boundaries & Ethics – 1 day plus 2 hour version • Tools for Effective Peer Group Learning – 2 hours • Outcomes Measures – 2 hours • Preparing written materials – 2 hours
Consumer Engagement	<ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Goal Setting and Motivation – 2 hours • Preparing written materials – 2 hours • Professional Boundaries & Ethics – 1 day plus 2 hour version • Guide to Advocacy for CR – 2 hours • Case Management • Outcomes Measures – 2 hours

CR Competency Area	Training
Holistic Focus	<ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Goal Setting and Motivation – 2 hours • Professional Boundaries & Ethics – 1 day plus 2 hour version • Mental Health Awareness & Mental Health Act and Suicide – 2 x half day sessions • Case Management • Tools for Effective Peer Group Learning – 2 hours • Outcomes Measures – 2 hours • Motivational Interviewing (2 hour session and one day workshop)
Service Continuity	<ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Demand Management – 2 hours • Mental Health Awareness & Mental Health Act and Suicide – 2 x half day sessions • Case Management – 2 hours • Community Engagement – 1 day
Networks	<ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Demand Management – 2 hours • Systems Advocacy – 2 hours • Tools for Effective Peer Group Learning – 2 hours • Mental Health Awareness & Mental Health Act and Suicide – 2 x half day sessions • Networking & Peer Group Learning – 1 day • Case Management – 2 hours • Community Engagement – 1 day • Preparing written materials – 2 hours
Cultural Awareness	<p>Embedded in all training sessions. Featured within:</p> <ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Professional Boundaries & Ethics – 1 day plus 2 hour version • Preparing written materials – 2 hours
Community Engagement	<ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Demand Management – 2 hours • Guide to Advocacy for CR – 2 hours • Case Management – 2 hours • Community Engagement – 1 day

CR Competency Area	Training
Boundaries and Safety	<ul style="list-style-type: none"> • Demand Management – 2 hours • Professional Boundaries & Ethics – 1 day plus 2 hour version • Tools for Effective Peer Group Learning – 2 hours
Reflective Practice	<ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Goal Setting and Motivation – 2 hours • Demand Management – 2 hours • Systems Advocacy – 2 hours • Introduction to Research Planning and Introduction to Research Methods – 2 x 2 hour sessions • Case Management – 2 hours • Community Engagement – 1 day • Outcomes Measures – 2 hours • Professional Boundaries & Ethics – 1 day plus 2 hour version
Systems Advocacy	<ul style="list-style-type: none"> • Introduction to the ICF – 2 hours • Introduction to Research Planning and Introduction to Research Methods – 2 x 2 hour sessions • Guide to Advocacy for CR – 2 hours • Systems Advocacy – 2 hours • Outcomes Measures – 2 hours

Proportion of Participants by Topic

Table 10 includes the proportion of participants by topic in descending order. *Goal Setting and Motivation*, and *Introduction to the ICF* were the most frequently attended topics. As previously discussed in this report, the ICF was the key framework which underpinned many of the project’s activities.

Table 10: Proportion of Participants by Topic

Topic	Participant Nos
Goal Setting and Motivation	249
ICF	221
Introduction to Project and TDO Role	156
Preparing Written Materials for Client Education	146
Maintaining Professional Boundaries with Clients	131
Community Engagement	122
Special Interest Groups	103
Mental Health Awareness	88
Other	85
Motivational Interviewing	79
Demand Management	59
Client Advocacy	52
Research and Evaluation	49
Case Management	42
Tools for Group Learning	35
TOTAL	1617

Participant Demographics

Demographic data confirmed that strategies to maximize equity of geographical access to training such as videoconferencing, geographical spread of TDOs, and funding of participant travel were successful. Participants came from diverse geographical areas (of those who responded to this question, 27% of participants were from QH's Northern Area Health Service; 35% from the Central Area Health Service; and 38% from the Southern Area Health Service).

Cities, towns and rural and remote areas outside Brisbane were also well represented in training sessions (of those who responded to this question, 32% of participants were from Brisbane; 52% from non-Brisbane cities; and 16% from rural and remote areas).

A total of 62% of participants who responded to the question were from the target professions of OT, PT, SP and RN. Thirteen percent (13%) were from other allied health professions; 6% were allied health assistants; and 19% were from other occupations such as case manager, lecturer and personal care worker.

Participant Feedback

Participants indicated that they were satisfied with the training across all areas evaluated. Table 11 includes individual questions and average scores.

Table 11: Participant Average Scores on Feedback Questionnaire

Scoring: 1= strongly agree; 5= strongly disagree

Evaluation Area	Average Score
A. Pre-training support	
1. I was given adequate information about the training session/course before commencement.	2
B. Program planning, structure, content and outcomes	
2. The training session/course was well planned and organized.	1.7
3. The training session was held at a convenient time.	1.7
4. The training session venue was comfortable.	1.9
5. My objectives for attending the training session were met.	1.8
C. Learning materials and resources	
6. The overall quality of the learning materials was high.	1.7
7. The learning materials were relevant, current and useful.	1.7
8. The learning materials will be a useful reference in the future.	1.6
D. Facilitation	
9. The facilitator was knowledgeable about the topics.	1.5
10. The facilitator was enthusiastic and made the learning enjoyable.	1.5
11. The facilitator related the topics to our own experiences.	1.6
12. The facilitator was organized and well prepared.	1.5
13. The facilitator used effective teaching strategies and resources.	1.6

Participants were also asked to give qualitative feedback. The following is a summary of this feedback under each question:

“The best things were...”

- Case studies
- Practical examples
- Interactive sessions / group discussion
- Evidence provided
- Resources for people to use in future

“The training session/course could be improved by...”

- Physical resources – room, chair, air-conditioning
- Technical issues – videoconferencing equipment, bookings
- Shorter or longer length
- More or less depth
- Earlier provision of pre-reading, learning materials
- More time for feedback – group activities
- Contextualisation of information to individual needs
- Facilitation skills of presenters

“Following this session, is there any process you would change in your current work situation?”

- Apply tools / technique; use forms
 - With clients - initial assessment, goal setting, hand-outs
 - In supervision
 - With team – case conferences
- Enhance documentation
- Increase consultation with colleagues / reflect more
- Refer on
- Up-skill other team members / share information
- Increase consumer & community involvement

“Are there any factors that would impact on this change – either positive or negative?”

Barriers:

- Organisational culture
- Time – caseload, administrative tasks
- Team knowledge and team dynamics
- Organisational restructures
- Current role / scope of service
- Staffing changes

Facilitators:

- Build on current initiatives
- Staff motivation to improve service for clients
- Increased self-awareness / knowledge / confidence
- Other team members have attended training so that team can support each other

Discussion/Recommendations

Project staff involved in learning and development reviewed evaluation results and participated in a focus group which used the Appreciative Enquiry methodology to formulate recommendations for future workplace learning and development in CR. The following recommendations are made:

1. Rename the TDO function to Learning and Development Officer (LDO) and expand the role to include change management, systems advocacy and consultancy.
2. Continue to host LDOs through-out Queensland and in more locations, including in non-Queensland Health services. Encourage LDOs to have shared roles which may include clinical, research, clinical education (undergraduate students) and other learning and development functions.
3. Continue to utilise centralised quality management systems for learning and development activities which conform to ISO9001.
4. Continue innovative learning and development approaches and resource development and dissemination including videoconferencing, on-line learning, and develop new training topics across the 10 competency domains.

Central Queensland University community rehabilitation short course

Rationale

Provide an accessible CR short course training option for health professionals and other interested stakeholders. The short course introduced the program participants to key concepts in CR through the development and delivery of information and resources that enabled the learner to engage with the content using their own clinical experiences and to complete a set of learning activities that related to the principles and practice of community rehabilitation.

Description

A project team from the Centre for Professional Health Education, Central Queensland University received funding to develop a flexible CR curriculum and short course program that was implemented and delivered in a variety of formats – including a series of face-to-face workshops to health professionals and interested community members at selected locations across the State of Queensland. The curriculum and workshop program was developed in collaboration with members of the CRWP.

Thirteen (13) two (2) day Community Rehabilitation Workshops were conducted as per Table 12.

Table 12: Schedule of Workshops April 2007 – February 2008

Location	Dates
Rockhampton	30 April – 1 May 2007
Townsville	14 – 15 May 2007
Cairns	17 – 18 May 2007
Brisbane	12 – 13 June 2007 14 – 15 June 2007
Longreach	9 – 10 July 2007
Emerald	12 – 13 July 2007
Mackay	7 – 8 August 2007
Gladstone	3 – 4 September 2007
Bundaberg	24 – 25 September 2007
Gympie	27 – 28 September 2007
Roma	5 – 6 November 2007
Toowoomba	18 – 19 February 2008

Evaluation

One hundred and thirty-five (135) people attended the workshops from a variety of disciplines engaged in CR delivery, consumers and interested community members.

Evaluation questionnaires were distributed at each workshop inviting feedback on content and presentation. Participants were asked to rate the workshops on a 5 point Likert scale (see below) over three (3) main evaluation areas:

- Whether the content was appropriate for the audience?
- Was information provided that can be used in the participant's own work?
- Were the presentations interesting and well presented?

The scale ranged from 1= Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree. Not all participants chose to provide feedback with 125 questionnaires being returned (93% response rate). The results of this feedback are shown in Table 13.

Table 13: Overall Response Scores for the all workshops (n=125)

	1	2	3	4	5
The content was appropriate for the participants of the workshop	1 1(1%)	4 (3%)	18 (14%)	69 (55%)	33 (27%)
The information provided will be useful for me in my own work environment	0	1 (1%)	18 (14%)	67 (54%)	39 (31%)
The presentations were interesting and well presented	0	0	9 (7%)	69 (55%)	47 (38%)

In addition to the feedback questions the participants were also invited to provide narrative feedback on:

- The structure of the workshop
- Suggestions, if any, for future workshops
- General comments.

The single most repeated comment in the structure section was concerning the group work with 15 people commenting that they thought it was most useful while two (2) respondents thought there should be more group work. The only other comment of note in this section was that the sessions were thought provoking and helped participants see their role in a different light and presented concepts that they could use in their own work

Suggestions were made for future workshops as follows:

- *“Workshops are requested based on a single subject with case studies for groups to work through.”* This suggestion was made in a number of ways by several respondents (10). Topics included Contracts of Care – Stroke – Acute Brain Injury – Mental Health - and Aged Care.

Several issues were raised in the general comments section.

- One day workshops – even if repeated on two consecutive days will allow for more people to be released to participate
- There is a need for a one day workshop to look at ways of using the ICF in a practical manner in the community environment
- Strong support for face-to-face workshops especially in the rural areas.

Discussion/Recommendations

The notion of one (1) day workshops is well worth following up. It is evident from the feedback that there is a desire from the CR practitioners who attended to join in face to face workshops. This was particularly evident from the rural areas where discussion with workshop participants revealed that they not only appreciated the initiative that took workshops out to the more remote locations, but that there was a need for this level of interaction to stave off the feelings of isolation from mainstream practice.

Subjects for 1 day workshops could include:

- Stroke
- Case Management
- Contracts of Care
- Acute Brain Injury
- Mental Health Support strategies in a community setting

ICF Workshop - The idea of a workshop using the ICF classification tool as a springboard for problem solving has considerable merit. The workshop could address specific client case histories and use the ICF framework and a team approach to develop a structure for community capacity building on an individual care model.

Associated Project Reports and/or Resources

Centre For Professional Health Education Central Queensland University (2008) *Final project report to Queensland Health (via the Princess Alexandra Hospital Health Service District), Community Rehabilitation Curriculum and Short Course Development by Centre For Professional Health Education Central Queensland University*



Training and development implementation grants

Rationale

The Community Rehabilitation Training and Development Implementation Grants aimed to facilitate best practice in community rehabilitation by supporting health professionals to implement improvements in the workplace which had been identified as a result of training and development provided by the project. This was a successful strategy utilised by the RISE SA Project which was another Pathways Home project in South Australia.

Description

Grants were for a maximum of \$15,000. The grants guidelines included the following selection criteria:

Mandatory Criteria (must have been met to be eligible)

- The grant application is from a clinical service based in Queensland
- The service has received training and development from the Community Rehabilitation Workforce Project

Selection Criteria (scored by a panel)

1. The service development initiative will facilitate best practice in community rehabilitation.

2. The service development initiative is clearly linked to training and development provided by the CRWP project.
3. A detailed plan of action for successful management and completion of the service development initiative is evident.

Evaluation

A total of 38 applications were received and 25 approved. A total of 13 applications were not approved - 6 did not meet criteria; 1 was withdrawn; and 6 could not be approved as funding had been expended.

Applications came from diverse geographical areas (29% from QH's Northern Area Health Service; 29% from the Central Area Health Service; and 42% from the Southern Area Health Service).

Cities, towns and rural and remote areas outside Brisbane were also well represented in application numbers (32% from Brisbane; 44% from non-Brisbane cities; 24% from rural and remote areas).

The topics of successful grants were diverse and included:

- Set-up of data collection systems and procedures
- Development of education resources for clients
- Planning and delivery of networking conferences and community engagement workshops
- Development of holistic and client-centred initial assessment tools
- Review of case conferencing procedures
- Improvements in holistic discharge planning
- Implementation of telehealth for client consultations or monitoring
- Purchase of equipment to enhance quality of community care

All grants were linked with one or more training topics. The following are the most frequently cited training topics:

- Community Engagement – 60%
- ICF – 56%
- Goal Setting & Motivation – 32%
- Demand Management – 28%
- Preparing Written Materials – 24%

Discussion/Recommendations

This was a highly successful initiative that assisted services to put into practice learnings from the training provided.

It is recommended that Training and Development Implementation Grants continue as an effective strategy for encouraging workplace reform in CR.



Community Rehabilitation Special Interest Group (CRSIG)

Rationale

Part of the remit of the TDOs was to develop mentoring and networking programs.

Description

The CR SIG formed in early 2008. The following are the objectives of the SIG:

- Professional development, networking, information and resource sharing
- Reflective practice with peers
- Advocacy for CR services
- Review outcomes measures and support implementation
- Develop effective communication tools to improve the acute / community interface

The group met six (6) times (monthly) and included 25 regular participants from a variety of backgrounds. Topics covered included an evidence based practice review of an article regarding the ICF; outcome measures; case management, intake procedures, home visiting versus centre based services; and participation as a goal of rehabilitation.

Evaluation

As the SIG met only six (6) times, it was agreed that a formal evaluation would be premature. A manager of a state-wide community service in the Division of Rehabilitation at the Princess Alexandra Hospital and District Health Service has agreed to co-ordinate the SIG for a further year. During this time, the SIG will be evaluated and liaison with Queensland Health corporate office will occur regarding long-term support.

Discussion/Recommendations

It is recommended that the CR Special Interest Group continues as an effective networking, peer support and professional development strategy.



Centre for Remote Health Community Based Rehabilitation Intensive

Rationale

The Centre for Remote Health in Alice Springs provides training courses in “Community Based Rehabilitation” – as conceptualised by the World Health Organisation. This approach to CR is viewed as having potential application in indigenous communities in Australia. Therefore it was decided that the CRWP would sponsor participants to attend the course who could use this approach in their work.

Description

The CRWP sponsored eight (8) Queensland Health staff to attend the ‘Community Based Rehabilitation (CBR) Approach – Primary Health Care for People with Disabilities Short Course’ at The Centre for Remote Health in Alice Springs in July 2006. Sponsorship included tuition fees, travel, accommodation and allowances.

The course was conducted over five (5) days and was classroom based. The course was augmented by extensive pre-reading.

Four (4) of the sponsored participants were occupational therapists, one (1) a social worker, one (1) an indigenous health worker, one (1) a physiotherapist and one (1) a registered nurse. Seven (7) of the eight (8) participants worked in Indigenous communities, either as their primary work environment or as an outreach component of their work.

Evaluation

Each of the eight (8) sponsored participants were interviewed pre and post course. The majority of participants (n=6) demonstrated a greater breadth of knowledge and understanding of the principles and philosophy of CBR in the post-course interviews. However, throughout the post course interviews, participants indicated concern that they gleaned most information from discussion exercises and had received limited structured input from the course convenor.

Following the CBR course each sponsored participant was asked to rate their learning in each of the ten CR competency areas, on a five point likert scale, with 5 being “I learnt a great deal about this” and 1 being “I learnt nothing about this”. Scores for the eight (8) participants were totalled to give a total competency item score with a possible maximum score of 40. Scores ranged from 15 to 27.

The highest scores (indicating the CR competencies that participants learnt the most about), were networking (27.5/40), cultural awareness (26.5/40), holistic focus (24/40), reflective practice – specifically creative problem solving (25/40) and community engagement (23.5/40). Respondents indicated that the CR competencies which they learnt least about were frameworks of understanding – specifically the ICF (15/40) and service continuity – specifically co-ordination of transition points (12/40).

Discussion/Recommendations

There were a number of issues that detracted from the overall satisfaction level of the sponsored participants. Problems with the venue, technology issues and the absence of a didactic approach were all sources of concern for participants.

Whilst the course was conducted in Alice Springs, most of the course was classroom based. This allowed for local experts to attend, to contribute to discussions, however no site visits were organized for participants.

As a consequence of feedback from this cohort and the specific nature of the content, it was decided that the CRWP would not conduct further sponsorship rounds targeted specifically at this course.

Associated Project Reports and/or Resources

Dorsett P. (2006) The Evaluation of Outcomes for Queensland Health Employees attending the “Community Based Rehabilitation (CBR) Approach – Primary Health Care for People with Disabilities Course”, School of Human Services, Griffith University for The Queensland Health Community Rehabilitation Workforce Project.



Post graduate scholarships

Rationale

The Community Rehabilitation Postgraduate Scholarship Scheme, was designed to support health professionals to undertake postgraduate studies in the area of CR and thus optimise the capability of the current workforce to develop, implement and evaluate community rehabilitation programmes to meet the current and emerging health needs of the Queensland community.

The Scheme was open to permanent, temporary or casually employed health professionals currently working in Queensland. This included Queensland Health staff and staff from other agencies such as non-government organisations, other government agencies and private practitioners. Applicants currently working in CR were given priority, although other health professionals who could demonstrate how the study would benefit their ability to develop, implement and evaluate CR programs in the future were also considered.

Description

There were five (5) scholarship rounds offered from Semester One 2006 to Semester One 2008 inclusive:

- Total number of applicants = 123
- Number of scholarships awarded = 81
- Number withdrawn/declined = 42 (19/23)
- > 80% of recipients were from QH
- ~ 75% of recipients were from South East Qld
- ~ 85% of recipients were OT's, PT's or Nurses
- Majority attended Flinders or Griffith Universities

Applicants could choose to apply for pre-approved programs such as those shown in Table 14 or they could ask the panel to consider other programs by providing evidence of how that particular program would benefit them in conducting CR.

Table 14: Example of Eligible Post Grad Coursework Programs

Institution	Program
Flinders University	Grad Cert/Grad Dip in Clinical Rehabilitation Master of Clinical Rehabilitation
Griffith University	Graduate Certificate in Disability Studies Master of Human Services (Disability)
Central Queensland University	Grad Cert/Grad Dip in Clinical Practice (Rehabilitation) Masters of Clinical Practice (Rehabilitation)

Institution	Program
University of Newcastle	Grad Cert/Grad Dip in Stroke Management Master of Stroke Management
Queensland University of Technology	Graduate Certificate in Aged Care

Evaluation

Recipients of scholarships under the Queensland Health Community Rehabilitation Scholarship Scheme were asked to provide feedback relating to their study at the conclusion of each semester, to assist with evaluating the effectiveness of the scheme. They were asked to provide written feedback to the following question.

“In 1-2 paragraphs, please outline how your program of study has improved your ability to develop, implement and evaluate community rehabilitation programs, including benefits to consumers, your team and your organisation to date.”

Student responses were thematically grouped with reference to CR competency domains, discipline specific skills and benefits to the consumer, team and organisation.

The students reported learning outcomes which reflected all of the competencies except Community Engagement and Boundaries and Safety. The dominant theme was in the area of Reflective Practice, with students reporting gaining, applying and sharing knowledge. Holistic Focus, Networking and Partnership Building, Frameworks of Understanding and Consumer Engagement were well represented. There was little emphasis on discipline specific skills in the responses, with the scholarship recipients describing a broadening of their knowledge base and skills.

Most people reported application of their study to their current workplace. They described their enhanced knowledge and skills as being of benefit to consumers and reported positive factors for their team in the areas of education, training, mentoring and enhanced multidisciplinary practice. Study was reported to contribute to service review, expansion of current services, facilitate the development of new services and assist with long term service planning.

Discussion/Recommendations

Scholarship recipients have reported a wide variety of learning outcomes, many of which they are able to apply to their current work. They have described benefits to their clients, their teams and their organisations. As the knowledge and skills gained reflect many of the core competencies for CR in Qld, and as

many students report sharing this knowledge with other staff, it would appear that the scholarship scheme can enhance the provision of CR services.

It is recommended that CR be considered a priority area in existing Queensland Health post-graduate scholarship schemes for nursing and allied health professionals.

Associated Project Reports and/or Resources

CRWP (2008) *Evaluation of Outcomes of Queensland Health Community Rehabilitation Postgraduate Scholarship Scheme*



Research scholarships

Rationale

The Community Rehabilitation Research Scholarship Scheme and The Community Rehabilitation Evidence Based Practice (EBP) Review Grant Scheme supported health professionals to undertake Research and EBP reviews in the area of CR.

The aims of the schemes were:

- To collate, appraise and add to evidence which enhances CR services provided to the clients in Queensland.
- Enhance evidence based practice and research expertise of nursing and allied health personnel in Queensland Health.
- To foster multidisciplinary partnerships in evidence based and researching interventions, models and tools for CR practice.
- Identify gaps in evidence and promote the development of nursing and allied health research.
- To help balance equitable distribution of, and minimise the negative influence of geographic location on, community rehabilitation research and EBP opportunity throughout the state.
- To enhance dissemination of research and evidence based reviews.

Description

Applicants had to be a Queensland Health employee and could nominate for funding under the following categories:

- Non-metropolitan - For health professionals employed in non-metropolitan areas OR health professionals from other areas with research projects

which will directly contribute to knowledge or practice of community rehabilitation in non-metropolitan areas. (Metropolitan districts included Bayside, Gold Coast, Logan-Beaudesert, Mater, Princess Alexandra, Redcliffe-Caboolture, Royal Brisbane & Women's, Royal Children's, Sunshine Coast, The Prince Charles, Queen Elizabeth II, West Moreton).

- Novice researchers - For health professionals with a suitably constrained and supervised project which will enhance their research knowledge and skills. A novice researcher is someone who is undertaking their first research project.
- Seeding Funding - To support the development of a research proposal to the stage where it can be submitted to an ethics committee for approval or another funding body.
- Other - For research within any community rehabilitation interest area.

In 2006/07 \$300,000 was available:

- Non-metropolitan - \$50,000
- Novice researchers - \$30,000
- Seeding Funding - \$50,000
- Other - The remaining \$170,000

In 2007/08 \$250,000 was available:

- Non-metropolitan - \$50,000
- Novice researchers - \$30,000
- Seeding Funding - \$30,000
- Other - The remaining \$140,000

Evaluation

Successful research scholarship applicants, across the two (2) rounds, are shown in Tables 16 and 17.

Table 15: Research Scholarship Recipients 2006/07

Principal Investigator	Project Title	District	Grant
Melissa Kendall (Other)	Friendship following spinal cord injury: Developing a framework for clinical practice	Princess Alexandra Hospital	\$31,109
Tracey Comans (Other)	Centre based versus domiciliary community rehabilitation for older community based fallers - a randomised controlled trial	QEI Hospital	\$60,000

Principal Investigator	Project Title	District	Grant
Terry Haines (Other)	Assessment and prevention of falls, functional decline and mobility dysfunction following hospitalisation -Opportunities to enhance service provision	Princess Alexandra Hospital	\$97,245
Susan Gauld & Sharon Smith (Novice)	Improving community-based rehabilitation for Aboriginal and Torres Strait Islander Queenslanders with Acquired Brain Injury: Identification of key dimensions to enhance service suitability	Princess Alexandra Hospital	\$96,448
Jenny Fleming (Other)	A comparison of home and day hospital-enhanced outpatient patient rehabilitation after traumatic brain injury (TBI) using a goal-directed environment-focussed approach	Princess Alexandra Hospital	\$11,000
	Total		\$295,602

Table 16: Research Scholarship Recipients 2007/08

Principal Investigator	Title of Project	District	Grant
Anthea Rogers (Novice)	A comparative analysis of falls risk between clients attended by ambulance (with no transportation) and clients referred to a falls prevention program.	Southside Health Service District	\$30,000
Gail Kingston (Non-metro)	The impact of traumatic hand injury on patients who reside in rural and remote locations.	Townsville Health Service District	\$24,400
Megan Kentish (Seeding)	Determination of a best-practice model for delivery of post-injection physiotherapy for children receiving Botulinum Toxin Type A for lower limb spasticity.	Royal Children's Hospital	\$4,180
Gina Black (Seeding)	Integrating individual parenting support into the community rehabilitation and case management context: A pilot study.	Princess Alexandra Hospital	\$9,927
Jennifer Fleming (Other)	Determinants of successful community transition for individuals with acquired brain injury and their families.	Princess Alexandra Hospital	\$64,353
Melissa Kendall (Other)	Understanding the changing community care needs of people with acquired brain injury	Princess Alexandra Hospital	\$34,510

Principal Investigator	Title of Project	District	Grant
Nicole Bellet (Other)	Fast-track versus traditional cardiac rehabilitation: clinical outcomes and the use of the 6-minute and timed up and go tests.	Northside Health Service District	\$50,000
Ann-Maree Edwards (Other)	The effectiveness of maintenance groups following intensive individual treatment for dysarthria associated with Parkinson's disease.	Sunshine Coast Health Service District	\$11,449
	Total		\$228,819

Associated Project Reports and/or Resources

Copies of abstracts of all the EBP reviews and the research topics can be found on the CRWP Resource DVD (see the *Sustainability* section for details regarding the DVD).



Clinical (outcome) measures for community rehabilitation

Rationale

In 2004, as a result of election commitment funding to stroke rehabilitation services, five (5) new Community Based Rehabilitation (CBR) Teams were established in Queensland. As part of a comprehensive ongoing appraisal of these services it was identified that there was a need to evaluate and utilise the most appropriate tools to monitor program outcomes across the continuum of care. The five (5) CBR Teams established a partnership with the CRWP and the QEII Community Rehabilitation Team to undertake the "Outcome Measurement Project in Community Rehabilitation".

Description

The Centre for Allied Health Evidence (University of South Australia) was engaged to undertake the Outcome Measurement Project in Community Rehabilitation.

A full literature search was performed in March to May 2007. From the search results, outcome measures were evaluated to ascertain they were in the disciplines/domains represented in the community teams and were relevant to a CR setting and not related to a specific diagnostic group (other than stroke). The psychometric properties of the measures was then assessed. The measures were grouped in accordance with the ICF framework, with the addition of a cluster of quality of life measures as an overarching concept. A process of reducing the number of measures, based on feedback from an expert working party, then ensued.

The final Compendium of Clinical Measures contains a suite of outcome measures for use in CR settings. This is a synthesis of 28 measures and clinical tests which have been critically appraised and then approved by the expert working group of rehabilitation clinicians. Three (3) core measures were identified in the domains of Quality of Life, Activities and Environment. A potential core measure for Participation was identified however it was not included for clinical use as it attracted an ongoing licensing fee.

Evaluation

A trial of the utility of the three (3) core measures by the CBR Teams and the QEII CRS is ongoing at the conclusion of the CRWP.

Discussion/Recommendations

It was identified that this Compendium may have utility for other CR services in Queensland. Therefore a series of videoconferences were sponsored by the CRWP to disseminate the Compendium to a group beyond the key stakeholders.

The lack of inclusion of a core clinical measure for "Participation" is a concern. It is recommended that a literature scan be performed in future, to ascertain if new Participation measures have been developed since the conclusion of the project.

Associated Project Reports and/or Resources

Compendium of Clinical Measures for Community Rehabilitation

Prepared for Queensland Health by Centre for Allied Health Evidence University of South Australia

http://www.health.qld.gov.au/ghcrwp/docs/clinical_measures.pdf



Post graduate programmes in community rehabilitation

Rationale

Prior to the introduction of these initiatives sponsored by the CRWP there were no community rehabilitation specific degrees or postgraduate programs in Queensland.

Description

There were three (3) major CR post graduate initiatives developed with support from the CRWP

1. CR post graduate subject at James Cook University

A module of CR material was developed for delivery as a postgraduate CR subject at Masters level. Delivery of this material will be in block mode and will be offered as an elective. First delivery will be in Semester 1 2009.

2. Community Rehabilitation Curriculum Development at Central Queensland University

This project developed a modularised learning package which has been adapted in a numbers of ways to allow for it to be taught or undertaken as either a stand-alone professional development activity (see *CQU CR Short Course* section of this report) or as a section embedded within Professional Discipline Studies course for rehabilitation offered by CQU School of Nursing & Health Studies. This course is a post-graduate pre-requisite course for CF79 Master of Clinical Practice (Rehabilitation). This CR content is equivalent to 40 hours of a 160 hour Rehabilitation module. This program is delivered in the flexible mode.

Participants who attended the two (2) day workshops and successfully completed the assessable take-home activities will be given advanced standing into Discipline Studies (Rehabilitation) modules conducted by Central Queensland University. The Discipline Studies program articulates into the Master of Clinical Practice (Rehabilitation) degree. This degree has interim award points at Graduate Certificate and Graduate Diploma levels.

3. Griffith University Graduate Certificate in Community Rehabilitation

Griffith University received funding to facilitate the development of a graduate certificate program in CR. The Graduate Certificate in CR is designed to provide

CR professionals with knowledge and skills in the competencies for practice identified in the *Competencies for Community Rehabilitation: An Audit of Education and Training Needs of Staff in Community Rehabilitation in Queensland* (Griffith University, February 2006). The development of the Graduate Certificate was overseen by an Advisory Committee comprising of members from the University, Industry, Government, Community Sectors and consumer groups to ensure industry relevance and currency. The Graduate Certificate in Community Rehabilitation has been developed through the re-design of existing courses offered at Griffith University Health Faculty.

To be eligible for the award of Graduate Certificate in Community Rehabilitation a student must gain 40CP. The program outline is shown in Table 17. The program is offered part-time only. All core courses are available in off-campus, on-line mode or students have the option to undertake core courses 8016NRS Community Practice for Health Professionals on-campus, in-person at the Gold Coast campus and 7004HSV Disability Studies on-campus, in-person at the Logan campus. Students will be required to undertake a clinical practicum component of 80 hours during Semester 2 including interdisciplinary and intra-disciplinary visits.

Table 17: Graduate Certificate in CR – Program Outline

Semester	Course Code	Course Title	Credit Points		Delivery
Sem 1	8016NRS	Community Practice for Health Professionals	10 CP	Core	On-campus, flexible or off campus mode
Sem 1		Elective*	10 CP	Elec	On-campus or off campus mode
Sem 2	7004HSV	Disability Studies	10 CP	Core	On-campus, flexible or off campus mode
Sem 2	7028PES	Rehabilitation in the Community	10 CP	Core	Flexible and off campus mode

Evaluation

JCU postgraduate CR offerings are still under development so no evaluation material is available.

CQU module content has been evaluated during delivery of the two day workshops (see Chapter 4).

The Griffith University Graduate Certificate in Community Rehabilitation program admitted its first students in Semester 1, 2008. There were 16 enrolments.

Standard Griffith University course and teaching evaluation tools will be utilised to evaluate each core course in the first year of implementation. Pre course surveys indicated that students identify a need to gain confidence and skills in CR beyond that of their professional undergraduate degrees. Students have also indicated a need to gain skills in leadership, management, service delivery and research skills to assist with their own career development.

Discussion/Recommendations

During discussions with stakeholders, it was identified that the development of a Masters program would increase students' competitiveness as future CR professionals, enable them to specialise in areas of interest, prepare them for doctoral studies, grow the CR profession and provide networking opportunities, provide the opportunity to develop leadership skills to progress the profession and allow the development of innovative practices.

A Master of Community Rehabilitation program outline was developed by the advisory group and a submission made to the Griffith University programs committee. The Master of Community Rehabilitation program was accepted by the committee and will be offered by Griffith University, commencing Semester 1, 2009. The Graduate Certificate in Community Rehabilitation will continue and be incorporated as an entry and exit point into the Masters program. The Masters program consists of a further 40 credit points comprised of two core courses and two elective courses.

Associated Project Reports and/or Resources

Centre for Professional Health Education Central Queensland University (2008) *Final project report to Queensland Health (via the Princess Alexandra Hospital Health Service District), Community Rehabilitation Curriculum and Short Course Development by Centre For Professional Health Education Central Queensland University*

Griffith University (2008) *Final Report for the Graduate Certificate in Community Rehabilitation at Griffith University.*

5. Training the future CR workforce

CR Curriculum development

Rationale

Funding was offered by the CRWP to support CR curriculum development at the tertiary level in Queensland. Individual consultation was undertaken with each of the tertiary institutions responsible for training physiotherapy, occupational therapy, speech pathology and nursing students. Curriculum development initiatives were tailored to reflect diversity of student cohorts, different approaches to teaching and learning, as well as geographical and social contexts.

Description

Curriculum development plans were individualised to meet the needs of each institution as well as building on the particular strengths of each institution. The major curriculum development initiatives sponsored by the CRWP are summarised in Table 18.

Table 18: CRWP Sponsored Curriculum Development Initiatives at QLD Tertiary Institutions

Institution	Department/School	Curriculum development initiatives
Central Queensland University	Department of Nursing & Health Studies	<ul style="list-style-type: none"> • CR short course development • Short course module embedded in post graduate material • ICF self directed learning package
James Cook University	School of Public Health, Tropical Medicine & Rehabilitation Sciences (PT,OT,SP) School of Nursing, Midwifery & Nutrition	<ul style="list-style-type: none"> • Audit of current course contents against CR competency domains and against training and educational requirements of staff currently working in CR. Make recommendations for curriculum review. • Undertake alignment of course contents with CR competency domains. • Enhance/develop available resources for delivery of CR undergraduate content at JCU. • Build capacity of JCU educators

Institution	Department/School	Curriculum development initiatives
		<p>to deliver CR content.</p> <ul style="list-style-type: none"> • Develop a post graduate CR course
Griffith University	<p>School of Human Services</p> <p>School of Physiotherapy & Exercise Science</p> <p>School of Nursing</p>	<ul style="list-style-type: none"> • To establish a Programme Development Advisory Committee to oversee development and delivery of the Graduate Certificate in Community Rehabilitation. • To develop the Graduate Certificate of Community Rehabilitation for initial delivery in first semester 2008. • To establish a marketing strategy for the Graduate Certificate in Community Rehabilitation to ensure sustainability of the course.
University of Southern Queensland	School of Nursing & Midwifery	<ul style="list-style-type: none"> • Develop a flexible, online course in Community Rehabilitation
Queensland University of Technology	School of Nursing	<ul style="list-style-type: none"> • Develop a detailed plan for producing an educational video which highlights nursing within the community context, by focussing on community rehabilitation. • Produce the educational DVD. • Insert the video within the existing QUT course "Promoting Health in the Community" as a teaching tool and an on-line resource.
Australian Catholic University	School of Nursing	<ul style="list-style-type: none"> • Develop ACU Continence Training Package incorporating ICF holistic assessment. • Adapt continence training material for use in ACU nursing courses (undergraduate, midwifery and postgraduate).
University of Queensland	School of Health & Rehab Sciences	<ul style="list-style-type: none"> • Develop resources to support delivery of the course HRSS4201 "Community Based Health Care" including a DVD and on-line learning package.
Bond University	School of Health Sciences – Physiotherapy	<ul style="list-style-type: none"> • Sharing of CRWP resources for future curriculum development.

A Queensland CR Academic Forum was sponsored by the CRWP and a day long meeting was conducted in Brisbane in September 2007. Eight (8) of the 10 participating institutions were able to send representatives to the forum.

Evaluation

All curriculum development initiatives were, or, are to be evaluated. The curriculum development initiative at the University of Queensland, School of Health and Rehabilitation Sciences was the first to be finalised thus provided the best opportunity for comprehensive program evaluation.

Thirty nine percent (39%, n=33) of students undertaking HRSS 4201 in second semester 2005 provided responses to a questionnaire reviewing the course. The three (3) areas under review were:

1. Course difference
 2. Career influence
 3. Significant concepts
1. Results indicate that the majority of respondents perceived the course content to be generally different to other preclinical courses and that this could be related in part to the broad nature of concepts covered, in particular community oriented system and service related information. The eclectic nature of content was viewed negatively by some respondents.
 2. Results indicate that the course content was perceived to have a career influence primarily in the neutral to positive range.
 3. Students were asked to give their opinions of the most significant concepts covered in the course material (Table 19).

Table 19: Thematic Clusters of Significant Concepts and Number of Instances

Thematic cluster	Number of respondents
Systems and services	15
Self management	7
Cultural awareness in health service delivery	7
Rural and remote issues	7
Patient centred approach	6
Communication	5
Goal setting	5
Community health	4

Thematic cluster	Number of respondents
Multidisciplinary teams	3
<i>Concepts not clustered</i>	10

Discussion/Recommendations

In general, tertiary institutions were able to identify the CR competency domains within their existing curricula but the competencies were often not explicitly linked to CR nor were they linked to one another. Therefore many of the curriculum development initiatives focussed upon drawing the CR competencies together.

Negotiation of Agreements between tertiary institutions and Queensland Health which allowed certain CR teaching and learning resources to be shared between participating institutions was a means of maximising the benefit of funding to individual institutions.

Participating academics indicated considerable interest in ongoing collaboration (perhaps in the form of a virtual CR institute) to help drive the development of CR in Queensland. It was indicated that the participating academics felt that Queensland Health would be best placed to facilitate this process.

Associated Project Reports and/or Resources

Reports

Griffith University (2006) *Capacity Building for Community Rehabilitation Education and Training at Griffith University (CB4CR)*.

CRWP, (2006) Student Review of Course - HRSS 4201, Results for second semester 2005 student cohort.

James Cook University, (2007) *Enhancing Community Rehabilitation in Undergraduate and Post Graduate Offerings at JCU, Project Deliverable 1*.

Centre For Professional Health Education Central Queensland University (2008) *Final project report to Queensland Health (via the Princess Alexandra Hospital Health Service District), Community rehabilitation curriculum and short course development by Centre For Professional Health Education Central Queensland University*

Griffith University (2008) *Final Report for the Graduate Certificate in Community Rehabilitation at Griffith University*.

Resources

DVD - The Lived Experience of Disability (Produced by University of Southern Queensland)

ICF Self Directed Learning Package (Produced by Central Queensland University)

DVD - Community Based Rehabilitation and Disability (Produced by University of Queensland)

Continance Training Package (Pending Production by Australian Catholic University)

DVD -Understanding Nursing in the Community Context (Pending Production by Queensland University of Technology)

Compendium of Community Rehabilitation Experiences (Pending Produced by James Cook University)



Interdisciplinary student placements in CR

Rationale

Health professionals working in community rehabilitation settings require interdisciplinary skills and competencies, in addition to their traditional discipline-specific skills, to ensure that their clients' needs are met.

As a strategy to address future workforce planning, the CRWP worked with universities to investigate how they could influence and support the integration of CR coursework, offered at an undergraduate level to allied health and nursing students. The aim was to optimise student educational outcomes in community rehabilitation and develop a cost effective and sustainable interdisciplinary student placement model which improved workforce preparation in community rehabilitation and met student, university and clinical educator needs.

The result was the development and implementation of an Interdisciplinary Student Placement (ISP) model in Community Rehabilitation. The model was

designed to stimulate discussion and investigation of the processes of case management and multi-disciplinary team work and to enhance the learning of students within the CR setting. The International Classification of Functioning, Disability and Health (ICF) framework, and the MAGPIE, an interdisciplinary process for case management, were used to underpin the learning that took place.

Description

Students from various discipline specific backgrounds (Physiotherapy, Occupational Therapy, Speech Pathology and Nursing) were placed in a range of host CR services. The students worked in multidisciplinary teams, gaining experience and understanding of how professionals from a range of disciplines work together with their clients to achieve the best possible outcomes. Each week, students from all disciplines met together and with their ISP supervisor, for a seminar, where they reported back and presented to each other on a range of topics based on specific "Learning Tasks". The Learning Tasks were designed around the completion of a Case Study and each Learning Task was designed to support and compliment the case study process and enable students to work independently on activities relevant to CR during their placements. This process reinforced learning based on the ten key core competencies for CR.

Interdisciplinary CR competency development was supervised and assessed by the Project Placement Officer. Service based/discipline specific activities were supervised and assessed by a designated member of the host service staff, the Clinical Educator.

Evaluation

One hundred and thirty four (134) Students from The University of Queensland, James Cook University, Griffith University (Gold Coast) and Queensland University of Technology participated in the program - Brisbane 83 (62%), Gold Coast 21(16%), Toowoomba 19 (14%), Townsville 11 (8%) - with 26 host services used in total.

At the conclusion of their placement, students provided written qualitative and quantitative feedback about the experience. In the quantitative data they have generally rated aspects of the placement highly. Qualitative comments generally reflect that the students have found the placement to be of benefit, particularly with respect to working with other disciplines. However, they have also expressed some dissatisfaction with the limited opportunity to develop and practice discipline specific skills, both due to the nature of the placement and the amount of time spent on interdisciplinary tasks.

Most students appear to value the learning opportunities and experiences the placement provided but have a desire for more clinical contact during their placements.

Discussion/Recommendations

Barriers:

- Staff shortages & turnover
- Infra-structure limitations
- Uncertainty about a new model

Facilitators:

- Enthusiasm of Project Team to promote interdisciplinary learning and an holistic approach to client care
- Interest from universities to take part in new model of placement
- Willingness of clinical educators to use the split supervision model
- Enthusiasm and feedback from participating students

Outcomes:

- Encouraged information exchange between students & host services
- Encourages networking & understanding between students of different disciplines
- Students reported greater understanding of other disciplines, team work skills, presentation skills, community rehabilitation models
- Encouraged host service involvement & accommodates part time staff as supervisors
- Enabled development of Student Workbook to promote future interdisciplinary learning

In order to facilitate future implementation of a modified version of this model, the *Community Rehabilitation Student Workbook* was developed to assist service providers to facilitate interdisciplinary learning opportunities for allied health and nursing students who undertake clinical placement in a CR setting. It is envisioned that this resource will encourage and enable CR competencies to be an ongoing component of allied health and nursing student placements.

Associated Project Reports and/or Resources

The Community Rehabilitation Student Workbook, either in the form of a bound copy or an electronic version, was distributed to all interested parties via mail. An electronic copy is also available on the CRWP Resource DVD (see *Sustainability* section of this report and Appendix 3)

CRWP (2006) *Evaluation of Interdisciplinary Student Placement in CR - Pilot Project*

CRWP (2007) *Evaluation of Interdisciplinary Student Placement in CR - 2006*

CRWP (2008) Review of Interdisciplinary Student Placement in CR – Results of Student Review of Placement 2008



Physiotherapy neuro-rehabilitation practicum

Rationale

The aim of this project was to trial a series of innovative services for people with neurological conditions from regional, rural and remote North Queensland (NQ), while at the same time, providing clinical placements for JCU physiotherapy students and training for NQ allied health professionals.

Description

The trial services were provided five (5) days a week for 12 weeks at Kirwan Health Campus. The JCU lecturer in neurological physiotherapy managed the project and provided mentorship to a senior physiotherapist from Queensland Health. The senior physiotherapist coordinated day to day delivery of services and supervised JCU physiotherapy students in the provision of these services. Assistance was provided by a part-time administrative officer. Staff and students also provided two (2) workshops for allied health professionals during the project. The project team reported to a reference group.

The trial services were:

- six (6) week physical activity groups for people with progressive neurological condition
- two (2) week drive your own recovery after stroke groups
- physiotherapy reviews
- multidisciplinary review for two (2) remote clients

The two (2) workshops conducted were:

- Parkinson's physical activity program
- Drive your own recovery after stroke

Evaluation

Fifty (50) people with neurological conditions participated in the programs. Goal setting was an important element of all programs. All participants were required to set goals and rate their goals out of 10 before and after the program using the Patient Specific Functional Scale. On this scale, a score of zero represented “unable to perform an activity” and a score of 10 represented “able to perform the activity to my satisfaction”. The pre program average goal rating was 2.6 (SD 2.3) while post program it was 6.5 (SD 2.6) with an average change of 3.9 (SD 2.9). Participants also demonstrated significant improvement in knowledge and confidence related to self management of their neurological condition.

Eight (8) JCU physiotherapy students participated in the program. The general feedback from students was that it was a good program in that they gained broad knowledge of neurological conditions and considerable satisfaction from seeing people make real gains. However the workload was far too high and treatment and office facilities were inadequate.

The two (2) workshops were attended by a total of 35 allied health professionals. Each workshop included theory, demonstration, a practical session involving people with the neurological condition and a course manual. Attendees recorded consistently high levels of satisfaction with both workshops.

Discussion/Recommendations

A series of recommendations were derived from the views of project participants (clients, students, allied health professionals, project team) in conjunction with the project reference group.

The recommendations in brief:

- The model of service delivery should be continued.
- The model should be broadened to include different health professions such as occupational therapy and speech pathology.
- The model needs to have capacity (clinical and infrastructure) to provide mandatory clinical placement for JCU students across health professions.
- Provision of accredited workshops should continue to build health professional capacity.
- There should be a collaborative staffing structure between JCU and QH.
- Resource packages for participants and AHPs must be developed and updated annually.
- An extended trial of the model with cost analysis should be undertaken.
- A project officer needs to be employed to support service development.

Associated Project Reports and/or Resources

James Cook University (2007) *The Mobility Rehabilitation Project – Building sustainable community rehabilitation services and allied health student placements in North Queensland, James Cook University, Queensland Health & North & West Queensland Primary Health Care.*



M.A.G.P.I.E.

Rationale

While the ICF provided the common framework and the common language for CR, it was identified by the CRWP that there was in the literature no common process for applying the ICF to CR in practice. It was therefore proposed to develop such a process, for promotion in the current CR workforce, and for inclusion into curricula for the future CR workforce.

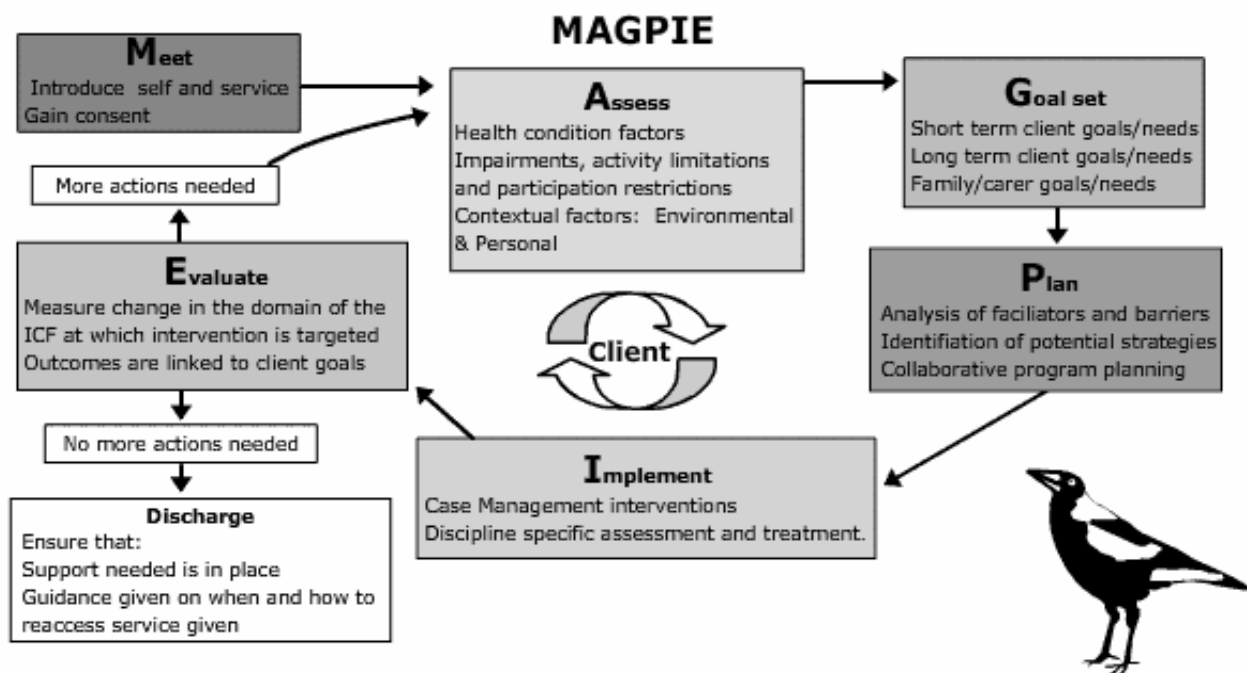
MAGPIE as a CR process is based on the core learning activity of the Interdisciplinary Student Placement in CR (ISP), a case study based on the ICF model. Evaluation of the ISP has demonstrated development of CR competencies in participating students. The MAGPIE has commonalities with the APIE nursing process¹ and the Derek Wade's Model of Rehabilitation².

MAGPIE is

- Interdisciplinary in application
- Contextualised into the CR setting
- Explicitly linked to the ICF
- Explicitly linked to CR competencies identified by the Competencies Audit

Figure 3 includes the MAGPIE Flow Chart.

Figure 3: MAGPIE Flow Chart



(Source: Adapted from Wade, DT 2005, 'Describing rehabilitation interventions', Clinical Rehabilitation, vol. 19, p.114; and adapted from Nance, J 2007, u.p. Compiled by Pascoe, H 2007 with graphics and colour enhancement by USQ)

Description

- From Semester 2, 2007 MAGPIE process was adopted into the ISP as the process for developing case studies
- From 2008, MAGPIE was incorporated as a case management process in training delivered by CRWP to the current CR workforce
- To date, MAGPIE has been incorporated into curriculum in the following universities:
 - Griffith University School of Human Services: Graduate Certificate in Community Rehabilitation, as a CR /case management process
 - Griffith University School of Physiotherapy and Exercise Science as a CR process
 - University of Southern Queensland School of Nursing, as CR and case management process
 - Queensland University of Technology School of Nursing, as a CR and case management process

Discussion/Recommendations

The following recommendations are made:

1. Promotion of MAGPIE as a CR/ Case Management Process to other universities training professionals in target disciplines, via CR Contacts and CR Special Interests Group
2. Publication of MAGPIE process in peer-reviewed journal

Associated Project Reports and/or Resources

CRWP Resource Material DVD, *Introduction to Case Management*
CRWP Training Topics DVD, *Introduction to Case Management*

¹Kozier B, Erb G, Berman A, Snyder S 2004 "Fundamentals of Nursing: Concepts, Process and Practice, 2nd Ed, p.245-253.

²Wade DT 2005, 'Describing rehabilitation interventions', *Clinical Rehabilitation*, vol. 19, p.114

6. Sustainability

The project aimed to provide resources and systems to maximise sustainability of project outcomes. The following sections outline the main methods used.

Community rehabilitation workforce showcase and resource DVD

The project team organised a one day event which included presentations from all facets of the project. Stakeholders from throughout Queensland were invited to attend and travel was funded by the project, where required.

The aims of the day were to:

- Share and celebrate the achievements, findings and outcomes of the CRWP
- Increase sector and workforce knowledge of community rehabilitation initiatives
- Distribute resources produced by the project
- Demonstrate organisational endorsement of project initiatives and commitment to community rehabilitation
- Strengthen and broaden community rehabilitation networks
- Increase the profile of community rehabilitation in Queensland

Over 100 people attended the day and feedback was very positive. A CRWP Resource Manual was provided to all attendees on a DVD. It included:

1. Competencies Audit Executive Summary
2. Interdisciplinary Student Work Book
3. Outcome Measures Compendium
4. Advanced Assistant Role Toolkit
5. Training and Development Resources
6. Compendium of Research Abstracts and EBP Reviews
7. Literature Reviews

A full list of the contents is included in Appendix 3. This Resource DVD was also forwarded to a further 50 stakeholders who could not attend the day.

Evaluation

A total of 102 people attended the day and 48 evaluations were completed (54% return rate). Feedback was very positive. 98% of respondents strongly agreed / agreed with all of the questions on the evaluation form. In terms of an overall rating of the Showcase, 39% of participants rated it as “excellent”; 56% as “very good”; and 4% as “OK”.

In response to open ended questions:

The best things were

- The resources available on the day & after the project
- The opportunities to network and discuss with peers
- The use of real cases
- Getting an overview of the entire CRWP

Showcase could be improved by:

- Lighting & Power point slides (need dark fonts on light background)
- Less focus on process and more on clients
- Having a single chart / diagram that depicts how all the elements of CRWP fit together

Processes that would be changed in the workplace following this training:

- Increased use of ICF
- Explore ACRA roles
- Use ISP resources with students

Factors that would impact on change:

- Time
- Money
- Staff
- Equipment
- Management Support



Community Rehabilitation Contacts

In order to further disseminate and build on the learning and development provided by the project, a group of 30 Community Rehabilitation Contacts was formed. The group includes clinicians (rehabilitation nurses, occupational therapists, physiotherapists, social workers, speech pathologists, allied health assistants, case managers, psychologists), managers and project officers from throughout Queensland. Representatives from non-Queensland Health services have been included. The role of the group includes:

- Networking participation and facilitation
- Training delivery at local level
- Dissemination of project resources
- Peer support regarding CR

- Facilitation of evidence based practice
- Consultation as content experts
- Advocacy for best practice CR at a client and a system level

The group all received a copy of the CR Project Resource DVD and a DVD of six (6) of the training topics being presented by a TDO. All CR Contacts attended the Showcase and a subsequent training day which was an opportunity to network, discuss the group's role and to receive training in topics such as understanding self, team work, political astuteness and strategic influencing.

A manager of a state-wide community service in the Division of Rehabilitation at the Princess Alexandra Hospital and District Health Service has agreed to co-ordinate the CR Contacts for a further year. During this time, the group will be evaluated and liaison with Queensland Health corporate office will occur regarding long-term support.



Blog and Listserve

Under the auspices of the project, James Cook University developed and will support a CR Listserve and Blog. These will be an ongoing resource for CR practitioners through-out the state to keep in contact, disseminate information and advocate for CR.

Anyone can subscribe to the CR list serve by following this link: <https://www.jcu.edu.au/mailman/listinfo/cr>

The associated Community Rehabilitation Blog is at: <http://crlistserve.blogspot.com/>



Internet

The CRWP will also have an ongoing web presence. The CRWP Website <http://www.health.qld.gov.au/qhcrwp/> will contain a summary of the project achievements and links to resources and reports prepared by the project. This will be hosted by the Allied Health, Workforce Coordination and Planning Unit.



Conference presentations, reports and publications

Project staff presented nine (9) conference papers during the project. A further four (4) papers have been accepted for future presentations. Submission of more abstracts is anticipated.

Project staff intend to write-up project initiatives for publication in peer reviewed journals. One paper has been submitted to date. See Appendix 5.

Appendix 4 includes a full list of reports which have been written under the auspices of the CRWP.

Key Recommendations

Most sections of this report contain specific recommendations related to that section. In addition, the following key recommendations are made regarding the activities of the CRWP following review of evaluation data, other evidence in the literature, and stakeholder consultation:

- Broaden the scope of all aspects of the CRWP to encompass the whole continuum of care and enhance the focus on paediatrics. Actively market the 10 competency domains to the whole continuum of care.
- Enhance consumer involvement in all elements of the project including development, implementation/delivery, evaluation and reporting.
- Continue centralised CR project/program management and administration with local line management and include additional local administrative support.
- Incorporate an evaluation strategy which researches long-term changes to CR service delivery and examines client outcomes.
- Continue the interdisciplinary approach to workplace learning and development, clinical education and post-graduate education.
- Expand partnerships with service providers, including within Queensland Health, other Government agencies, private practitioners and NGOs, and with the VET sector and universities both nationally and internationally in curriculum development, research, and delivery of learning and development programs.
- Continue a strong focus on innovative workforce solutions across the continuum of care in areas such as advanced support personnel, eHab (Tele-rehabilitation), extended scope of practice, and other alternative models of service delivery.
- Develop a formalised information clearing-house function for sharing and disseminating CR resources.
- Hold an annual *Showcase* event to continue networking, information sharing, and to continue to raise the profile of CR. Continue to include a clear focus on formal resource dissemination at this forum.

- Continue a strong marketing focus which includes strong branding of CR. This may include sponsorship of targeted pre-conference workshops to highlight aspects of CR.
- Advocate for a focus on CR with existing post-graduate scholarship, and research grant schemes both within and outside Queensland Health to continue the momentum achieved through the project.
- Develop a system of peer review of CR service standards in Queensland.
- Undertake further consultation and communication with professional nursing bodies to fully define the scope of the ACRA role with respect to nursing support.

Appendix 1: CRWP Staffing and Reference Committees

Membership of the CRWP Reference Group changed during the project. The final reference group included:

Name	Position
Ms Julie Hulcombe (Chair and Co-Sponsor)	Acting Manager, Allied Health Workforce Advice and Co-ordination Unit, Queensland Health
Dr Timothy Geraghty (Co-Sponsor)	Medical Chair, Division of Rehabilitation, Princess Alexandra Hospital & HSD
Katherine Galligan	For: Jo Symons Executive Officer, North and West Queensland Primary Health Care
Ann Cekulis	Director of Community Health Services, Fraser Coast HSD
Greg Wellard	Consumer Representative
Carrie Fairweather	Lecturer, School of Nursing and Midwifery, Logan Campus Griffith University
Sandie Jamieson	Director of Nursing, Brisbane North Community Health Service
Dr Jenny Nitz	Senior Lecturer, Division of Physiotherapy, University of Queensland
Jane Stanley for G. Webby	Director Allied Health, Blue Care
Secretariat:	
Delena Amsters	Senior Project Officer, Community Rehabilitation Workforce Project
Ruth Cox	Senior Project Officer, Community Rehabilitation Workforce Project
Josh Simmons	Senior Project Officer, Community Rehabilitation Workforce Project
Tracey Brighton	Senior Project Officer, Community Rehabilitation Workforce Project
Judith Nance (Minutes)	Senior Project Officer, Community Rehabilitation Workforce Project

Membership of the CRAWP Reference Group changed during the project. The final reference group included:

Name	Position
Ms Julie Hulcombe (Chair and Co-Sponsor)	Acting Manager, Allied Health Workforce Advice and Co-ordination Unit, Queensland Health
Katherine Galligan	For: Jo Symons Executive Officer, North and West Queensland Primary Health Care
Annabel Wilson	Allied Health Workforce Development Officer, South West

	HSD
Gail Gordon	District Director, Allied Health, Logan Beaudesert HSD
Paul Bew	Research & Quality Officer, Rehab & Geriatric Medicine
Anita Fairfull	A/Director, Rehab & Consultancy Services, Northside HSD
Kaye Chant	Community Advisor, Blue Care
Lyam Morris	Team Leader, Community Health, Townsville
Maryanne Humphries	Nurse Manager, Division of Rehabilitation, PAH
Nikki Thompson	Team Leader, Allied Health, Roma HSD
Allana Clark	Project Officer, Spiritus Care Services pilot site
Alan Healey	Project Officer, Spiritus Care Services pilot site
Gerry Rudolph	Project Officer, Cairns pilot site
Barbara Saunders	Project Officer, Cairns pilot site
Jane Corbett	Project Officer, St George pilot site
Beth Knight	Project Officer, St George pilot site
Cherie Cowen	Project Officer, Northside HSD pilot site

Secretariat:

Tracey Brighton (minutes)	Senior Project Officer, Community Rehabilitation Workforce Project
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CRWP Sponsors:

- Jenny Finch, Elizabeth Garrigan, Libby Carr, Andrea Hurwood, Julie Hulcombe, A/Principal Allied Health Advisors, Workforce Advice and Co-ordination, Queensland Health.
- Dr Timothy Geraghty, Medical Chair, Division of Rehabilitation, Princess Alexandra Hospital Health Service District.

CRWP Senior Project Officers:

- Ruth Cox
- Delena Amsters
- Angela Wood
- Pat Dorsett
- Tracey Brighton
- Joshua Simmons
- Pim Kuipers
- Lucy Maugham
- Tracey Comans

Research Assistant:

- Sarita Schuurs

Interdisciplinary Student Placement Project Officers:

- Judith Nance

- Elizabeth Aire
- Jane Watts
- Kathy Acutt
- Paul Barber
- Margaret MacDonald

Advanced Community Rehabilitation Assistant Project Staff:

(Project Officers)

- Allana Clark- Spiritus Care Services, Logan
- Alan Healey- Spiritus Care Services, Logan
- Beth Knight- Roma
- Jane Corbett- St George
- Gerry Rudolph- Cairns
- Barbara Saunders- Cairns
- Tracey Brighton- Northside HSD
- Cherie Cowen- Northside HSD

(Advanced Community Rehabilitation Assistants)

- Julie Sanderson- Spiritus Care Services, Logan
- Nerida Caden- Roma
- Michelle Freshwater-St George
- Debra Phelps -St George
- Heath Mitchell- Smithfield Community Health Centre
- Cherie Scroop- Smithfield Community Health Centre
- Toni Porta- Cairns Transition Care Program
- Jean Craufurd- Northside HSD
- Zeljko Bisak- Northside HSD
- Graeme Folley- Northside HSD

Training and Development Officers:

- Karen Bell – Toowoomba
- Glenda Blackwell – Townsville
- Rachael Byrne – Rockhampton
- Paula Easton – Mackay
- Jane Hawkless – Toowoomba
- Gela-Marie VanHoren – Brisbane, Aspley
- Faith Lucas – Brisbane, Aspley
- Judith Nance – Brisbane, Buranda
- Madeline Avci - Brisbane, Aspley
- Margaret MacDonald – Townsville
- Bruce Kelly – Toowoomba
- Kristin Freeman – Toowoomba (Administrative Officer)

Appendix 2: Community Rehabilitation Competencies

	Competency Domain	Descriptors
1	Frameworks of understanding	<ul style="list-style-type: none"> - Understanding, implementing and evaluating practice against recognised theoretical frameworks that underpin CR e.g. ICF - Understanding, implementing and evaluating practice using recognised models of delivery e.g. case management/case coordination, motivational interviewing, counselling basics
2	Consumer Engagement	<ul style="list-style-type: none"> - Recognising the consumer as central to every process - Promoting consumer understanding, choice, control and engagement in their own health and wellbeing - Incorporating consumer need and consumer preference including goal setting
3	Holistic Focus	<ul style="list-style-type: none"> - Recognising that needs of individuals extend beyond immediate physical health issues and incorporate social and emotional health, including mental health issues - Recognise situational, environmental, family, carer and community influences on consumers - Incorporate consumers biopsychosocial needs in the specific context, environment or situation
4	Service continuity	<ul style="list-style-type: none"> - Coordination of support for consumers through transition points e.g. discharge from hospital, metropolitan back to rural community - Ability to identify and mitigate risks in transition - Ability to incorporate following-up and monitoring with recognition of long-term outcomes
5	Networks	<ul style="list-style-type: none"> - Ability to engage and work in a teams - Ability to build partnerships/establish networks - share information, and collaborate - Ability to practise in inter-disciplinary ways that capitalise on the strengths of other disciplines and recognise the limitations of one's own capacity - Coordination of whole packages of service delivery and addressing gaps in service systems

	Competency Domain	Descriptors
6	Cultural Awareness	<ul style="list-style-type: none"> - Demonstrating an awareness of cultural differences - Practicing in ways that accommodate culture and local knowledge - Adapting and accommodating to different knowledge-bases or perspectives - Accepting and valuing different styles of living
7	Community Engagement:	<ul style="list-style-type: none"> - Engaging with local communities in a respectful and trusting way - Understanding and investing in the local community to become a trusted partner - Recognising how individuals live and function within a community - Appreciating a collective way of operating and investing in the community
8	Boundaries and Safety	<ul style="list-style-type: none"> - Maintaining professional boundaries and keeping a “separateness of self” within one’s practice of CR (despite consumer and community engagement) - Ability to work safely and prevent injury or illness arising from work by applying good workplace health and safety principles - Managing competing demands on one’s time, recognising constraints and limitations, monitoring and prioritising workload while maintaining the principles of CR
9	Reflective Practice	<ul style="list-style-type: none"> - Thinking creatively to solve problems, prioritise, and plan through difficult and diverse tasks by using local solutions, a creative use of resources and a flexible approach to problems - Ability to manage complicated tasks such as supervising and training family members, carers or support personnel - Acquiring knowledge to support good practice including Evidence Based Practice, outcome measurement and service evaluation, and disseminating knowledge meaningfully in the community
10	Systems Advocacy	<ul style="list-style-type: none"> - Advocating to make changes that improve services for Consumer - Recognising that CR requires advocates who can lobby systems for recognition, resources and respect

Appendix 3: CR Resource DVD

A) CR Resource DVD (Produced by CRWP)

Contents

- 1. Competencies Audit Executive Summary**
- 2. Interdisciplinary Student Work Book**
- 3. Outcome Measures Compendium**
- 4. Advanced Assistant Role Toolkit**
 - Introduction To Toolkit
 - Change Management Package
 - Sample Job Description
 - Sample Task List
 - Training for Assistants
 - VET Sector Training
 - ACRA Workbook
 - Reflective Practice Exercise
 - Clinical Supervision of Assistants
 - Guidelines for Community Rehabilitation Assistants and their Supervisors
- 5. Training and Development Resources**
 - Managing Professional Boundaries with Clients
 - Influencing those who make policy decisions – a guide to systems advocacy
 - Developing effective written materials for clients
 - Goal Setting and Motivation
 - Introduction to research & evaluation in community rehabilitation services
 - Tools for Effective Peer Group Learning
 - Community Engagement
 - Managing Demand on Allied Health Community Services
 - Mental Health Awareness and the Physically Impaired
 - Community Rehabilitation Special Interest Group
 - Introduction to Case Management
 - A guide to advocacy for community rehabilitation workers
 - The International Classification of Functioning Disability and Health (ICF)
- 6. Compendium of Research Abstracts and EBP Reviews**
- 7. Literature Reviews**
 - Capacity Building in Community Rehabilitation Education
 - Community Rehabilitation Needs of Stroke Survivors – Short and Long Term
 - Key Workforce Competencies required to provide Community Rehabilitation for aged clients after stroke
 - The efficacy of Community Rehabilitation for aged clients after stroke

- Workforce Competencies in Community Rehabilitation for aged clients after orthopaedic surgery
- The efficacy of Community Rehabilitation for aged clients after orthopaedic surgery
- Guidelines for best practice delivery of CR education and training in Queensland

B) ICF DVD (Produced by CRWP)

C) The Lived Experience of Disability (Produced by University of Southern Queensland)

D) ICF Self Directed Learning Package (Produced by Central Queensland University)

E) Community Based Rehabilitation and Disability DVD (Produced by University of Queensland)

F) Continence Training Package (Pending Production by Australian Catholic University)

G) Understanding Nursing in the Community Context DVD (Pending Production by Queensland University of Technology)

H) Compendium of Community Rehabilitation Experiences (Pending Produced by James Cook University)

I) Compendium of Clinical Measures for Community Rehabilitation

Prepared for Queensland Health by Centre for Allied Health Evidence University of South Australia

http://www.health.qld.gov.au/qhcrwp/docs/clinical_measures.pdf

J) Principles of Clinical Supervision Training Package

Queensland Health employees can enrol on-line through the CDES portal:

<http://cdes.learning.medeserv.com.au/clinicaleducation>

Non Queensland Health employees can enrol on-line through the UQ Health Insitu portal: <http://healthinsitu.uq.edu.au/clinicaleducation>

Appendix 4: List of CRWP Reports

Griffith University Disability and Rehabilitation Research Unit (2006) *Competencies for Community Rehabilitation in Queensland – Audit of the Training and Education Needs of Staff Working in community Rehabilitation in Queensland*, Disability and Rehabilitation Research Unit, Griffith University, Brisbane.

CRWP, (2006) Student Review of Course - HRSS 4201, Results for second semester 2005 student cohort.

Dorsett P. (2006) *The Evaluation of Outcomes for Queensland Health Employees attending the “Community Based Rehabilitation (CBR) Approach – Primary Health Care for People with Disabilities Course”*, School of Human Services, Griffith University for The Queensland Health Community Rehabilitation Workforce Project.

Griffith University (2006) Capacity Building for Community Rehabilitation Education and Training at Griffith University (CB4CR).

CAHE University of South Australia (2006) *Systematic Review of the Literature on Utilisation of Support Workers in Community Based Rehabilitation*
<http://www.health.qld.gov.au/qhcrwp/default.asp#support>

CRWP (2006) Evaluation of Interdisciplinary Student Placement in CR - Pilot Project

CRWP (2007) Evaluation of Interdisciplinary Student Placement in CR - 2006
CSHISC (2007) *Community Service and Health Industry Skills Council Scoping Report For Community Rehabilitation Competencies*
www.health.qld.gov.au/qhcrwp

James Cook University, (2007) Enhancing Community Rehabilitation in Undergraduate and Post Graduate Offerings at JCU, Project Deliverable 1.

James Cook University (2007) *The Mobility Rehabilitation Project – Building sustainable community rehabilitation services and allied health student placements in North Queensland*, James Cook University, Queensland Health & North & West Queensland Primary Health Care.

Centre For Professional Health Education Central Queensland University (2008) *Final project report to Queensland Health (via the Princess Alexandra Hospital Health Service District), Community rehabilitation curriculum and short course development by Centre For Professional Health Education Central Queensland University*

Griffith University (2008) *Final Report for the Graduate Certificate in Community Rehabilitation at Griffith University.*

CRWP (2008) *Evaluation of the trial of new Advanced Community Rehabilitation Assistant (ACRA) Roles in Queensland*

CRWP (2008) *Evaluation of Outcomes of Queensland Health Community Rehabilitation Postgraduate Scholarship Scheme*

CRWP (2008) *Review of Interdisciplinary Student Placement in CR – Results of Student Review of Placement 2008*

Appendix 5: CRWP Conference Presentations and Journal Articles

Conference Presentations

Amsters, D., (2007) Community rehabilitation workforce competencies – skills, abilities, knowledge, behaviours and attitudes which transcend the boundaries of professional disciplines. *National Allied Health Conference*, Hobart.

Cox, R., Wood, A. (2007) New Ways of Working – Developing Advanced Assistant Roles In Community Rehabilitation. *Allied Health and Oral Health Alternative Models of Care Workshops*, Townsville and Brisbane.

Nance, J, Wood, A., (2007) Interdisciplinary Student Placement in Community Rehabilitation. *National Allied Health Conference*, Hobart.

Wood, A., (2007) Developing Community Rehabilitation and the Assistant Workforce. *National Allied Health Conference*, Hobart.

Brighton, T., Wood, A. (2007) Developing the Role of the Support Workforce in Community Rehabilitation. *Skills Mix and Workforce Development: Sharing the Lessons Learnt*, Melbourne.

Nance, J., Cox, R., Dorsett, P., Amsters, D., Doig, E., Wood, A. (2007) Interdisciplinary Student Placement in Community Rehabilitation. *Interdisciplinary Learning for Interprofessional Practice*, University of South Australia, Adelaide

Cox, R., Amsters, D., Dorsett, P. (2006) Invited Paper - Competencies, training and education in community rehabilitation – strategies for the current and future Queensland workforce. *Australian Faculty of Rehabilitation Medicine Conference*, Cairns.

Nance, J. Cox, R. (2006) Interdisciplinary Student Placement in Community Rehabilitation: a Pilot. ANZAME: The Association for Health Professional Education Annual Conference, Gold Coast.

Cox, R., Amsters, D. (2005) The Queensland Health Community Rehabilitation Workforce Project – Developing The Right Skills And Right Skill Mix For Community Rehabilitation. *Skill Mix and Workforce Development: Right Person, Right Job, Right Time, Right Place*, Melbourne.

Dorsett, P., Kendall, E., Cox, R., Amsters, D. (2005) Enhancing Rehabilitation Outcomes through a Community Rehabilitation Workforce Competency

Development Strategy. *Healthcare Without Walls: Delivering The Best Care In The Best Place*, Adelaide.

Pending Presentations

Knight, B., Corbett, J., Wood, A.. (2008) Advanced Community Rehabilitation Assistant Role- Experiences of Two Rural Pilot Sites. *National SARRAH Conference, Yeppoon*.

Byrne, R., Bell, K. (2008) Workshop - Gathering the Herd: Collective Learning to Improve Productivity and Client Outcomes. *National SARRAH Conference, Yeppoon*.

Byrne, R., Cox, R. (2008) Fresh Growth: Training and Development in the 'Field' of Community Rehabilitation. *National SARRAH Conference, Yeppoon*.

Wood, A., Schultheis, C. (2008) Training to Meet Current and Emerging Allied Health Roles in Community Rehabilitation. *Community Services and Health Industry Skills Council's Making a Difference...The Education Revolution - It's Happening!* Melbourne.

Journal Article Submitted

Fronek, P., Kendall, M., Ungerer, G., Malt, J., Eugarde, E., Geraghty, T. Interdisciplinary Relevance of Professional Boundaries Training, an Australian Experience - submitted to *Journal of Interprofessional Care*