

THE CAHP CLINIC TOOLKIT

THE CAHP CLINIC TOOLKIT	38
Annexe 1: Setting up a student-assisted clinic	39
Tool 1. Clinic supervisor job description	39
Tool 2. CAHP Project Implementation Plan	43
Tool 3. Capricornia Allied Health Partnership Clinic Vision statement	65
Annexe 2: Running a student-assisted clinic	66
Tool 1. Student welcome letter	66
Tool 2. CAHP Student welcome and orientation pack (2011)	68
Tool 3. Student placement timetable	90
Tool 4. Example timetable for a student-assisted clinic	94
Annexe 3. Clinic tools	96
Tool 1. Initial screening tool	96
Tool 2. Post-intake summary forms	106
Tool 3. Case conferencing template	108
Annexe 4: Evaluating a student-assisted clinic	113
Tool 1. Student destination survey	113
Tool 2. Exit interview employing the Most Significant Change (MSC) technique	114
Tool 3. Commitment survey	117
Tool 4. Partnership survey	118
Tool 5. Request and dissemination log	124
Tool 6. Cost benefit matrix focus group protocol	126
Annexe 5: General resources	128



Annexe 1: Setting up a student-assisted clinic

Tool 1. Clinic supervisor job description

Job ad reference:

Role title: Clinical Supervisor - Nutrition and Dietetics; Exercise Physiology; Occupational Therapy; Podiatry
Capricornia Allied Health Partnership

Status: Temporary Full Time or Part Time position

Unit/Branch: Allied Health Services,
Central Queensland Health Service District

Location: Rockhampton

Classification level:

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

Caring for People: Demonstrating commitment and consideration for people in the way we work.

Leadership: We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.

Respect: Showing due regard for the feelings and rights of others.

Integrity: Using official positions and power properly.

Purpose of role

The Clinical Supervisor will work within an Interprofessional Allied Health team to support the implementation and evaluation of the Capricornia Allied Health Partnership New Model of Care Project to:

1. Coordinate and Facilitate Clinical Education, Supervision and Support for undergraduate Allied Health students undertaking their clinical practicum in the Capricornia Allied Health Partnership – Interprofessional Allied Health Student Led Clinic.
2. Lead and actively participate in Quality activities including Research, to evaluate the effectiveness of this new Model of Care which supports workforce redesign practices and promotes positive changes for Health Practitioners and the Allied health workforce.

Staffing and budget responsibilities

1. This position reports operationally to the Project Manager, Capricornia Allied Health Partnership and professionally to the Director / Professional Leader of their Profession,

Central Queensland Health Service District.

2. There is no operational management or budgetary responsibility attached to this position.

Key accountabilities

Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above.

1. Provide clinical leadership within an interprofessional team with advice to managers and relevant stakeholders that supports:
 - The development and provision of high quality clinical service delivery;
 - Innovative clinical education and training practices; and
 - Health Practitioner and Allied Health workforce planning.
2. Assume responsibility for the clinical education of pre-entry Allied Health students and apply professional judgement, reliable clinical evidence, and problem solving skills to solve complex issues at a single discipline and multi-discipline level.
3. Develop, deliver and evaluate clinical education and learning resources to assist Allied Health students successfully complete their clinical practicum;
4. Apply well developed general clinical knowledge, skills and expertise as recognised by clinical experience and commitment to ongoing professional development to achieve optimal client, student and project outcomes.

When appropriate, deliver high level clinical services in accordance with Best Practice Guidelines to prescribed professional and ethical standards.

1. Contribute to the development of policies, procedures and planning at a team/ project level through a broad understanding of the con-

tinuum of care and the organisation provision of multidisciplinary health services.

2. Actively contribute to clinical research activities within the work unit including compliance to project documentation processes.
3. Develop and implement allocated quality and service improvement activities that enhance the delivery of clinical allied health services.
4. Use high level negotiation, conflict management, advocacy and change management skills to achieve key performance indicators and optimal project outcomes.
5. Work cooperatively and contribute positively within a team environment.

Qualifications/Professional registration/ other requirements

1. The successful applicant must hold at least a tertiary degree (or equivalent) qualification in a Health Practitioner Discipline and be eligible for registration/membership with the relevant allied health registration board and/or professional body.
2. A minimum of 3 years post-graduate experience is required for the supervision of undergraduate students.
3. A health related postgraduate qualification would be well regarded.
4. Must hold a current open driver's license to operate a motor vehicle.

Key skill requirements/competencies

Demonstrated well developed clinical knowledge and problem solving skills in a high quality client-orientated health service delivery model.

Demonstrated drive and commitment to clinical education and the capability to coach and develop students and colleagues in your area of knowledge and expertise.

Demonstrated ability to work in a complex team environment, operating

collaboratively and effectively in the pursuit of team goals.

Well-developed ability to identify opportunities for improvement and a demonstrated commitment to continuous quality improvement.

How to apply

Please provide the following information for the panel to assess your suitability:

A short response (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.

Your current CV or resume, including referees. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. Referees will only be contacted with your consent.

Application form (only required if not applying online).

About the Health Service District/ Division/Branch/Unit

Capricornia Allied Health Partnership is a response by the Central Queensland Health Service District and the Capricornia Division of General Practice to harness the opportunity that a coordinated student workforce offers, to produce an **Interprofessional Allied Health Student Clinic** that will:

1. Address service delivery gaps for Chronic Disease early intervention and management, and
2. Provide an exceptional clinical education & training opportunity for students.

This model, which at its full capacity is a state and national first in clinical education and training models, in terms of its ability to:

1. Deliver innovative chronic disease early intervention and management strategies with efficient and effec-

- tive service productivity outcomes; as well as
2. Support the future Allied Health workforce by providing exceptional education and training opportunities to pre-entry students in an inter-professional environment which will enhance working relationships and workforce participation and lead to future recruitment success.

The vision for the Capricornia Allied Health Partnership is:

1. To provide the community of Central Queensland with excellent Inter-professional patient centred care supporting those with, or at risk of, chronic disease;
2. To deliver innovative chronic disease early intervention and management strategies to the highest standard by continuously improving the quality, safety and efficiency of our service models and be positioned to respond to future challenges in line with best available evidence;
3. To support the future Allied Health workforce by providing exceptional education and training opportunities to pre-entry students in an inter-professional environment to enhance working relationships and workforce participation;
4. To improve workforce capacity through the use of innovative approaches to service delivery including embedding clinical research into core business;
5. To demonstrate an efficient and effective use of innovative Information Technology / Information Management strategies to deliver contemporary health practice;
6. To be responsive to local community needs and priorities and consider local community engagement and input as a key strategy in the design and management of the service;

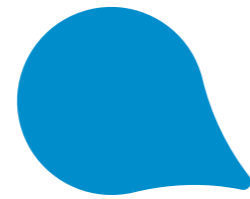
7. To be a key team member in primary care partnerships with the Capricornia Division of General Practice and Central Queensland Health Service District.

For further information visit the District/Division/Facility website: www.health.qld.gov.au/workforus/profiles/Region_CQ.asp

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

All relevant health professionals are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.



TO FIND OUT MORE ABOUT QUEENSLAND HEALTH

Visit the **Queensland Health website:** www.health.qld.gov.au

Tool 2. CAHP Project Implementation Plan

Project statement

This project involves the establishment of an Allied Health ambulatory service that will

- Address service delivery gaps for Chronic disease early intervention and management, and
- Provide an exceptional clinical education and training opportunity for Allied Health students

Document revision history

Version 1: August 2009

Part A: Business Case

Project scope

Purpose

It is well recognised that an increasing community burden of chronic disease matched with a dwindling & aging workforce are two of the key challenges affecting the future of the health care system. The underpinning themes of service delivery gaps and recruitment are critical to our ability to deliver the best allied health services for our clients and are often the greatest contributors to waiting list blow-out and clinician stress. For our clients, the inability to connect with the most appropriate health services in a timely manner can result in further debilitation and frustration.

For Central Queensland, the overall picture of chronic disease burden is quite alarming. Hospitalisation rates and mortality rates for stroke, diabetes mellitus and coronary heart disease are significantly higher when compared to the whole of Queensland; and Central Queensland has a higher than state and national rate of avoidable hospitalisations¹. Almost two-thirds of avoidable hospitalisations are attributed to chronic health conditions – primarily attributed to the large number of avoidable admissions for diabetes complicationsⁱⁱ.

Central Queensland also has a significant health workforce shortage. General Practitioner rate per population² as well as the availability of Medical specialities and Allied Health services is considerably limited and well below state and national workforce benchmarks. In 2007 Central Queensland had the lowest ratio of Allied Health Professionals to population (6.84 per 10,000) and the second highest rate of Allied Health vacancies – up to 81% in Physiotherapy, when compared to other Queensland Health Service Districts.

Regional/rural areas such as Central Queensland are typically difficult to recruit to, despite offering a wide range of valuable learning experiences in a supportive environment. As a consequence of limited workforce availability, some services such as community based chronic disease early intervention & management; falls prevention and mobility improvement simply cannot be provided. Current workforce activity aligns itself towards the reactive acute management of complications rather than preventative early identification and management.

Without a local tertiary institution that provides academic instruction to all Allied Health Professions, Central Queensland will need to develop, market and deliver an innovative model that offers a

significant point of difference to attract students and new staff alike. Equally the ability to foster and create work ready graduates through embedding the students into clinical service delivery, under partnerships between stakeholders across industry and the tertiary sector, has benefits for all parties.

There remains little quantifiable evidence or sustainable models of care that support the notion of industry-based inter-professional education models. Globally there is a recognised critical level shortage of health professionals and national workforce trends and epidemiological data suggests “business as usual” will no longer meet demand or improve capacity for the health workforce.

This project has presented the opportunity to consider an innovative attempt to address both service delivery gaps and allied health recruitment and retention difficulties with efficient and effective service productivity outcomes. Through the course of this investigative process undertaken, we believe we have gathered sufficient propositional and non-propositional supporting evidence to allow us to theoretically assume success.

A partnership between Central Queensland Health Service District and the Capricornia Division of General Practice, **Capricornia Allied Health Partnership**, has been formed with the view to developing an **Inter-professional Allied Health Chronic Disease Ambulatory Clinic** that will:

- Address service delivery gaps for Chronic Disease early intervention and management, and
- Provide an exceptional clinical education and training opportunity for Allied Health students

The **vision** for the Capricornia Allied Health Partnership is outlined in Tool 3 of this Annexe – Capricornia Allied Health Partnership Vision Statement.

Implementation phase of this project will focus on the communities of Rockhampton and Gladstone; and will initially concentrate on the following professions: Physiotherapy, Occupational Therapy, Dietetics, Podiatry and Exercise Physiology. Assuming a successful phase one implementation, there is the recognition that this model could evolve to include the provision of outreach services to the rural communities of Central Queensland where access to allied health is even more limited. It is also the project management’s intention to investigate the future inclusion of other professions including other Allied Health professions, pre-entry Medical students and Nursing.

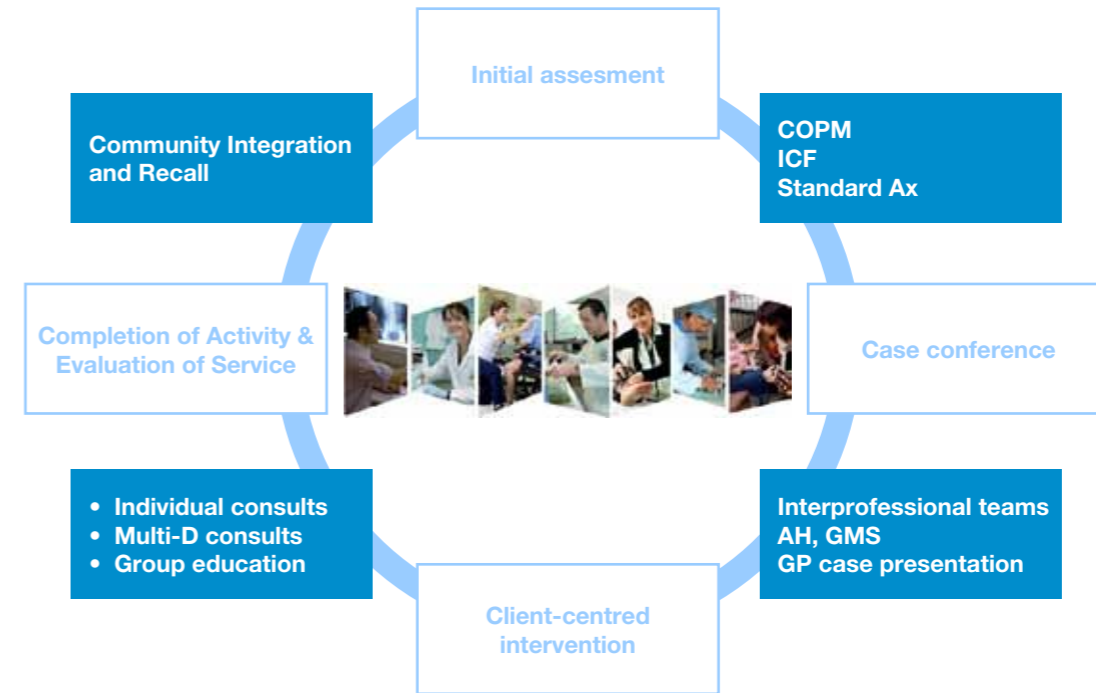
Pre-entry Allied Health students will work in an inter-professional clinical environment where they are able to deliver rudimentary allied health outpatient services under the supervision of experienced clinical staff. Students will not only provide individual clinical consultations but will work within an inter-professional environment to increase their understanding of other profession’s roles within the health system and enhance their clinical and referral skills. A draft pictorial representation of the client’s experience of the Model of Care is depicted below.

It is, however, vital that a senior clinician of the student’s own discipline be employed in a supervisory capacity for these students. Further to this, through consultation with local Clinicians, it was found that it is considered important that the clinicians be employed by Queensland Health in a Full-time capacity with secondment to the CAHP clinic especially in the early stages of the project. This would allow flexibility across service areas if the needs demand. For the clinicians to be recruited through Queensland Health, adequate initial and recurrent funds for the recruitment of an increased allied health workforce are not available.

Picture 1. Draft Care Pathway

Models of Care

Meeting individual & community needs through workforce redesign



Abbreviations:

AH – Allied Health; Ax – Assessment; COPM – Canadian Occupational Performance Measure; GMS – Graduate Medical Students; GP – General Practitioner; ICF – International Classification of Functioning, Disability and Health; Multi-D – Multidisciplinary

We have acknowledged that recruitment is difficult without point of difference, it is therefore a project risk that we are may be unsuccessful in the recruitment required to support student placement activity. Through our consultation we have determined that key to the recruitment to such positions is an emphasis on clinical education skills/ knowledge rather than clinical knowledge alone – i.e. must be a good teacher. The notion that the success of Student placements hinges on the supervisor is well supported.

Universities have embraced the concept and there continues ongoing dialogue regarding the timetabling and scheduling of student placements from January 2010.

Adequate initial and recurrent funds for the establishment of an increased al-

lied health workforce to staff the CAHP clinic is significantly lacking, particularly for the Clinicians to be recruited through Queensland Health. The identified local under-usage of federal Allied Health Medicare Items and well-evidenced gap in affordable community based chronic disease management strategies presents an opportunity for fiscal sustainability.

Benefits

By engaging in this strategy, the service provision model will:

1. Encourage a multidisciplinary approach to health care provision and provide clinical activity that is currently considered a gap in the community.
2. Provide a catalyst for strengthening partnerships with general practice

- and other public and private primary health providers through engagement in primary care partnerships.
- Support clinical education and training opportunities for Allied Health pre-entry students, in an inter-professional environment to enhance working relationships and workforce participation.
 - Define this new service's scope of practice as being different to current services provided and not replacing current activity, thereby increasing client access to services, and maximising care options.
 - Providesustainable,affordableAllied Health care and management strategies for the community – clients will not be charged a co-payment for services received.
 - Strengthen workforce recruitment, retention and service delivery capabilities through innovative service delivery design.

Project Objectives

It is expected that, through the implementation of the **Capricornia Allied Health Partnership** Allied Health Student Clinic, there is the capacity to address a current gap in Chronic Disease services including provision of clinical services for the following disease processes:

- Type 2 Diabetes
- Falls and Balance
- Cardiac Rehabilitation – Phase 3
- Pulmonary Rehabilitation
- Renal Disease Category 1-3
- Obesity
- Chronic Back Pain
- Chronic Venous Disease (Garment prescription)
- Osteoarthritis and Rheumatoid Arthritis

It is anticipated that there would be the capacity for this service to deliver an additional 16,000 individual occasions of service annually which would meet the needs, at a minimum, of an additional 3,500 individuals with chronic and complex conditions. In addition to these figures, there would be the capacity to deliver 150 group education sessions; provide clinical service placement opportunities to 120 pre-entry Allied health students across the 5 disciplines included in this project.

For the 3500 individuals expected to access Allied Health services through the **Capricornia Allied Health Partnership** Allied Health Student Clinic, the number of General practitioner Management Plans (GPMP) accessed by the community will need to be, at the very least, tripled (currently on 7% of people eligible for GPMP in the Capricornia Division of General Practice geographic boundaries are being managed in this manner). A by-product of this project will be the increased engagement of General Practitioners with multi-discipline management of people with complex and chronic diseases.

The impact of this model of care on the avoidable hospitalisations and local prevalence of complications secondary to chronic disease will be difficult to measure in isolation from other activity occurring across the region; however, it will be expected that there should be a downward trend in avoidable hospitalisations secondary to chronic disease. This activity will be tracked through the term of the placement.

The impact of the model of care as a recruitment strategy is not expected to be fully realised until the end of the project period. It is therefore important that this strategy be seen as a long term recruitment strategy rather than in a short-term perspective.

Whilst this strategy will support a complementary workforce for the communi-

ty, address recruitment difficulties for a regional community and thereby appear to address the workforce to population inadequacies; it is paramount that this strategy does not develop in isolation. Rather, it is vital that staffing levels for Allied Health services, across both the public and private sector continuum, be reviewed to reflect the capacity and capability that preventative and early intervention strategies provide the long term health outcomes of a community.

Key Deliverables

- Recruitment of Five (5) Clinical supervisors – HP4 (12 month temporary full-time), one for each of the disciplines earmarked for activity through the CAHP clinic. Recruitment process to commence October 2009 for commencement of duty January 4th 2010. (The funding of these positions will blend redirected funding at a district level, with allocation through the MOC project funding).
- Implementation of an innovative Inter-professional Chronic Disease Model of Care from January 2010, with first wave of students to commence placements 1st February 2010. The CAHP project is committed to hosting up to 120 pre-entry Allied Health students in the 2010 calendar year.
- Evaluation of the Model of Care based on the CAHP Project's Key Performance Indicators – including but not limited to:
 - Client centred Health outcomes including increased access to Allied Health Services;
 - Service productivity outcomes and detailed cost analysis of the service;
 - Workforce outcomes including student placement as a recruitment strategy.
- A written paper and oral presentation detailing a district's experience

dealing across funding bodies including lessons learnt and identification of future opportunities at a district and state level. This may also have potential interest from national rural and remote Allied Health Forums.

- Quarterly Project and Financial Reporting.

Key performance indicators

A research and evaluation framework, available on the ClinEdQ website (<http://www.health.qld.gov.au/clinedq/>) has been developed that articulates the Key Performance Indicators and the method and timeframe in which these will be measured. Research and Evaluation of the outcomes of this project will be driven through the Allied Health Research and Recovery Unit by the Project Manager in collaboration with the Central Queensland Health Service Allied Health Principal Research Fellow.

The capacity for the CAHP Clinic to collaborate with University Allied Health departments for the purpose of evaluation and on-going research projects, and in particular to host students undertaking their honours projects, is undergoing continued negotiation with partnerships on particular projects of interest expected and encouraged.

Strategies:

Critical to the success of this project is collaboration with current service providers and Allied Health Leaders, all who are acutely aware of the anecdotal evidence that complements our theoretical knowledge.

Given the multi-layered and complex project design, Communication and Engagement strategies will be developed for all key stakeholders ensuring the message delivered, whilst remaining consistent, will be matched and appropriate for the particular audience. These targeted strategies are defined in the implementation phase of this project

should mirror the Gantt chart – outlined in the Project strategy section of the Implementation plan.

To ensure that the project continues to reflect Queensland Health strategic direction and mirror the state and national health agenda, on-going telephone, e-mail and face-to-face support from the Health Practitioner Models of Care Project Management team is required and appreciated.

Exclusions

Exclusions to the scope of the initial stages of the project shall include all other allied health professions and allied health assistants; other disease processes than those listed above; Mental Health; Paediatrics; and geographic areas outside of Gladstone and Rockhampton.

It should be noted that these exclusions are for phase 1 only, with the expectations that there will be the ability to expand in alternative directions based on consumer expectations and identified need; district, state and federal strategic direction influences; university and student feedback.

Related activity/projects

This project will work in partnership with the Capricornia Division of General Practice which received funding (over 3 years) from the Australian Better Health Initiative to complete a business case on the viability of the clinic.

Research and Evaluation of the outcomes of this project will be driven through the Allied Health Research and Recovery Unit and the Principal Allied Health Research Fellow. Funding has been received for a HP6 Research position through the Allied Health Clinical Education and Training Unit.

The Clinical Educator positions in each of the Allied health disciplines are expected to participate in the successful implementation of this project either through direct involvement in clinical supervision; leading and developing the clinical tutorials; and with, where appropriate, on-going support for the clinical supervisors.

Project partners/clients/ stakeholders

Partners

Queensland Health

- Central Queensland Health Service District
- Allied Health Workforce Advice and Coordination Unit
- Allied Health Clinical Education and Training Unit

Capricornia Division of General Practice

- General Practitioners
- Practice Nurses
- Practice managers

Central Queensland Health Collaborative: Capricornia Division of General Practice; Queensland Health; CQ University Australia; Mater Hospital Rockhampton and Hillcrest Rockhampton Private Hospital; *Bidgerdii* Aboriginal and Torres Strait Islander Community Health Service.

CQ University Australia.

The Residents and Community of Central Queensland

Other key stakeholders who will have an important role within the project include:

- Central Queensland Health Service District Consultative Forum;
- Queensland Public Sector Union;
- Domiciliary nursing Services – Blue Care, OzCare and PresCare;
- University of Queensland. Rural Clinical School, Rockhampton;
- Tertiary Education Providers;
- Students undertaking placements in CQHSD during the term of this project.

Project timeframe

1 September 2009 - 31 December 2010

Costs

Project costs

NB. The Project Management team is reluctant to progress with the implementation of the model of care without financial sustainability assured until December 2010. This time parameter is based on our commitment to support university placements for the 2010 Academic Year. Therefore the budget breakdown has been developed on this timeline, rather than the August 2010 end date.

Labour Costs

(including 23% oncosts)

1 full-time Team Leader/Manager,
3 full-time Clinical Supervisors and
1 part-time Admin Assistant

Total Labour budget \$476,432.80

Non Labour Costs

Rent, Communication Costs, Admin, Consumables, Cleaning.

(including outgoings)

Total Non-Labour budget \$243,119.12

Total Annual Budget \$719,551.92

Resource contribution from stakeholders

Joint Australian and State Government funding has been received for the partnership to support development and implementation of the **Capricorn Allied Health Partnership Clinic**. It is represented by:

1. **Australian Better Health Initiative** funding from the Australian Government Department of Health and Aging to the Capricornia Division of General Practice Ltd;
2. **New Models of Care / Workforce Redesign Project** funding from the Allied Health Workforce Advice and Coordination Unit, Queensland Health to Central Queensland Health Service District

The CAHP Clinic was also successful in receiving some infrastructure funding through the Allied Health Clinical Edu-

cation and Training Unit Infrastructure Grants (2008/2009).

Funding attached to current Allied Health Vacancies at a district level will be redirected to support the implementation of the CAHP clinic and in particular provide joint funding for the Clinical Supervisor positions.

CQUniversity Australia through its College of Health and Human Services has offered in-kind support for the use of a 3 rooms within their recently refurbished facilities, within the University's community sports centre. One of these is appropriate for use as a rehabilitation gymnasium (for Pulmonary Rehabilitation; Cardiac Rehabilitation; Falls and balance groups; Chronic Back Pain; as well as exercise as a strategy of Obesity management); One as a consulting room and the other as an office area for staff delivering services from this location.

The capacity for the CAHP Clinic to collaborate with other University Allied Health departments for the purpose of evaluation and on-going re-

search projects, and in particular to host students undertaking their honours projects, is undergoing on-going negotiation with partnerships on particular projects of interest expected and encouraged. It is expected that these partnerships will be fostered by the Principal Research Fellow, CQHSD Research Recovery Unit.

The complexity of this project matched with the increased complexity attributed with the intention to apply for Medicare exemption has seen the importance of partnerships govern to our ability to progress and significantly impact on our assurance of success.

Sustainability plan

Sustainability plan needs to be built into any implementation strategy.

Part B: Project Management

Human resource management

Governance

Project Role	Responsible Officers	Responsibilities
Project Management Team	Project Sponsor - Executive Director of Allied Health Services, Central Queensland Health Service District	<ul style="list-style-type: none"> Overseeing the project and ensuring the project achieves the outcomes listed Provide strategic advice and direction to the Project Managers and Steering Committee Advocate for the project to ensure the appropriate level of internal and external support Act as champion and provide organisational support
	Project Manager, Capricornia Allied Health Partnership, Central Queensland Health Service District	<ul style="list-style-type: none"> Planning, implementation and operational management of the project Accountable for the successful delivery of project objectives within agreed parameters Identification of, and liaison with key stakeholders Ensure Risk Management implemented Monitoring and reviewing the project process and providing timely information and recommendations to the Project Sponsor regarding project activities
	ABHI Program Officer, Capricornia Division of General Practice Ltd.	<ul style="list-style-type: none"> Provide ongoing support to Project Managers Accountable for the ABHI component and reporting requirements Monitoring and reviewing of project process
Steering committee	To Be Determined	<ul style="list-style-type: none"> Have local oversight of the project and report to the HPIBBG through AHWACU Provide input into planning processes for the recommendations Participate in consultative processes where appropriate Advise the project management team of any issues that may affect development of the project Support the successful implementation by August 2010
Clinical Advisory Reference Group	Representatives from Discipline Directors, Clinical Educators, Senior Clinicians representing Hospital and Community clinicians as well as teams in Rockhampton and Gladstone.	<ul style="list-style-type: none"> To develop the clinical guidelines and a model of care that is appropriate for the clinic To investigate the student placement model that transits a student between the established services (in both community and acute) so that the learning outcomes of the student are met and exposure to the continuum of Allied Health service provision is achieved Develop a student placement and potential clinical timeline for 2010 Deliver a Student pre-placement presentation/guideline



Project Schedule

Strategy/Activity	Accountable Officer/s	Months					Dec 2009	Jan 2010	Feb 2010	Mar 2010	April 2010	May 2010	June 2010	July 2010	Aug 2010
		Sept 2009	Oct 2009	Nov 2009											
Overall Project Management Tasks															
Coordinate Management Committee	Project Manager		Mtg			Mtg		Mtg		Mtg		Mtg		Mtg	
Prepare summary and Present to DEC	Project Sponsor														
Presentations at External Forums	Project Manager			Innovation					ClinEd						SAR-RAH
University Engagement and Student Placement Strategy															
Finalise Student Placement Capacity and submit placement offers to appropriate forums	Project Manager														
Student placements commence	Project Manager														
Student Accommodation negotiation	Project Manager														
Student Placement Scholarship Negotiation	Project Manager														
Clinical Guidelines/ Service Delivery Model Development and Implementation															
Clinical Advisory Reference Group	Project Manager	Mtg		Mtg			Mtg		Mtg		Mtg		Mtg		
Consultation with key clinical stakeholders	Project Manager														
Clinical Supervisor Recruitment process	Project Sponsor & Project Manager														
Clinical Supervisors commence work	Project Manager														
Interprofessional Education Workshop	Project Manager														
Clinical Service Delivery Model development including referral pathways	Project Manager														
Clinical Activity commences	Project Manager														
Transition of service into existing program															
Research and Evaluation															
Principal Allied Health Research Fellow recruitment	Project Sponsor														
Prepare Ethics Committee Submission	Project Manager														
Continue Baseline Data Collection	Project Manager														
Commence Data Collection	Staff and Students														
Abstract Submissions	Project Manager														

Strategy/Activity	Accountable Officer/s	Months					Dec 2009	Jan 2010	Feb 2010	Mar 2010	April 2010	May 2010	June 2010	July 2010	Aug 2010
		Sept 2009	Oct 2009	Nov 2009											
Clinical Infrastructure															
Investigation for Appropriate Clinical Premises	Project Manager														
Negotiation and Service Agreement developed with CQUniversity Australia	Project Manager														
Clinic Set-up	Project Manager														
Investigate CPHACC collaboration - eHR	Project Manager														
Business and Funding Model															
Medicare deputation development and submission	Project Sponsor														
Investigate Alternative Funding opportunities	Project Manager														
Develop grants and tender timeline	Project Manager														
General Practice Engagement Strategy															
Division Of GP Consultation as per consultation strategy	Project Manager														
GP Reference Forum	Project Manager														
Other Stakeholder Engagement Strategy															
Private Allied health Consultation	Project Manager														
Community Consultation as per Community Consultation and Engagement Strategy	Project Manager														
Other Service Provider Consultation	Project Manager														

Risk management

Level of risk: Low(2-5), Medium(6), Significant (7) High (8-10) and rationale

Consequence: 5 = Catastrophic; 4 = Major; 3= Moderate; 2= Minor; 1= Insignificant

Likelihood: 5 = Catastrophic; 4 = Major; 3= Moderate; 2= Minor; 1= Insignificant

Risk	Consequence	Likelihood	Risk Management Activities	
			Preventive	Contingent
Ongoing clinic financial viability and sustainability	5	3	<ul style="list-style-type: none"> Ongoing identification of and application for appropriate grants – Grants and Tenders calendar to be developed Apply for s19 Medicare Benefits Schedule exemption for QH clinicians working in CAHP clinic Work with AHWACU to identify issues around AHP right to private practice 	<ul style="list-style-type: none"> Explore the option of a decentralized model dove-tailed into an established QH team Seek other funding options (eg: NHWT, state or federal grants) Review sustainability strategies particularly in relationship with scope of project
	Level of Risk: 8 High Risk			
Universities will not be able to provide required number of students	3	2	<ul style="list-style-type: none"> Figures developed of number of students required Universities approached prior to clinic set up Service Agreements developed and signed 	<ul style="list-style-type: none"> Additional universities approached to be involved Open up to Universities at a National level
	Level of Risk: 5 Low Risk			
Unable to access Student Accommodation for duration of placement	4	3	<ul style="list-style-type: none"> Liaise with CQHSD accommodation services regarding rental opportunities 	<ul style="list-style-type: none"> Accommodation paper developed with alternatives outlined
	Level of Risk: 7 Significant Risk			
Unable to recruit to the Clinical Supervisor positions	5	2	<ul style="list-style-type: none"> Recruitment process done in a package Recruitment commenced early Local identification of interested individuals 	<ul style="list-style-type: none"> Review student placement capacity and service delivery model
	Level of Risk: 7 Significant Risk			
Poor engagement of stakeholders – Key stakeholder groups identified and defined above	4	2	<ul style="list-style-type: none"> Engage and demonstrate effective usage of appropriate communication styles and undertake active reflection of communication practices Use a variety of communication methods (eg email, face to face, formal letter, communiqué) as outlined in Communication Management subsection Participation in groups of influence and enlisting the help of local champions 	<ul style="list-style-type: none"> Persevere with attempts to engage stakeholders
	Level of Risk: 6 Medium Risk			
Tight Time-frame and Lack of time to implement model effectively	2	2	<ul style="list-style-type: none"> Effective Project Management Clearly communicate expectations in terms of reporting etc Identify and anticipate threats to project completion within time frame Clear communication of the benefits of the Implementation of the model 	<ul style="list-style-type: none"> Manage competing activities through discussion at Steering Committee Consultation for stakeholders to ensure time is permitted for implementation
	Level of Risk: 4 Low Risk			
Project Creep	2	3	<ul style="list-style-type: none"> Effective project management Clearly define and communicate scope of project to all stakeholders 	<ul style="list-style-type: none"> Redefine through Steering Committee Meeting as often as needed
	Level of Risk: 5 Low Risk			

Communication management

Stakeholder	Level of Engagement	Project Objectives	Engagement Objectives		Proposed Activities	Deliverables	Communication Message
Consumers	Inform Consult Involve Collaborate	See Consumer Communication and Engagement Strategy					We are committed to providing you with affordable accessible Allied health options for the management of your chronic disease.
Capricornia Division of General Practice <ul style="list-style-type: none"> • General Practitioners • Practice managers • Practice nurses 	Inform Consult Involve Collaborate	Identify the barriers and enablers to referral mechanisms. Identify GP champions in the community that will support service development.	<ul style="list-style-type: none"> • Ensure that GPs are aware of the service and engaged in a collaborative approach to Allied Health service delivery • Ensure their expectations are integrated in to final product 		<ul style="list-style-type: none"> • General Practice Reference Group • Delphi study model using short sharp questions and responses • General practice Forum and Clinic Launch 	<ul style="list-style-type: none"> • Agreed upon communication and referral pathway • Awareness raised with GPs • Partnerships nurtured 	We are committed to a collaborative and integrated approach to Allied Health services for Chronic Disease. What assurance do you need from us to provide adequate and timely interventions for your clients?
CQUniversity Australia	Consult Involve Collaborate	Identify mutually beneficial outcomes for students, service and programs. Collaborate on research and evaluation activities to support the on-going sustainability of the service.	<ul style="list-style-type: none"> • Ensure that there is the capacity to adequately support clinical service delivery from their facilities • Ensure there are research opportunities 		<ul style="list-style-type: none"> • Steering Committee representation • On-going communications – via face-to-face meetings; teleconferences; and e-mail 	<ul style="list-style-type: none"> • Nationally recognised Allied Health clinical Education and Training Model 	We are providing the model by which your students will undertake a unique and significant clinical education experience.
CQ Health Collaborative	Inform	Establish the service as meeting all Health provider needs and ensuring that the outcome matches the original supported proposal.	<ul style="list-style-type: none"> • Ensure peak local health body is aware of our activity 		NB most members of the CQHC are considered individually through the Communication and Engagement Strategy	<ul style="list-style-type: none"> • Update provided for tabling at meetings 	We are working to improve the health outcomes of our community and providing an opportunity for an increase Allied Health workforce.
Central Queensland Health Service District <ul style="list-style-type: none"> • District Executive Committee • Allied Health Disciplines • Community Health Services • Chronic Disease Services 	Empower Inform Consult Involve Collaborate	Identify the barriers and enablers to referral mechanisms. Identify GP champions in the community that will support service development.	<ul style="list-style-type: none"> • Ensure district staff aware and engaged in the development of the service delivery model • Ensure that there is no duplication in activity and the gaps in service delivery are met 		<ul style="list-style-type: none"> • Steering Committee representation • Allied Health Forums • Clinical Advice and Reference Group • Working Groups with key service delivery providers • Feedback to DEC; SLT, Directors of Allied Health • On-going communications – via face-to-face meetings; teleconferences; and e-mail 	<ul style="list-style-type: none"> • Service Delivery model that meets district and program strategic direction • Partnerships nurtured and sense of ownership developed by whole of Allied Health / Chronic Disease Team • Nationally recognised Chronic Disease Model of Care 	We are committed to working with your teams to reduce duplication and gaps in the community and provide a recruitment and service delivery model that meets all needs.

Stakeholder	Level of Engagement	Project Objectives	Engagement Objectives		Proposed Activities	Deliverables	Communication Message
Domiciliary nursing Services – Blue Care, OzCare and PresCare; Other service Providers in community; Private Allied Health Practitioners.	Inform Consult Involve Collaborate	Identify mutually beneficial outcomes for their client groups and our clinical service delivery model. Decrease potential duplication of activity.	<ul style="list-style-type: none"> Ensure all service providers are aware of our activity and aware of the mutually beneficial opportunities that this presents 		<ul style="list-style-type: none"> Focus Groups and workshops On-going communications – via face-to-face meetings; teleconferences; and e-mail 	<ul style="list-style-type: none"> Agreed upon communication and referral pathway Awareness raised Partnerships nurtured 	<p>We are working with you to help address workforce shortages and client need.</p> <p>Let us support your recruitment drives.</p>
Queensland Public Sector Union and the Central Queensland Health Service District Consultative Forum	Inform Consult Involve	Identify and Mitigate risks associated with any perceived workforce change.	<ul style="list-style-type: none"> Ensure that the direction of the implementation phase of the project meets and complies with the arrangements in which the funding was intended. 		<ul style="list-style-type: none"> Union representative on steering committee 	<ul style="list-style-type: none"> Quarterly project and financial reports 	
Queensland Health <ul style="list-style-type: none"> Allied Health Workforce Advice and Coordination Unit Allied Health Clinical Education and Training Unit 	Inform Consult Involve Collaborate Empower	Develop an innovative new Model of Care that meets state and national strategic direction and meets the intention of the funding.	<ul style="list-style-type: none"> Ensure financial support for the term of the project 		<ul style="list-style-type: none"> Project Management activities as outlined above Regularly contact with Directors, Program Managers and staff 	<ul style="list-style-type: none"> Quarterly project and financial reports Nationally recognised Allied Health Chronic Disease Model of Care 	We are delivering a world class model that will meet workforce and community needs and matches the state and national strategic direction of Chronic disease.
Tertiary Education Providers including Allied Health Departments; University of Queensland. Rural Clinical School, Rockhampton; and students undertaking their placement in Central Queensland for the duration of the project.	Inform Consult Involve Collaborate	Identify mutually beneficial outcomes for students, service and programs. Collaborate on research and evaluation activities to support the on-going sustainability of the service.	<ul style="list-style-type: none"> Ensure that there is the capacity to meet student placement requirements unique to each faculty and University 		<ul style="list-style-type: none"> On-going communication between University Allied Health Departments, Local Clinical Educators and Project Management Team – via face-to-face meetings; teleconferences; and e-mail 	<ul style="list-style-type: none"> Nationally recognised Allied Health clinical Education and Training Model. Student undertaking their placements in CQ to the best of our capacity 	We are providing the model by which your students will undertake a unique and significant clinical education experience.

Consumers Communication and Engagement Strategy

Objective	Strategies		Responsible Officer	Timeframe	Evaluation
Consumer Advisor Steering Committee Member	Identify and invite Consumer Advisor to join Steering Committee			April 2009	Consumer Advisor endorsed member of Steering Committee No. of meetings attended by Consumer Advisor
	Develop and Endorse Consumer Advisor Position Description			April 2009	Position Description developed and endorsed Consumer Advisor Position reviewed in December 2009
Steering Committee Membership of the Consumers Health Forum of Australia	Obtain membership to the CHF			July 2009	Membership gained
	Communication from CHF circulated to all Steering Committee Members			July 2009	Emails circulated to Steering Committee Members
Create awareness of CAHP Project by Consumers in the Project Area	Develop a Consumer Information Sheet to be circulated via various local Health Networks			Information Sheet and Newsletter article developed by 31 July 2009 and circulated by 14 September 2009	No. of networks Information Sheet distributed to
	Develop Newsletter Articles for health networks and community groups				No. of newsletters publishing article
Obtain Consumer feedback on aspects of the project including: role of students, referral pathways, clinic services and structure, physical location and Consumer access	Develop Focus Group Outline			30 September 2009	Outline circulated to Steering Committee for feedback and finalisation
	Invite Health Networks and Community Groups to nominate representatives to attend Focus Group			30 September 2009	Invitations extended
	Conduct Focus Group			31 October 2009	Focus Group held
	Feedback to Consumers regarding the project following their input			14 November 2009	Newsletter articles and letter distributed to focus group participants regarding outcomes
	Develop Wider Community Forum Outline			30 November 2009	Outline circulated to Steering Committee for feedback and finalisation
	Advertise Forum through newspaper, radio, community groups and health networks			14 December 2009	Forum advertised
	Conduct Consumer Consultation Forum			14 December 2009	Forum Conducted No. consumers present
	Feedback to Consumers regarding the project following their input			31 January 2010	Newsletter articles and letter distributed to forum participants regarding outcomes

Recommendations and decisions

Recommendations (project officer)	
Next Step <input checked="" type="checkbox"/> Progress to implementation <input type="checkbox"/> Cease <i>Comments:</i> We can do this!!!!	Prepared by: Name: Date: 27 th August 2009
Cleared by (project sponsor)	
Name:	Signed:
Position:	Date: [REDACTED]
<i>Comments:</i> [REDACTED]	
Approval/decision (higher authority)	
Name: Position:	
Next Step <input type="checkbox"/> Progress to implementation phase <input type="checkbox"/> Revise project plan and present again <input type="checkbox"/> Cease <i>Comments:</i> [REDACTED]	Project manager¹ Project sponsor²
Resources approved? <input type="checkbox"/> Yes Amount \$ [REDACTED] <input type="checkbox"/> No <input type="checkbox"/> N/A	Parameters of project manager authority Time: [REDACTED] Cost: [REDACTED] Quality: [REDACTED] Other: [REDACTED]
Name: [REDACTED]	Signed:
Position: [REDACTED]	Date: [REDACTED]

Tool 3. Capricornia Allied Health Partnership Clinic Vision statement

Capricornia Allied Health Partnership

Objective:

To establish an Allied Health Chronic Disease Ambulatory Clinic that will address service delivery gaps for Chronic Disease early intervention and management, and provide an exceptional clinical placement for allied health students.

Vision

The vision for the Capricornia Allied Health Partnership is:

- To provide the community of Central Queensland with excellent Inter-professional client centred care supporting those with, or at risk of, chronic disease;
- To deliver innovative chronic disease early intervention and management strategies to the highest standard by continuously improving the quality, safety and efficiency of our service models and be positioned to respond to future challenges in line with best available evidence;
- To support the future Allied Health workforce by providing exceptional education and training opportunities to pre-entry students in an inter-professional environment to enhance working relationships and workforce participation;
- To improve workforce capacity through the use of innovative approaches to service delivery including embedding clinical research into core business;
- To demonstrate an efficient and effective use of innovative Information Technology / Information Management strategies to deliver contemporary health practice;

- To be responsive to local community needs and priorities and consider local community engagement and input as a key strategy in the design and management of the service;
- To be a key team member in primary care partnerships with the Capricornia Division of General Practice and Central Queensland Health Service District.

Core Values and Beliefs

In addition to Queensland Health's values of caring for people, respect, leadership and integrity, Capricornia Allied Health Partnership Clinicians will:

- Provide excellent quality service that is both timely & accessible with integrity and ethical practice;
 - Lead evidence-based practice and innovative service delivery in the area of chronic disease;
 - Engage in life-long learning, professional and skill development
- Through our behaviour, action and activity, we recognise and preserve Queensland Health's mission to create dependable health care and better health for all Queenslanders.

Annexe 2: Running a student-assisted clinic

Tool 1. Student welcome letter

(Date of Letter)

(Insert Student Address - obtain from student at first phone contact)

Dear (Student Name),

Please find enclosed some important information for you to peruse in regards to your upcoming student clinical placement at (location of placement).

Details of Placement

Placement Dates: (Insert dates)

Name of Service: (Service)

Street Address: (Street Address)
(Suburb, Postcode)

Clinical Supervisor/s: (Clinical Educator Name/s)

Phone Number: (Best phone contact)

Email Address: (Insert Clinical Educator's email address)

Work Hours: (Specify work hours for placement)

Meal Breaks: (Indicate meal breaks that will be available). There is a fridge available where you can store your lunch, and microwave facilities for you to be able to heat food. (Insert any additional information needed).

(Indicate if there are any nearby facilities where students can purchase lunch if required).

Dress Code: (Indicate what the student should wear for placement: Is uniform required?)

Caseload: (State caseload the student will be assigned to, with a brief description)

Other Information: (Indicate any other special requirements as needed - delete if not required)

On your first day of placement, you should come to (state where student should present on first day). You will be meeting with (state who student is to meet with) on arrival. Please arrive promptly at (time) am.

Transport:

Parking Options (and costs if applicable):

(Indicate where students should park their car)

Public Transport Options:

(Include any public transport options, or refer to relevant website (eg www.translink.com.au for South East QLD))

Accommodation Options:

(Specify any accommodation options available, or include as separate appendix) - delete this section from the letter if not applicable to the District

Suggested Readings:

Below is a list of suggested readings and skills to review prior to commencing your placement. These have been identified by your Clinical Supervisor as important information that will be useful for you to be aware of, relating to the area of practice you will be working in during your placement.

(List any pre-readings identified, or information/clinical skills to review. Include copies of articles etc as needed)

Student Welcome & Orientation Pack

Included with this letter is a Student Welcome & Orientation Pack, which contains an overview of the Health Service District, and Allied Health Services within the district. This welcome pack also includes a list of expectations for Students and Clinical Supervisors. Please read all of this information carefully, as this outlines some other orientation tasks you will need to complete before commencing your placement with Queensland Health.

If you have any further questions about your placement prior to commencement, please contact your Clinical Educator on the contact details listed on the first page of this letter.

I / We look forward to meeting you at commencement of your clinical placement.

Yours sincerely,

(Name)

(Designation)

Tool 2. CAHP Student welcome and orientation pack (2011)

Contents

Key Contacts	69
Queensland Health's Mission, Values and Strategic Directions	69
Queensland Health Student Orientation	69
Summary of Central Queensland Health Service District	77
Getting Here, Getting Around	75
Allied Health Services within Central Queensland Health Service District	76
Capricornia Allied Health Partnership	77
Interprofessional Placement Model – Tips for Students	80
Work Site Details	81
Practical Information about student placements	82
Suggested Readings	83
Expectations of Students and Clinical Supervisors	84
Learning Style and personality type	85
References	89

Key Contacts for your Placement

During your placement, there will be a number of staff charged with facilitating your placement. These individuals are your key support team.

Clinical Supervisor:

The clinical Supervisor will be the clinician who holds direct responsibility for the day to day supervision of your placement. The Clinical Supervisor will be responsible for completion of any clinical or non-clinical assessments required and will be your primary contact person for the duration of your placement.

The clinical Supervisor for your placement is:

Phone: 07-4927 7508

Email:

Your secondary supervisor is:

Capricornia Allied Health Partnership Team

The primary CAHP team is: Project Manager/Podiatry, Clinical Supervisor -Dietetics, Clinical Supervisor- Occupational Therapy, Clinical Supervisor-Exercise Physiology and Administration Officer. There are a number of other staff that work in the clinic although may not directly be involved in student supervision.

We hope you enjoy your clinical placement at the Capricornia Allied Health Partnership Interprofessional Student Clinic, Central Queensland Health Service District.

Queensland Health's Mission, Values and Strategic Direction

OUR MISSION

Creating dependable health care and better health for all Queenslanders.

OUR VALUES

We recognise that Queenslanders trust us to act in their interests at all times.

To fulfil our mission and sustain this trust we share four ethics principles:

- Integrity and impartiality
- Promoting the public good
- Commitment to the system of government
- Accountability and Transparency

STRATEGIC DIRECTIONS

- Improving access to safe and sustainable health services
- Better meeting people's needs across the health continuum
- Enhancing organisational work processes and systems to support service delivery and business effectiveness
- Developing our people in a way that recognises and supports their role in the delivery of health services

Queensland Health Student Orientation

The following internet site will assist in your orientation to Queensland Health. <http://www.health.qld.gov.au/sop/default.asp>

Prior to the commencement of your student placement, you need to have recently completed the orientation program at the above web address. This will cover the following areas:

- Professional Behaviour and Responsibilities
- Code of Conduct
- Confidentiality, privacy & documentation



- Workplace Health & Safety issues
- Immunisation and Infection Control
- Cultural Diversity

Printable version of the Student Orientation Package:

http://www.health.qld.gov.au/sop/documents/orien_pack_print0809.pdf

It is mandatory that you complete this orientation prior to your placement.

Prior to commencing your student placement within a Queensland Health facility you are required to complete and sign the Student Orientation Checklist located at this website: http://www.health.qld.gov.au/sop/documents/orien_check_081211.pdf

In addition to the Orientation Checklist the following Student Deed Poll's also need to be completed. These deeds outline expectations in regards to Placement Requirements and Privacy and Consent. The deeds can be located on the following websites:

http://www.health.qld.gov.au/sop/documents/0907_student_poll.pdf

http://www.health.qld.gov.au/sop/documents/staff_deed_poll_priv.pdf

Please bring these documents with you to your first day of your placement to provide to your Clinical Supervisor.

Code of conduct

Everyone who works for Queensland is expected to abide by the code of conduct which commits to an organisation where everyone working for Queensland Health deserves to be treated with respect and where leadership and integrity are foremost.

The Four Principles of Ethical Behaviour

- **Integrity and impartiality:** Employees should recognise that public office involves a public trust
- Seek to promote public confidence in the integrity of the public sector by:
 - Working to the highest ethical standards
 - Providing objective, independent, apolitical and impartial advice
 - Being honest, fair and respectful to all persons
 - Resolving or managing any conflict of interest in favour of the public interest

Promoting public good

Recognise the public sector delivers programs and services for the benefit of the people of Queensland by:

- Being responsive to the requirements of government and the public interest
- engaging the community in official public sector priorities, policies and decisions
- managing public resources effectively, efficiently and economically
- Achieving excellence in service delivery and enhanced integration of services.

Commitment to the system of government

Upholding the system of government and the laws of the State, Commonwealth and local government by:

- Upholding the system of government and the laws of the State, Commonwealth and local government
- Being professional and impartial when carrying out official public sector priorities, policies and decisions

Accountability and transparency

- Recognise that public trust in public office requires high standards of public administration by:
 - Exercising proper diligence, care and attention
 - Using public resources in an effective and accountable way
 - Managing information as openly as practicable within the legal framework
 - Achieving high standards of public administration
 - Being innovative and continuously improve performance

This code can be downloaded from: <http://www.health.qld.gov.au/codeof-conduct>

Confidentiality

The Code of Conduct establishes a strict duty of confidentiality to all people who work in Queensland Health. Specifically, the Code of Conduct states that employees (including University staff and students) have a responsibility to avoid unnecessary access and disclosure of confidential information by ensuring:

- Sensitive documents are stored out of sight in a lockable area
- Discussions of personal information about employees or clients do not occur
- Names and other personal details (such as their condition or illness) of people are not be revealed in conferences, workshops or seminars
- Information concerning any person is not accessed other than in the direct course of employment, and
- Any information concerning clients is treated with the strictest confidence

There are only two circumstances in which you may access confidential client information:

- In the direct provision of treatment
- With express consent from the client (with the consent recorded in his/her medical chart or using the local district's consent form if applicable)

Therefore, if you need to access confidential client information for university or TAFE purposes (such as for a case study, assignment or presentation), you may do so ONLY with consent from the client. This consent should be gained by your supervisor and noted in the person's medical record. You are required to disclose the reason why you need to access and use this information, and explain that no identifiable details will be disclosed. You must ensure that any identifying details are removed from any information you may gather.

Never take client identifiable information home (including charts, department files, stickers, information recorded in case notes books or for presentations, letters or any form of electronic file). Always ensure that any client identifiable electronic printouts are disposed of correctly i.e. in a secure bin or shredded. At the end of your practicum, ALL identifiable information needs to be deleted from your USB's and laptops.

When in doubt whether to reveal a client's personal information, seek confirmation from your supervisor.

Test your knowledge of confidentiality at: http://www.health.qld.gov.au/sop/content/confidentiality_quiz.asp

Privacy

Queensland Health is committed to protecting the privacy of its clients. To do this Queensland Health staff and students need to understand and comply with the 10 privacy principles in the Queensland Government Information Standard (IS42A Information Privacy for the Queensland Department of Health). These principles deal with how we collect and handle personal information. Further information about IS42A is available on the [Queensland Health privacy website: http://www.health.qld.gov.au/privacy/](http://www.health.qld.gov.au/privacy/)

QH Expectations on Professional Behaviour

Professionalism is demonstrated by the student who:

- clearly wears student identification;
- introduces themselves as a student;
- seeks permission from the client/ clients or the responsible staff before proceeding with an intervention;
- maintains confidentiality of information given by or about clients/ clients;
- acknowledges legal responsibilities for child protection, when appropriate;
- accepts responsibility for all relevant aspects of patient or client care within the limitations of the student role determined by the student supervisor;
- attends relevant department, ward or clinic meetings, and contributes effectively when required;
- behaves in a manner which is not disruptive to clients and staff, on and off duty;
- maintains personal tidiness and dress in the clinical setting which is acceptable to the supervising staff;
- behaves in a respectful manner to colleagues, supervisors, clients and their families;

- acknowledges and responds to constructive criticism;
- acknowledges and responds to individual needs which respect culture, age, state of health and authority among hospital, health centre or clinic personnel and clients;
- demonstrates an understanding of the particular facility's approach to patient/ client care, and shows willingness to work within this framework;
- demonstrates an awareness of individual health workers' roles and refers to them appropriately; and is aware of and maintains appropriate professional boundaries;
- If staying in Qld Health provided accommodation, demonstrates respect for all who share this accommodation.

Professional Appearance

Dress standards while on a placement should be appropriate to the functions being performed, occupational health and safety requirements, cultural diversity, local community standards and climate. Depending on the placement, a uniform may or may not be required. A student identification badge must be worn and visible at all times. Ensure you check any additional requirements of your placement's facility on your arrival. You are **NOT** to carry your personal mobile phone during work hours.

Professional Boundaries

Professional boundaries are important to ensure that the relationship between a client and a health professional is both safe and helpful. While a professional relationship will follow many everyday courtesies and social conventions, it is very different to an ordinary social relationship or friendship.

This is due to the imbalance of power present in all professional relationships that may place the client in a position of vulnerability and put them at risk of



exploitation and abuse. Crossing of professional boundaries may occur if a health professional is under-involved or over-involved in a client's care, and includes extreme violation of a client's rights such as the pursuit of a sexual relationship.

The Queensland Health Code of Conduct governs professional boundaries, as do individual professional ethics codes.

Downloaded from: http://www.health.qld.gov.au/sop/content/prof_behaviour.asp

Queensland Health Student Home Visit Policy (if relevant)

It is Queensland Health policy that student health professionals undertaking a clinical placement with Queensland Health for clinical placement or fieldwork do not attend home or community visits alone unless appropriate risk management strategies have been undertaken. Please check with your supervisor what the local policy is with regards to students and home visiting.

This policy can be downloaded from: http://www.health.qld.gov.au/sop/documents/090330_shv_final.pdf

Professional Associations

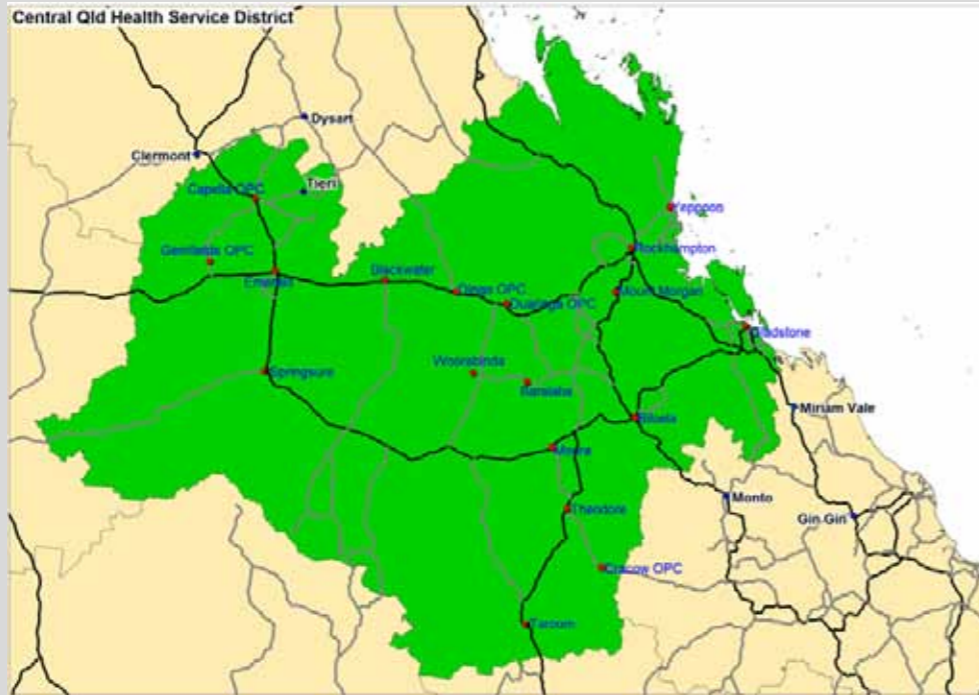
Throughout your placement you may need to refer to your professional association for information or resources. The following webpages will be useful:

Dietitians Association of Australia: <http://www.daa.asn.au>

Exercise and Sport Science Australia: <http://www.essa.org.au>

OT Queensland Australia: <http://www.otqld.org.au>

Australasian Podiatry Council: <http://www.apodc.com.au>



Central Queensland Health Service District

The Central Queensland Health Service District (CQHSD) is one of fifteen Health Service Districts in Queensland charged with the responsibility of administering public health services in the State. The Rockhampton Hospital is the major facility for the Central Queensland Health Service District and provides a wide range of secondary and primary health services and is the referral centre for Central Queensland.

Subsidiary service hubs are also located in Emerald, Gladstone and Biloela. Emerald Hospital provides services to the Central Highlands region, along with the Springsure Hospital Multipurpose Health Service, Blackwater Hospital, Gemfields, Capella and Dingo Outpatient Clinics and the General Practice Clinic at Sapphire. Gladstone Hospital and a Primary Health Care Centre located at Boyne Valley support the Gladstone services. A number of rural hospitals also form part of the CQHSD, including hospitals located in Biloela and Moura along with the Multipurpose Health Services of Theodore and Baralaba, all providing acute, outpatient/inpatient and emergency care to the residents of the Banana Shire.

Central Queensland Health service District encompasses a Population of 190,000 across an area of approximately 101 100 square kilometres. It has a high proportion of Aboriginal and Torres Strait Islander peoples (4.7%) compared to the Queensland population overall (3.3%) and this proportion has been increasing through time. Population projections suggest a higher projected increase in proportions of age cohorts 65 years and over in comparison to Queensland.

Central Queensland Health Service District (CQHSD) should be and is considered an Area of priority for Chronic Disease Management. This can be affirmed on the basis of the following:

- 31.8% of the population over the age of 25 years (47,000 people) are considered to have Chronic disease and complex care needs¹¹
- Diabetes complications, angina, COPD and congestive cardiac failure account for around 80 per cent of the avoidable chronic disease burden
- Overall rates for stroke, diabetes mellitus, coronary heart disease were statistically significantly higher than Queensland^{xii}
- CQHSD shows higher than state average evidence of socio-economic disadvantage^{xii}
- Allied Health Workforce benchmarks well below state and national average.

Getting Here, Getting Around

Rockhampton's public transport service is limited and we have had previous students suggest that access to a car does make life simpler – particularly on weekends when there is the opportunity to explore the region. That is not to say that it is difficult to access all of the region's attractions nor will you be disadvantaged without a car, simply, if there is the option for you or your colleagues to drive to Rockhampton for your placement we suggest that you consider this option carefully.

Information regarding the local bus service, the 'Capricorn Sunbus' www.sunbus.com.au including bus routes and timetables can be accessed on their web-site. Bus Routes 3, 3A and 4A all terminate in the clinic's vicinity – which is at the Glenmore Shopping Village.

For more information regarding the wonders that Rockhampton and Central Queensland offers, we direct you to the following web pages: www.capricorn-coastguide.com or www.rockhamptonregion.qld.gov.au



Allied Health Services within Central Queensland Health Service District

The Division of Allied Health strives to achieve excellence in Allied Health services.

Headed by the District Executive Director for Clinical and Support Services, the Allied health Leadership team is responsible for the effective and efficient management of Allied Health services within Central Queensland – including the communities of Rockhampton, Capricorn Coast, Gladstone, Emerald and Biloela. The position provides professional leadership and support to Allied Health staff in the hospital, health centres and community services.

Central Queensland Health Service District Allied Health staff have demonstrated their commitment to fostering best practice and quality outcomes for clients through involvement in clinical development projects, service improvement, continuing education and research.

Podiatry Services within Central Queensland Health Service District

Podiatry Services for the Central Queensland Health Service District are delivered from a variety of facilities across the district, but the Rockhampton base location is 1 East Street, Rockhampton. There is a second Podiatry team located at Emerald Hospital that cover the western aspect of the District.

The Podiatry and Foot Protection Program outreaches to a number of communities and health facilities in Central Queensland including Gladstone, Yeppoon, Mt Morgan, Woorabinda and the Capricornia Allied Health Partnership clinic.

The Podiatry Caseload

The Podiatry and Foot Protection Program aims to improve the quality of life of clients with high risk feet and current lower limb ulcerations. Through the delivery of evidenced based, excellent quality foot health services we will endeavour to:

- reduce hospital admissions and lengths of stay associated with diabetic foot ulcers;
- reduce the number of non-traumatic lower limb amputations in Central Queensland
- support the foot health practices of Central Queenslanders
- Keep twice as many feet as there are people

The Podiatry/ Foot Protection Program delivers multi-discipline primary, secondary and tertiary level foot health care for people with or at risk of developing the following conditions:

- Lower limb amputations
- Current & previous ulcerations
- Charcot's Neuroarthropathy
- At-Risk and High Risk Diabetic Feet
- Gross Foot Deformities and
- Painful Peripheral Neuropathy

Capricornia Allied Health Partnership

Capricornia Allied Health Partnership (CAHP) is an Interprofessional Allied Health Student Clinic that coordinates student placements from a range of professions to form a 'Student-Led' clinic for community based Chronic Disease Management. During your time with CAHP you will one of up to 18 students working within the clinic. In addition to yourself, there may be up to 3 other students from your profession also undertaking their clinical placement.

The professions currently being represented in CAHP include: Nutrition and Dietetics, Exercise Physiology, Nursing, Occupational Therapy, Pharmacy, Podiatry and Social Work. There may be other students or other professions that you will work with during your placement – this reflects the very nature of interdisciplinary teams.

Students from each discipline can expect their placement to be divided between discipline-specific clinical activity as well as interprofessional work. Approximately 70% of your time will be delivering individual consultations or group-work that is discipline specific – i.e. practicing your clinical skills in work appropriate for your discipline. The remain 30% will be spent working in an Interprofessional team which will include completing intake screening clinics, participating in case conferences and completing professional communication responsibilities.

Each profession has a discipline specific supervisor who is responsible for supervising and supporting students from their profession. You may however have times that you will be supervised by another member of the team. All team members will provide feedback and evaluation to your primary supervisor particularly on your ability to work in a team environment, professional behaviour and communication skills.

Working in an interprofessional clinical environment may be very new to some students – for others, it will be more familiar. This environment provides the best opportunity for students to learn the importance of increase their understanding of other profession's roles within the health system and enhance their clinical and referral skills.

The Clinic

The clinic is located at Glenmore Village Shopping Centre on the corner of Yaamba Road and Farm Street. The clinic has 8 functional clinic rooms, the managers' and supervisors' office, a kitchen and a student room. In the student room are 2 computers and a laptop, neither of which is networked (i.e. no internet access and no printing facilities from these computers). Please ask your supervisor if you require access to a networked computer.

During your placement you have limited access to internet from the clinic or from your accommodation, so if this is important to you, we suggest that you investigate a wireless internet modem. 'Telstra' or 'Optus' will provide you with the best coverage for the Central Queensland region. Carriers such as '3' and 'Vodafone' have very limited coverage in our region.

Chronic Disease Management

The Capricornia Allied Health Partnership provides clinical services for the following disease processes:

- Type 2 Diabetes
- Cardiac Rehabilitation – Phase 3
- Pulmonary Rehabilitation
- Renal Disease Stages 1-3
- Obesity and Hypertension Management
- Chronic Pain including Chronic Back Pain
- Chronic Venous Disease (Garment prescription)
- Osteoarthritis and Rheumatoid Arthritis

A draft pictorial representation of the client's experience of the Model of Care is depicted in Picture 1.

Intake Screening

The CAHP Chronic Disease service model follows a bio-psychosocial Model of Care, i.e. the client's goals and concerns drive our treatment and therapy program. To ensure that we are placing clients with the right care at the right time, all clients undergo an intake screening consultation prior to commencing discipline specific activity. This activity will form a significant learning opportunity for you and will provide you with an understanding of the clients' holistic management needs.

Each student will be rostered for at least one intake clinic per week. Intake clinic, which will take approximately 4.5 hours, will see you interview, with another student, 3 new clients (each consultation taking about 1½ hours) to determine their health care needs. You will be paired with a student from a different profession to complete the screening

process, providing a medium for you to learn about each others professions. The screening tool is a unique tool that encompasses a number of screening questions and rudimentary health assessments. You will be taught the skills required to undertake this intake screening tool during your orientation process.

Following intake, certain clients will be selected by your supervisors for presentation during case conference. All disciplines attend case conference to discuss the services we will provide each client, and take time to explore the disease processes involved & how each discipline can contribute to improving the clients ability to self manage their condition.

After intake (or case conference for those selected), clients are booked into either individual appointments with the relevant professions, and/or into our group exercise and education sessions at our gym.

The Gym

The gym is located at Central Queensland University (approximately 1 kilometre from the clinic) and conducts 3 different group exercise and education programs. These groups, which will be facilitated primarily by the Exercise Physiology team include:

4. **'Healthy Bodies'** - For clients who identify the need to exercise to improve their ability to manage their weight, diabetes or cardiovascular disease. Education is provided by the Dietitian, Diabetes Educator, Psychologist, Occupational Therapists and Exercise Physiologists
5. **'Back School'** – For clients with chronic back pain. Education sessions are provided by the Occupational Therapists, Exercise Physiologists, Dietitians, Podiatrist and Psychologist
6. **'Persistent Pain Management'** group –Designed to reintroduce cli-

ents with chronic pain to movement, and to manage their pain through a greater understanding of its cause. This group is run by the Occupation therapist, Psychologist

Students from each discipline will be given the opportunity either to present a group education session or to participate in the supervision of gym activities. Gym is a significant part of our management strategy with around 80% of clients attending group exercise and education sessions.

Orientation Day

Orientation should be completed on your first day at the clinic; however in some extenuating cases this day may be changed to support organisational need. All students are expected to complete this process. Orientation is an opportunity to familiarise yourself with the clinic, the staff and the services delivered. You will be provided with workbooks to support your placement and all of the information required to have a successful placement with us. If you would like to keep these workbooks at the end of your practicum, please remember not to write any client identifying information on the pages. Orientation is a great opportunity to raise any questions you have about your placement

On your Orientation Day we will also teach you the intake process and the skills you will require to complete these consultations. You will be taught a range of basic health assessments, how to construct consults and how to complete the screening tool.

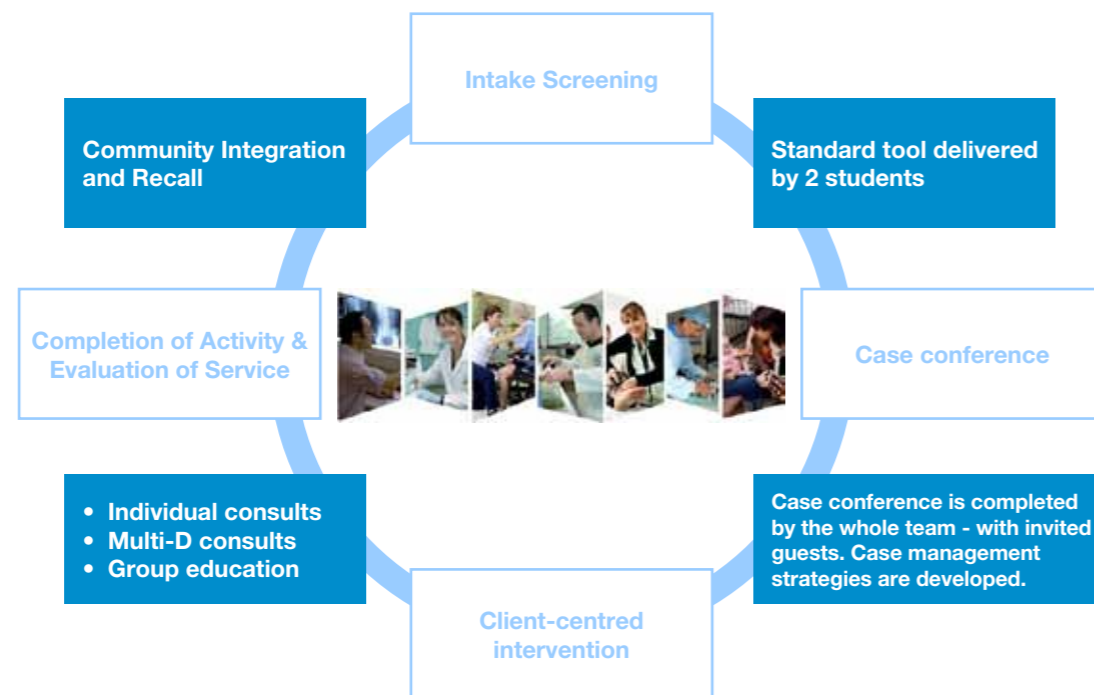
A USB virus check will be completed on any USB's you intend on using throughout your placement; this is to protect both Queensland Health computers and your own computer from viruses.

In your first week, you will be required to sit down with your primary supervisor to discuss your learning objectives, your personal learning preference and your

Picture 1. Clinical Care Pathway

Models of Care

Meeting individual & community needs through workforce redesign



goals for your placement. Be prepared for this meeting so that you can maximise your learning with us.

Research

During your placement there will be a number of research projects that will be taking place in the clinic. As part of your placement you may be involved in the collection of the research data or involved in piloting new measures. Should this occur you will receive specific training related to these projects to ensure that they administer these tools reliably.

All of the data being collected by students in these research projects is considered routine business for the clinic and would be completed regardless of the presence of the research project.

Ethical approval has been received for the research projects, however should you have questions please direct these to the Project Manager of the Capricornia Allied Health Partnership – Kerri-ann Frakes or Health Professional Principal Research Fellow – Dr Zephania Tyack.

The Interprofessional Placement Model: Tips for Students

- The Interdisciplinary placement model is where students from various health professions undertake a placement at the same time in a clinical area
- Your primary Clinical Supervisor will be an experienced clinician of your own profession, but you will be working together with other discipline supervisors and students to reach common learning goals and deliver a holistic service for your clients
- You will work as an interprofessional team. You will have joint intervention plans, discuss cases as a team, and have a common placement project
- You may deliver clinical activity or

client education sessions with students from another discipline

- The emphasis is on self directed and peer based learning
- The aim is that students support each other to work together as an interprofessional team

What are the benefits of doing an Interprofessional placement?

There are many benefits to you as the student in doing an Interprofessional clinical placement:

- The Interprofessional placement environment closely resembles an everyday working environment – a team based environment with clinicians from different professions working together
- Fosters self-directed learning, use of initiative and ownership of the learning experience
- Promotes an awareness of different professional roles and how they interact as part of a team. It requires the students to work together and learn from each other
- Develops communication and collaboration skills for interacting with other members of the interprofessional team
- Develops clinical reasoning and reflection skills by promoting the sharing of opinions between students.
- Opportunity to experience different communication styles, perspectives, and treatment styles
- You help the service by contributing to the workload of the setting and become a valuable asset to the workplace

What can I do to help make the placement successful?

There are many benefits to an Interprofessional placement – however in order for it to work, there needs to be clear and open communication between everyone right from the start.

As the student, you can contribute to the success of the placement by assisting to keep the **communication** channels open between you, your clinical supervisors and your fellow students. This might mean taking some extra **responsibility for your own learning**. This will in turn contribute to the development of your own professional skills!

An *Interprofessional* placement is not meant to be a *competitive* placement. Having more than one student is not to cause competitiveness between students. You are individuals, with your own learning goals, learning styles, strengths and weaknesses. By working together you will develop skills in how to work as part of a multidisciplinary team.

Come prepared to **supervision sessions**. Individual sessions focus on your development and reaching your learning goals. Use this time wisely.

You may also have group debrief sessions to promote reflection, peer discussion and learning.

Work Site Details

Location Address & Contact Details	Parking Availability
Primary Service Delivery Sites	
Glenmore Village Cnr Yaamba Road and Farm Street Glenmore QLD 4701	Parking is available within the complex. 15 minute time restrictions apply to most of the carpark so staff and students are encouraged to park in front of the TAB and Civic video.
CQUniversity Australia Yaamba Road North Rockhampton	Parking is available immediately outside sports centre. The Rockhampton Sunbus, maintains a public bus stop directly outside the main entrance to this facility.
Other Key locations	
Rockhampton Primary and Community Health Centre 82 Bolsover Street Rockhampton Ph: 07-49206900	Students can access free street and off-street parking in the surrounding vicinity of the Community Health building – please note signage indicating any parking restrictions.
Rockhampton Hospital Canning Street, Rockhampton Ph: 4920 6211	Students can access free street parking on Canning and Cambridge Streets. There is off-street parking on the hospital grounds – this is also free, but extremely limited.

Get into the habit of reading each other's notes and give input, direction and **feedback** to your fellow student prior to seeking input from your clinical educators. This is great for your clinical reasoning skills and also saves the clinical educators' time.

If there are any issues – address them early!

What other supports do I have if I'm feeling unable to cope?

You should first of all talk to your clinical supervisor. If you would like some more support or feel unable to resolve a situation with your clinical supervisors, there will be number of support mechanisms in place, including your discipline's Clinical Educator/ Education Officer.

The most important thing to remember is that an Interdisciplinary placement can be an extremely positive and beneficial learning experience for you as a student. You will get out what you put in!!

Emergency Contact Details

Enclosed in this package is a contact details form. We ask that you nominate a contact in case of emergency. You should return this form, completed, to your clinical supervisor on your first day of practicum.

Practical Information

Working Hours: Work hours will generally fall within the hours of 8:00am – 5:00pm, however start and finish times may vary at different worksites. Your specific work hours are indicated on the letter included with this pack of information. Working hours may be negotiable with your Clinical Supervisor if required. You will only be required to complete the designated hours per week as specified by your University.

Absences: If you are unable to attend your placement due to illness or personal/ family emergency, you must notify your Clinical Supervisor or CAHP manager by phoning the clinic shortly after your usual starting time. When absent for more than two consecutive days, you will be required to obtain a medical certificate. It is your responsibility to contact your University to inform them that you have been absent from your placement due to illness. If you have had absences, the University will inform you and your Clinical Supervisor whether any time needs to be made up at the end of your placement.

Dress: Your student uniform is required to be worn for placements. If you do not have a student uniform, please come dressed professionally as expected by the standards set by your profession.

Consideration should be given to safe, appropriate closed footwear, the amount and type of jewellery worn, and how your hair is worn.

Identification: You are required to bring your student card to wear as an identification (ID) badge during your placement. A student ID badge must be worn

and visible at all times. Some sites may arrange a specific ID card for you – if this is the case, your Clinical Supervisor will inform you about this when you commence placement.

Diary: Please ensure that you bring a diary for use during your placement. For confidentiality reasons, if any client details are written in your diary, these pages will need to be removed before you finish your placement.

Meal Breaks: Time for breaks will be negotiated with your Clinical Supervisor. Tea and coffee facilities are provided. Fridge and microwave facilities will be available for you to store and heat your lunch. Your Clinical Supervisor will be able to inform you of any places nearby where you can purchase your lunch if you require.

Accommodation Options: Any available accommodation options for this district can be found in the letter included with this package of information. Please note that there is a level of expectation that the accommodation provided to you will be left in clean state. Failure to properly clean the facilities may result in a fine (to pay for any extra cleaning staff required) and withholding of your placement results.

Mobile Phones: Mobile Phones **MUST** be turned off or switched to silent during your clinical activity and should not be carried on your person during your planned activities. Mobile phones are only to be used at meal breaks. Texting during a planned activity including clinical service provision, tutorials, peer supervision etc. will not be acceptable or tolerated. If there is a legitimate reason for carrying your mobile on your person, please discuss with your clinical supervisor.

Access to Resources: Text books and resources are available at the clinic, however you may prefer to bring your own, as text books belonging to the clinic must remain on site at all times.

Computer Access: Access to computers including internet for purposes other than direct clinical activity or clinical driven research will be limited. Should you have course related requirements e.g. on-line discussion forums; this should be discussed with your Clinical Supervisor when you commence placement, however we suggest that you investigate your own wireless network alternatives – such as those previously mentioned.

McDonalds has free wireless internet and the restaurant is 100 m from the clinic, equally CQ University has the university reciprocal wireless network EDUROAM available to use. The gym is located on university grounds.

Library: The Library is located on the Rockhampton Hospital campus The Library has internet access as well as a wide range of journal articles, publications and other information available. The library is open Monday – Friday, 8.30 am – 5.00 pm.

Suggested Readings:

Included with this welcome pack is a list of suggested pre-readings and information to review for your clinical placement area. Please ensure that you take the time to review this information, as this has been identified by your Clinical Supervisor as important information that will be useful for you to be familiar with for your caseload.

- Chronic Disease and its impact on Australia. Australia Better Health Initiative – How do you measure up?
- Zazworsky D. (2009). Coordination of care helps patients manage disease. *Patient Education Management*; January 2009: 8-10.
- Rimmer JH. (2006). Use of the ICF in identifying factors that impact participation in physical activity/rehabilitation among people with disabilities. *Disability and Rehabilitation*; 28(17):1087 – 1095.

- Jessup RL. (2007). Interdisciplinary versus multidisciplinary care teams: do we understand the difference?; *Australian Health Review*; 31(3):330 – 331.
- Lumague M, Morgan A, Mak D et al. (2006). Interprofessional education: The student perspective. *Journal of Interprofessional Care*; 20(3): 246 – 253.
- Sim MG, Wain T, Khong E.(2009). Influencing behaviour change in general practice, Part 1 – brief intervention & motivational interviewing. *Australian Family Physician*; 38(11):885– 888.
- Sim MG, Wain T, Khong E.(2009). Influencing behaviour change in general practice, Part 2 –motivational interviewing approaches. *Australian Family Physician*; 38(11):986 - 989.

What to Bring

- Your name badge (ID Badge)
- Diary
- Basic textbooks
- Calculator
- Any notes you find particularly useful
- Professional clothing
- Lap-top (optional and at your own risk)
- Completed Student Orientation Checklist
- Student Deed Polls
- Completed Learning Styles Questionnaire

Expectations of Students and Clinical Supervisors

How to make the most of your student experience

Outlined below are the expectations for Students and Clinical Supervisors for your student placement. During orientation these expectations will need to be discussed with your Clinical Supervisor.

We expect the basic philosophies and practices of professional clinical conduct to be upheld at all times – in terms of behaviour, communication, dress code, code of ethics and confidentiality. We also expect professional conduct with regards to punctuality, dependability and absences.

We hope that you will achieve a certain degree of independence and confidence in your practice and have the opportunity to develop your own personal style and autonomy.

These expectations are a guide, and are to be used in conjunction with specific expectations which your Clinical Supervisor will highlight through your course's practicum assessment tool and as part of the development of your individualised learning contract. Student assessment will occur against course's practicum assessment tool, and not against these expectations.

PRIOR TO PLACEMENT	
STUDENT EXPECTATIONS	CLINICAL SUPERVISOR EXPECTATIONS
<p>Students are expected:</p> <ul style="list-style-type: none"> To have made a phone call/email to introduce themselves, and confirm placement details To have completed any pre-readings and preparation required by Clinical Supervisor To have completed the learning style questionnaire (as per page 13 of this document) and are ready to discuss this and the impact this may have on your placement with your Clinical Supervisor. To have recently completed the online Queensland Health Student Orientation Package prior to commencement of placement, and bring the completed Student Orientation Checklist to your placement. The checklist available at: http://www.health.qld.gov.au/sop/documents/orien_check_081211.pdf 	<p>Clinical Supervisors are expected:</p> <ul style="list-style-type: none"> To set appropriate pre-readings and preparation work for students, as required, and provide these at least two weeks prior to the commencement of placement To have recently completed the learning styles questionnaire and be aware of how their own learning style may impact on the students learning. The questionnaire and further information can be found at: http://www.engr.ncsu.edu/learningstyles/ilsweb.html To be familiar with your practicum's assessment tool, and ensured that where appropriate this is customised to ensure relevance to the workplace and your clinical placement's objectives

Learning Style & Personality Type

Learning is a very personal process that occurs almost constantly throughout our lives – and not just restricted to formal learning such as what you are engaged in at this moment.

Each individual is unique, and learning styles differ from person to person. Many educational models are available which help us to identify the different learning styles likely to accompany different personality types. It is always interesting to find out more about ourselves, and you will discover a variety of terms and descriptions ascribed to people like you. Remember, though, that no human modelling can be definitive, and being 'typed' is no valid basis for future action. You really are unique, and that is how it should be!

To maximise your learning outcomes during your placement, it is important that your clinical supervisor knows a little about your learning style in order to help you progress successfully through your clinical placement.

Using the following links explore your personality type and the type of learning styles that suit you:

The following link takes you to a free demonstration site that will provide you with an indication of your preferred learning style. www.engr.ncsu.edu/learningstyles/ilsweb.html

This should take approx 20 mins to complete.

Your learning style (and that of your supervisor) will be discussed at the beginning of your placement. This should not be a threatening process, rather an opportunity to get to know how it is you learn and how you can develop a good working relationship with your supervisor.

Should you wish to explore other aspects of your personality profile, you may also like to try a modified Myers-Briggs inventory.

The Myers Briggs inventory provides insights into the way we respond to the world. The following link allows you to undertake a free demo of the Myers Briggs Inventory and links to interpretations of the data.

<http://www.humanmetrics.com/cgi-win/JTypes2.asp> (accessed 11 November 2009)

The site itself will give you some information regarding your type but a better description can be found at: www.personalitypage.com/portraits.html

DURING PLACEMENT: PERSONAL MANAGEMENT	
STUDENT EXPECTATIONS	CLINICAL SUPERVISOR EXPECTATIONS
<p>Students are expected:</p> <ul style="list-style-type: none"> To consider their learning goals and complete a draft document of these goals. These should reflect the student's aims and objectives for the specific placement, as well as any feedback the student has been given on previous placements To maintain professional behaviour and appropriate boundaries with staff and patients To maintain appropriate personal presentation (dress should always be appropriate to setting and workload) To be punctual for work and on time for meetings, appointments, groups etc. To seek to develop friendly working relationships with peers, Clinical Supervisors and professional colleagues, and learn about the role that each team member has within the team To take advantage of any learning opportunities available. Independent organisation of these learning opportunities is encouraged To reflect on their practice and adapt accordingly To maintain open communication channels – clarifying issues, debriefing and discussing thoughts or reactions to anything you may find difficult or upsetting, so that issues can be dealt with constructively To participate in supervision sessions – develop a list of questions for discussion and complete supervision tasks required In the unfortunate event that a student is experiencing personal difficulties, they should seek appropriate assistance from their Clinical Supervisor, the Clinical Educator / Education Officer, other team members, or their University. In some circumstances, students may also be able to access the QH Employee Assistance Service 	<p>Clinical Supervisors are expected:</p> <ul style="list-style-type: none"> To review student learning goals to ensure that they are specific, appropriate, realistic, measurable, timely and achievable in relation to the workplace/caseload To facilitate an adequate orientation To model appropriate professional behaviours and professional boundaries, exemplifying appropriate working relationships with all members of the multidisciplinary team To be approachable. To be punctual for work, meetings, groups, appointments and supervision sessions To be appropriate role models for their workplace and for the profession of occupational therapy To be available for questions and encourage students to take advantage of any learning opportunities To maintain open channels of communication, facilitating clarification, debriefing and giving timely and constructive feedback To provide regular informal feedback and at least one hour of formal supervision on a weekly basis To facilitate reflective practice and ensure students are given time to use reflective practice techniques To have an awareness of the systems in place (at district or university level) to support students experiencing personal difficulties To provide learning and development opportunities to support clinical placement e.g. tutorials

DURING PLACEMENT: WORK MANAGEMENT SKILLS	
STUDENT EXPECTATIONS	CLINICAL SUPERVISOR EXPECTATIONS
<p>Students are expected:</p> <ul style="list-style-type: none"> To take responsibility for organising their time as the placement progresses, scheduling appointments, prioritising etc. To have strategies in place for effective time management – timetables, diaries, lists etc. To maintain accurate record of hours worked on the required timesheets from their University, and to seek out their Clinical Supervisor to approve and sign these on a regular basis (as required). – not needed for QUT To use available resources as much as possible – student folders, policy and procedure manuals, assessment resources, library, intranet etc. To adhere to documentation guidelines, and complete in timely manner To keep up to date with statistics and record these accurately To respect and maintain the confidentiality of client and workplace information To adhere to work place policies and procedures. To utilise non client contact time constructively To assist in quality improvement activities including the development of departmental resources and project work if appropriate to placement setting It is reasonable that students may be expected to prepare and present a relevant in-service presentation to team members during their placement at a time negotiated with their Clinical Supervisor 	<p>Clinical Supervisors are expected:</p> <ul style="list-style-type: none"> To model time management skills and support students to develop skills and strategies in this area To provide access to appropriate resources To provide information regarding documentation standards and give timely, consistent and constructive feedback in regards to documentation To inform students of relevant policy and procedure documents If appropriate, Clinical Supervisors may assign students with projects that are relevant to the student placement, clinical setting and caseload To negotiate a time for students to prepare and present a relevant in-service to team members, if appropriate to setting

DURING PLACEMENT: CLINICAL SKILL DEVELOPMENT	
STUDENT EXPECTATIONS	CLINICAL SUPERVISOR EXPECTATIONS
<p>Students are expected:</p> <ul style="list-style-type: none"> To learn by observation and under supervision, taking a graded approach to developing skills and knowledge To maintain the confidentiality and safety of clients at all times To plan and prepare appropriately for assessment/treatment sessions To appropriately complete and document generic and discipline specific assessments To plan, complete, document and evaluate treatment sessions, with a graded approach to learning To discuss client treatment, where appropriate, with other professionals involved in client care To regularly update their Clinical Supervisor of client progress and any changes to treatment plans To display evidence of developing problem solving skills To use clinical reasoning skills to reflect on learning and practice, in addition to verbalising this clinical reasoning to their Clinical Supervisor To appropriately finalise contact with clients and inform them (if relevant) of a change in treating therapist To ask question if they are unsure!!!! 	<p>Clinical Supervisors are expected:</p> <ul style="list-style-type: none"> To provide a graded approach to skill development, allowing time for observation, reflection and eventually, where appropriate, independent completion of clinical tasks To model confidentiality and privacy requirements To provide students with time to appropriately plan, discuss, reflect and evaluate assessment and treatment sessions To encourage problem solving and clinical reasoning and provide a supportive environment for this to occur

AT THE END OF PLACEMENT	
STUDENT EXPECTATIONS	CLINICAL SUPERVISOR EXPECTATIONS
<ul style="list-style-type: none"> Students are requested to complete the evaluation of placement form and may be asked to participate in an end of placement interview, with the student coordinator, Clinical Supervisor, Research Assistant or District Discipline Specific Clinical Educator / Education Officer Students are expected to provide a detailed handover to their Clinical Supervisor on on-going patients, projects and general follow-up required It is the student's responsibility to ensure that the placement evaluation, clinical placement assessment tool, learning goals and time sheets are submitted to the university Students are to manage their personal documentation regarding their evaluations and assessments 	<ul style="list-style-type: none"> Clinical Supervisors are expected to have completed the appropriate assessment and feedback tools as stipulated by the student's university and discipline, giving appropriate and constructive verbal and written feedback to the student and the university

If there are any questions regarding these expectations, please raise these with your Clinical Supervisor or the Clinical Educator / Education Officer in your first week of placement.

PLEASE NOTE:

If students have asked their Clinical Supervisor to be a referee when applying for employment, it is expected that the student should provide their Clinical Supervisor with a copy of their personal assessment and evaluation documentation to refer to at that time.

(Modified from Gold Coast Health Service District "Student Orientation Package 2009")

References:

Queensland Health (2007), *Queensland Health Strategic Plan 2007-12*, Queensland Government, Brisbane.

Queensland Government - Office of the Queensland Parliamentary Counsel (2008). *Health Services Act 1991: Reprint No. 6A (Reprinted as in force on 12 December 2008)*, <<http://legislation.govnet.qld.gov.au/LEGISLTN/CURRENT/H/HealthServA91.pdf>>, accessed 18th June 2009.

Queensland Health - Gold Coast Health Service District Occupational Therapy Department (2009). *Brochure: Student Orientation Package 2009*.

Queensland Health - Princess Alexandra Hospital Occupational Therapy Department (2009). *Brochure: Occupational Therapy Department - Student Information*.

Queensland Occupational Therapy Fieldwork Collaborative (2007), *Clinical Supervisors Resource Kit: Part Two - Setting Up and Sustaining a Positive Student Clinical Placement*.

Queensland Health State-Wide Occupational Therapy Clinical Education Program (2009), *Student Welcome Pack and Orientation Manual*.

Central Queensland Health Service District (2008) *Speech Pathology Student Information Manual*.

Central Queensland Health Service District (2009) *Nutrition and Dietetics Student Information Manual*.

Date for Review of Local District Information: December 2011

Tool 3. Student placement timetable

Occupational Therapy Student Clinical Placement Timetable						
Name _____		Supervisor _____				
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8.00	Prep for Clinic	Prep for Clinic	Students Assessment Forms • Milestones • Clinical Practice Reflective Practice	Prep for Clinic	Prep for Clinic	
8.30						
9.00	Week 1,3 and 4	Week 1 and 3		Upper Limb Clinic – New Clients (1 hour appointments)	Week 1, 2 and 3	Home Visits (2 hour appointments)
9.30	Cognition and Stress Management (45 minutes appointments)	Upper Limb Clinic – Review Clients (1/2 hour appointments)				
10.00						
10.30						
11.00				Back School 20/5/2010, 27/05/2010	Week 4	
11.30	Week 2 Healthy Hearts	Week 2 and 4 Back School – Core 4		15/07/2010, 22/07/2010	Pulmonary Rehab	
				9/09/2010, 16/09/2010	Stress Mx	
				4/11/2010, 11/11/2010	Energy Conservation	
12.00	Lunch	Lunch	Lunch	Lunch	Lunch	
12.30	Prep for Clinic	Case review prep	Prep for Clinic	Prep for Clinic	Case review prep	
1.00	Intake Clinic Occupational Therapy & Podiatry Students	Case review meeting 2-4 pm	Intake Clinic Occupational Therapy & Exercise Physiology Students	Case review prep	Case review meeting 1-3 pm	
1.30						
2.00						
2.30						
3.00						
3.30						
4.00					Interprofessional Tutorials 3:30 - 4:30pm	

Podiatry Student Clinical Placement Timetable								
Name _____		Supervisor _____						
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY			
8.00	Prep for Clinic	Podiatry Students at Aged Care facilities	Students Assessment Forms • Milestones • Clinical Practice Reflective Practice	Podiatry Students at Mercy Day Therapy	Prep for Clinic			
8.30								
9.00	Podiatry Biomechanics Clinic						Podiatry Diabetes / Foot Health Assessment Clinic Clients	
9.30	1 hour appointments							
10.00								
10.30								
11.00			Case Review prep		½ hour appointments			
11.30								
12.00	Lunch	Lunch	Finalise Documentation	Lunch	Lunch			
12.30	Prep for Clinic	Case review prep		Report Writing	Prep for Clinic	Case review prep		
1.00	Intake Clinic Occupational Therapy & Podiatry Students	Case review meeting 2-4 pm		Intake Clinic Dietetics & Podiatry Students	Case review meeting 1-3 pm			
1.30								
2.00								
2.30								
3.00								
3.30								
4.00					Interprofessional Tutorials 3:30 - 4:30pm			

Nutrition and Dietetics Student Clinical Placement Timetable					
Name _____		Supervisor _____			
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.00	Students	Prep for Clinic	Prep for Clinic	Prep for Clinic	Prep for Clinic
8.30	Assessment Forms				
9.00	<ul style="list-style-type: none"> • Milestones • Clinical Practice Reflective Practice	CVD Clinic	Type 2 Diabetes	Weight Loss Clinic	Dietetics Diabetes Clinic
9.30		Previous Cardiac event	Diet Controlled; Metformin Only	Obesity / Hypertension	Insulin Requiring Diabetics without CVD/ Renal disease
10.00		High Cholesterol	High TGs	High EEI (estimated energy Intake)	Clients accessing other CAHP services
10.30		HTN without obesity	IGT / Metabolic Syndrome	New 1 hour Review 30 minutes	1 ½ hour appointments
11.00		CVA / TIA	New 1 hour Review 30 minutes		
11.30					
12.00	Lunch	Lunch	Lunch	Lunch	Lunch
12.30	Prep for Clinic	Case review prep	Tutorial	Prep for Clinic	Case review prep
1.00	Clinic for Uncommon Conditions e.g. Vitamin and mineral deficiency Overflow from other clinics	Case review meeting 2-4 pm	Drop in Clinic BMI > 35, dietitian discretion	Intake Clinic Dietetics & Podiatry Students	Case review meeting 1-3 pm
1.30					
2.00					
2.30					
3.00					
3.30	New 1 hour Review 30 minutes	Review only clinic 15 minutes per client			Interprofessional Tutorials 3:30 - 4:30pm

Exercise Physiology Student Clinical Placement Timetable					
Name _____		Supervisor _____			
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.00	Healthy Hearts and the Diabetes Management Program	Back School 9:00-10:00; 11:15 – 12:15	Pulmonary Rehabilitation Program	Back School Health Hearts Heart Foundation Walking Group	Pulmonary Rehabilitation Program – second session
8.30					
9.00					
9.30					
10.00					
10.30	Education: Diabetes, Hearts & Health Lifestyle	Back School – Core 4 10:15 – 11:15		Education: Back School 10:15 – 11:15	Education: Pulmonary Rehab 10:15 – 11:15
11.00					
11.30					
12.00	Lunch	Lunch	Lunch	Lunch	Lunch
12.30	Prep for Clinic	Case review prep	Tutorial	Prep for Clinic	Case review prep
1.00	New Client Intak	Case review meeting 2-4 pm	Intake Clinic Occupational Therapy & Exercise Physiology Students	Students Assessment Forms	Case review meeting 1-3 pm
1.30					
2.00					
2.30					
3.00					
3.30					Interprofessional Tutorials 3:30 - 4:30pm

Tool 4. Example timetable for a student-assisted clinic

Week Beginning		Podiatry				Occupational Therapy	
		CSU	QUT	UoN	Latrobe	JCU	UQ
4 Jan							
11 Jan							
18 Jan							
25 Jan							
1 Feb		1				2	
8 Feb		1				2	
15 Feb		1			1	2	
22 Feb	O Wk	1			1	2	
1 Mar	Wk 1	1			1	2	
8 Mar	Wk 2	1			1	2	
15 Mar	Wk 3	1			1	2	
22 Mar	Wk 4	1			1	2	
29 Mar	Wk 5				1	2	
5 Apr	Easter				1	2	
12 Apr		1				2	
19 Apr	Wk 8	1			2	2	2
26 Apr	Wk 9	1			2	2	2
3 May	Wk 10	1			2	2	2
10 May	Wk 11	1			2		2
17 May	Wk 12	1			2		2
24 May	Wk 13	1			2		2
31 May	Wk 14	1			2		2
7 Jun	Exams						2
14 Jun	Exams						2
21 Jun	Break						2
28 Jun	Break		3				
5 Jul	Break	1	4				
12 Jul	Wk 1	1	1				
19 Jul	Wk 2	1			2		
26 Jul	Wk 3	1			2		
2 Aug	Wk 4	1			2		
9 Aug	Wk 5	1			2		
16 Aug	Wk 6	1			2		
23 Aug	Break	1			2		
30 Aug					2		
6 Sep	Wk 9			2			
13 Sep	Wk 10			2			
20 Sep	Wk 11			2			
27 Sep	Wk 12			2			
4 Oct	Wk 13					2	1
11 Oct	Wk 14					2	1
18 Oct	Exams					2	1
25 Oct	Exams					2	1
1 Nov	Break					2	1
8 Nov	Break					2	1
15 Nov						2	1
22 Nov							
29 Nov							

Week Beginning		Nutrition and Di-etetics		Exercise Physiology		
		CSU	QUT	JCU	UQ	CQU
4 Jan						
11 Jan						
18 Jan						
25 Jan						
1 Feb					1	1
8 Feb					1	1
15 Feb					1	
22 Feb	O Wk				1	
1 Mar	Wk 1				2	
8 Mar	Wk 2		2		2	
15 Mar	Wk 3		2		2	
22 Mar	Wk 4		2		2	
29 Mar	Wk 5		2		2	
5 Apr	Easter		2		2	
12 Apr			2		1	
19 Apr	Wk 8				1	
26 Apr	Wk 9				1	
3 May	Wk 10				1	1
10 May	Wk 11				1	1
17 May	Wk 12		2		1	1
24 May	Wk 13		2		1	
31 May	Wk 14		2		1	
7 Jun	Exams		2		1	
14 Jun	Exams		2		1	
21 Jun	Break				1	
28 Jun	Break					
5 Jul	Break			2		
12 Jul	Wk 1			2		
19 Jul	Wk 2	2		2		
26 Jul	Wk 3	2		2		
2 Aug	Wk 4	2		2		
9 Aug	Wk 5	2	3			
16 Aug	Wk 6	2	3			
23 Aug	Break		3			
30 Aug		2	3	2		
6 Sep	Wk 9	2	3	2		
13 Sep	Wk 10	2		2		
20 Sep	Wk 11	2		2		
27 Sep	Wk 12	2		2		
4 Oct	Wk 13		4	1		
11 Oct	Wk 14		4	1		
18 Oct	Exams		4	1		
25 Oct	Exams		4	2		
1 Nov	Break		4	1		
8 Nov	Break			1		
15 Nov				1		
22 Nov						
29 Nov						

B. OBJECTIVE PHYSICAL ASSESSMENT

Blood Pressure: / Pulse Rate: bpm O2 Sats: %

Random Blood Glucose: mmol/L Last Ate: < 1 hour 2-4 hours > 4 hours

Hypoglycaemic Incident? Yes No What happened?

Weight: kg Height: m BMI: kg/m² Waist measurement: cm

Weight Changes in the last 3 months:

Unexplained Weight loss Significant Weight Gain Explained Weight loss How much?

Do you experience any of the following?	When does this happen?	Other Comments		
<input type="checkbox"/> Shortness of Breath				
<input type="checkbox"/> Coughing (wet / dry)		<input type="checkbox"/> Sputum production		
<input type="checkbox"/> Difficulty swallowing or Choke during eating				
<input type="checkbox"/> Diarrhoea / Constipation / Incontinence				
<input type="checkbox"/> Nausea / Vomiting				
<input type="checkbox"/> Twitching legs / Cramping		<input type="checkbox"/> When Walking		
<input type="checkbox"/> Snoring / Sleep Apnoea		<input type="checkbox"/> C-PAP Machine		
<input type="checkbox"/> Dizziness / Fainting		<input type="checkbox"/> Sit to Stand		
<input type="checkbox"/> Excessive Thirst / Blurred Vision				
<input type="checkbox"/> Numbness in Feet or Hands		<input type="checkbox"/> Affecting your quality of life?		
<input type="checkbox"/> Hearing problems		<input type="checkbox"/> Hearing Aids		
<input type="checkbox"/> Forgetfulness				
<input type="checkbox"/> Do you have any difficulty sleeping?		<input type="checkbox"/> Falling asleep <input type="checkbox"/> Waking		
<input type="checkbox"/> Chronic Pain	Severity of Pain (0-10)			
Location	Duration	At Best	At Worst	How is this relieved?
<input type="checkbox"/> Back				
<input type="checkbox"/> Neck				
<input type="checkbox"/> Arms				
<input type="checkbox"/> Hands				
<input type="checkbox"/> Legs				
<input type="checkbox"/> Knees				
<input type="checkbox"/> Feet				

None of the Above

Do you have any problems with your teeth, gums (e.g. Abscess, dry mouth, gum disease) that affects your swallowing or eating?: Yes No Unsure Last Dental check-up:

Vaccinations up-to-date: Yes No Unsure Fluvax

Falls Risk Assessment

Have you experienced a Fall
Were you: Hospitalised Fracture Significant Injury No major damage
Number of Falls in the past year: 0 1 2 3 >4

Are you, or have you been afraid that you would fall because of balance or walking problems? No Yes, Sometimes Yes, Always

Do you wear glasses? Yes No Reading Multi-focal Other:

Last Eye Screen: Vision Diabetic
Walking aide: Stick Frame Wheelie-walker Other Nil

Romberg Test: Positive Negative
Single Heel Raise: Left Able Unable Right Able Unable

Timed 'Up and Go' Test: < 10 sec < 20 sec < 30 sec
Comments:

Do you have any trouble:
 Getting up out of chairs Getting out of Bed Getting off the Toilet

Foot Health Assessment

Do you currently have foot pain? Yes No If Yes explain

Right Foot (✓ for Yes, X for No)	Left Foot (✓ for Yes, X for No)
Peripheral Sensation (Monofilament 5.07): <input type="checkbox"/> 5th MTPJ <input type="checkbox"/> 1st MTPJ <input type="checkbox"/> 1st PIPJ	Peripheral Sensation (Monofilament 5.07): <input type="checkbox"/> 5th MTPJ <input type="checkbox"/> 1st MTPJ <input type="checkbox"/> 1st PIPJ
Peripheral Circulation (Doppler): <input type="checkbox"/> Dorsalis Pedis <input type="checkbox"/> Posterior Tibialis	Peripheral Circulation (Doppler): <input type="checkbox"/> Dorsalis Pedis <input type="checkbox"/> Posterior Tibialis
Warm & well perfused <input type="checkbox"/> Cool and Clammy <input type="checkbox"/> Corns or Callus <input type="checkbox"/> Pathological nails <input type="checkbox"/> Ulceration / previous ulcer? <input type="checkbox"/> Previous Amputation <input type="checkbox"/>	Warm & well perfused <input type="checkbox"/> Cool and Clammy <input type="checkbox"/> Corns or Callus <input type="checkbox"/> Pathological nails <input type="checkbox"/> Ulceration/ previous ulcer? <input type="checkbox"/> Previous Amputation <input type="checkbox"/>
Footwear:	Client's usual shoes? <input type="checkbox"/> Yes <input type="checkbox"/> No Able to self care for feet? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. ACTIVITY AND PARTICIPATION

Have you reduced your usual activities or work because of your health? No Yes

If yes, What activities have been affected by your health issues? How well do you rate your ability to perform these tasks?

1.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

What activities do you currently participate in? How often and for how long?

<input type="checkbox"/> Exercise	<input type="checkbox"/> Walking	<input type="checkbox"/> Running	<input type="checkbox"/> Swimming	<input type="checkbox"/> Gym	<input type="checkbox"/> Cycling		
<input type="checkbox"/> Home	<input type="checkbox"/> Mowing	<input type="checkbox"/>	<input type="checkbox"/> Gardening	<input type="checkbox"/> Housework	<input type="checkbox"/> Other:		
<input type="checkbox"/> Hobbies	<input type="checkbox"/> Bowls	<input type="checkbox"/> Golf	<input type="checkbox"/> Handicraft	<input type="checkbox"/> Computer	<input type="checkbox"/> Volunteer		

Can you walk > 30 minutes No Yes Not Sure
What stops you: Pain Short of Breath Cramping Other

How important is increased mobility and being more active to you?

	1	2	3	4	5	6	7	8	9	10	
--	---	---	---	---	---	---	---	---	---	----	--

Do you drive a motor vehicle? No Yes

How did you get here today?

Is this how you normally get to places? No Yes

<input type="checkbox"/> Car – drive self	<input type="checkbox"/> Car - passenger	<input type="checkbox"/> Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Bike	<input type="checkbox"/> Walk	<input type="checkbox"/> Other
---	--	------------------------------	-------------------------------	-------------------------------	-------------------------------	--------------------------------

Do you have any difficulties with your mobility (i.e. getting places or getting around)?
 No Yes

If yes, Can you go out shopping for groceries, clothes etc? Yes, without help
 Yes, with some help (need someone to come with me) No, Unable to go out much

Do you need help to communicate (remembering words, getting point across)?
 No Yes, Sometimes Yes, Always

Do you have difficulties understanding questions or instructions given to you?
 No Yes, Sometimes Yes, Always

Do you have any difficulties caring for yourself?

Grip Strength: L (1) R (1) L (2)
 R (2) L (3) R (3)

Handedness: L R

Do you have any troubles doing the following?	<input type="checkbox"/> Using Keys	<input type="checkbox"/> Opening Jars / Bottles	<input type="checkbox"/> Turning on Taps	<input type="checkbox"/> Doing up Buttons
---	-------------------------------------	---	--	---

Diet History

Do you prepare your own meals? Yes, always Mostly No
If no, then what do you normally do?
 Partner Family Member Take away Frozen meals Meals on Wheels

Have you ever been on a 'diet'? Yes No
If yes, which one?
 Jenny Craig Weight Watchers CSIRO Atkins Meal Replacement Other

How often do you diet? How much weight do you lose? Do you have a goal weight?

In the past month, have you been actively trying to lose weight? Yes No

Meal	Qty	Food item					
Breakfast							
Morning Tea							
Lunch							
Fluid							
Afternoon Tea							
Dinner							
Fluid							
Supper							
Cross-check:	Take-Away e.g. KFC, McDonalds	Convenience Foods e.g. Coles lasagne/quiche	Lolies	Chocolate	Cakes/Biscuits slices	Soft drink /cordials: diet Y/N	Dairy – full fat/reduced fat
Per day							
Per week							

D. ENVIRONMENTAL FACTORS						
D1. Products and Technology						
Do you have a computer or can you access one? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have internet access at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you access health information via internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to the above: How long do you spend sitting at the computer each day?						
D2. Living Arrangements						
Who do you live with?	<input type="checkbox"/> Lives Alone	<input type="checkbox"/> Lives with partner	<input type="checkbox"/> Lives with family	<input type="checkbox"/> Lives with Others		
Type of residence	<input type="checkbox"/> House	<input type="checkbox"/> Owned	<input type="checkbox"/> Rental	<input type="checkbox"/> Retirement Village		
	<input type="checkbox"/> Unit / Flat	<input type="checkbox"/> Owned	<input type="checkbox"/> Rental	<input type="checkbox"/> Boarding / Hostel		
	<input type="checkbox"/> Caravan	<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Other			
Comments on accommodation						
D3. Support and Relationships						
Are you?	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	<input type="checkbox"/> De Facto	<input type="checkbox"/> Partner (other)
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any children live locally? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Number: _____						
Do you have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type: _____				
If you had to go away, who would look after it? _____						
During the past 4 weeks, should you have required help, was someone available to help you? For example if you....						
<ul style="list-style-type: none"> • Felt very nervous, lonely or blue • Got sick and had to stay in bed • Needed someone to talk to • Needed help with daily chores or just taking care of yourself 						
<input type="checkbox"/> Yes, as much as I wanted	<input type="checkbox"/> Yes, quite a bit	<input type="checkbox"/> Yes, some	<input type="checkbox"/> Yes, a little	<input type="checkbox"/> No, not at all		
Do you have a Carer?		<input type="checkbox"/> Yes	<input type="checkbox"/> Co-resident	<input type="checkbox"/> Non resident	<input type="checkbox"/> No	
Carer's Details: _____						
Relationship of Carer to Care Recipient <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Parent <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Friend <input type="checkbox"/> Agency <input type="checkbox"/> Other relative						
Are you a Carer for?	<input type="checkbox"/> Spouse / Partner	<input type="checkbox"/> Parents	<input type="checkbox"/> Neighbours	<input type="checkbox"/> Grand/children	<input type="checkbox"/> Agency	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
D4. Services Used						
What community services, agencies e.g. Lawn mowing, Cleaning, Showering, Meals etc.						


Service	Service Provided by	Frequency
D5. Employment		
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Retired (aged)
<input type="checkbox"/> Retired (Disability)	<input type="checkbox"/> Child / Student	
<input type="checkbox"/> Employed / Self Employed Contract Casual		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
<input type="checkbox"/> Volunteer		
Comments on Employment: Type: _____ Activity Level: <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		
Would you like to work: <input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> The same <input type="checkbox"/> Different type of work		
D5. Education		
What is your highest level of education	<input type="checkbox"/> Primary	<input type="checkbox"/> Up to year 10
<input type="checkbox"/> Up to year 12	<input type="checkbox"/> TAFE	<input type="checkbox"/> University
D6. Other Health Providers		
<input type="checkbox"/> Diabetes Educator	<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> Dietitian / Nutritionist	<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Speech Pathologist	
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Gym / Personal Trainer	
<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Asthma Educator	<input type="checkbox"/> Naturopathy / Natural Therapy	
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Other:	

E. PERSONAL FACTORS					
General Appearance:					
General Speech:					
Because of limited income or financial difficulties, during the past month, have you made any trade-offs regarding the purchasing of any of the following?					
<input type="checkbox"/> Prescribed medication	<input type="checkbox"/> Necessary medical care	<input type="checkbox"/> Adequate Food	<input type="checkbox"/> Necessary Home care / Transport		
Do you Smoke?		No. years	Willingness to Quit:		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Previously			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
Quit Date:		Passive Smoker? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you consume alcohol?		If yes, please specify average daily quantity			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Binge Drinking			
Do you use recreational drugs?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you consume more than 2 drinks in a day/evening OR drink more than 5 days in a week? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes to the above questions, What do you like about..... (smoking, drinking etc)					
E2. Kessler Psychological Distress Scale K10					
In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
How often did you feel tired out for no reason?	1	2	3	4	5
How often did you feel nervous?	1	2	3	4	5
How often did you feel nervous that nothing could calm you down?	1	2	3	4	5
How often did you feel hopeless?	1	2	3	4	5
How often did you feel restless or fidgety?	1	2	3	4	5
How often did you feel so restless you could not sit still?	1	2	3	4	5
How often did you feel depressed?	1	2	3	4	5
How often did you feel that everything was an effort?	1	2	3	4	5
How often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
How often did you feel worthless?	1	2	3	4	5
Total Score:	1-15	Low or no risk			
	16-29	Medium risk			
	30-50	High risk			
Have you spoken to your GP about any of these feelings <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Previously					
Would be interested in seeking further support such as psychological services if we raised this with your GP <input type="checkbox"/> No <input type="checkbox"/> Yes					

How do you relax?	
How would you like things to be different in the future?	
F. Summary and Scoring	
Thinking about all the issues we've talked about today, list the main health concerns that you have identified:	What would make the biggest difference in your life that you can't currently perform or manage that you would like to do better?
1	
2	
3	
4	
5	
Would you be willing to attend regular group exercise or education sessions	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



Tool 2. Post-intake summary forms

	Client Name:
	Date of Birth:
	Date of Intake:

What was your impression of the client?

What are the client's functional goals for therapy?

Did anything arise during the consultation that contradicts either what was already known about the client or answers previously given?

Was there anything to indicate concern for the client's health or key indicators for intervention?


What would be the best management strategy for this client?

Do you believe that this case would be best presented through Case conference?

No Yes

Why?

Staff Signature:	Name:	Date:
------------------	-------	-------

		Client Name:	
Capricornia Allied Health Partnership		Date of Birth:	
Initial Screening:		Phone Number:	
Group Education		Service Accepted	
Exercise Physiology <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NA	Priority	Suggested Group	Stage
		<input type="checkbox"/> Healthy Bodies <input type="checkbox"/> Back School <input type="checkbox"/> Persistent Pain <input type="checkbox"/> EPC <input type="checkbox"/> Non-EPC	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Pre <input type="checkbox"/> Group
			<input type="checkbox"/> D/C
Discipline	Priority	Comments	Service Accepted
Diabetes Education	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> G <input type="checkbox"/> NA	EPC Non-EPC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietetics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> G <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> G <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No
Podiatry	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> G <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> G <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> G <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Discharge Appointment			
External Providers			
<input type="checkbox"/> Falls and Balance Clinic <input type="checkbox"/> Foot Protection Program <input type="checkbox"/> CaMHP referral <input type="checkbox"/> CRS		<input type="checkbox"/> Renal Team <input type="checkbox"/> Mental Health <input type="checkbox"/> Other <input type="checkbox"/> Referral Sent Date:	
Staff Signature:		Name:	
		Date:	

Tool 3. Case conferencing template

Personal Information

Name:	Age:
	Cultural Status:
Employment: <i>(Include last job if currently retired/ why they retired/ type of pension, if applicable)</i>	
What was your impression of the client: <i>include here if they reported difficulty understand questions or communicating</i>	
The client was referred by: _____ for the reason of <i>(as per referral form)</i> :	
This is / is not their family doctor	
In general, the client says that their health is : <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

General Health Information (identified by client)

Main Health Concerns	
Diagnosed Medical History <i>(include Diagnosis Date and any other comments that the client mentioned)</i>	
Significant Injuries / Operations or Hospitalisations	
BP:	O2 Sats:
	HR:
	BGL: Last ate:
Any report of Hypoglycaemic incidents? What happened?	
Weight:	Height:
	BMI
	Waist:
Weight changes in the last 3 months:	

Pathology (if there is anything exceptional in their blood results not included in this list, please add/include:			
Chol:	HDL:	LDL:	TG's:
HbA1c:	GTT:	GFR:	
Medication:			
<i>Read from both the client's report and the GP referral, Did the client mention any side effects?</i>			
Was there any difference between what the client reported and the GP referral?			
Difficulties administrating or remembering to take medications: Webster Pack?			

Physical Health:

The client rates their Physical Health as being: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Symptom Reporting: <i>Include in here if the client said yes to any of the listed symptoms, when they experience the symptoms and any other comments.</i>	
Chronic Pain: <i>Is their pain – Brief? Intermittent? or Continuous? What word best describes their current pain? Where, Severity, Cause, Duration and Self Management) Question 21&22 SF 36</i>	
Can client walk greater than 30 minutes? What stops them? <i>Also check the MOS 36 item form the client filled in in waiting room</i>	

<p>Falls Risk Assessment: <i>Have they experienced a fall, How many, consequence of fall?</i> <i>Are they afraid of falling because of balance or walking problems?</i></p>	<p>Mobility Aids: Glasses: Rhomberg: Single Heel Raise: Timed Up and GO: Functional Difficulties:</p>
<p>Diet History: <i>Summary of Client's 24 hour diet</i></p>	<p>Prepare's own meals: Been on a diet? Regularly? What is goal weight? Problem with teeth, gums etc? Read Diet from Intake from</p>
<p>Upper Limb</p>	<p>Dominant Hand: Grip Strength Average: L R Compared to norms? Functional difficulties:</p>
<p>Lower Limbs</p>	<p>Monofilament: Circulation: Temperature: Corn or Callus: Pathological Nails: Previous Ulceration or Amputation: Able to Self Care:</p>

Environmental Information

<p>Does the client drive a motor vehicle?</p>	<p>Is that how they got here? Usual Transport?</p>
<p>Computers</p>	<p>Do they own a computer? Use the internet? Access Health Information: Hours spent at computer / day?</p>
<p>The Client lives with:</p>	
<p>Type of residence: <i>Owned/ Rental</i> <i>High Set Low set</i></p>	

Social and Emotional Health:

<p>The client rates their Social and Emotional Health as being: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	
<p>Support & relationships: <i>(summary to include children, pets)</i> <i>Also include answers from SF 36 and Social Support Survey</i></p>	
<p>Hobbies – <i>include here what they do to relax</i></p>	
<p>Any trade offs:</p>	<p>Yes: <input type="checkbox"/> If yes, please explain: No: <input type="checkbox"/></p>
<p>Education:</p>	
<p>Previous engagement with health providers:</p>	<p>Who: When: How often:</p>
<p>Alcohol / Smoking/ Recreational Drugs intake:</p>	<p>Yes: <input type="checkbox"/> If yes, how much: No: <input type="checkbox"/></p>
<p>What do they like about smoking/ drinking etc</p>	

Kessler Psychological Distress Scale, K10 Score: (total score)

How do these feelings compare to usual?
How many days unable to carry out normal activities?
Have physical health problems been the main concern?
Do they want Psychological Services?

How would they like things to be different in the future?

Client's Main Concerns:

What would make the biggest difference in the future?

Was there anything that contradicted?

Annexe 4: Evaluating a student-assisted clinic

The following tools are provided in this annexe:

- Tool 1.** Student destination survey
- Tool 2.** Exit interview employing the Most Significant Change (MSC) technique
- Tool 3.** Commitment survey
- Tool 4.** Partnership survey
- Tool 5.** Request and dissemination log
- Tool 6.** Cost benefit matrix focus group protocol

Tool 1. Student destination survey

1. Have you finished your degree? Yes No
2. Are you currently employed? Yes No
3. If yes, where are you working? *If no go to question 4.*

Name of organisation _____

Postcode of organisation _____

Public sector Private sector

4. Are you currently seeking work? Yes No

5. If yes, what are the types of positions and locations you are applying for?

Tool 2. Exit interview employing the Most Significant Change (MSC) technique

Background:

The Capricornia Allied Health Partnership (CAHP) Project team are hoping to capture some stories about changes that may have resulted from your clinical practicum experience with us. If you are happy to participate, I will ask you 4 or 5 questions and record your answers. I will go over what I have written at the end to make sure that you are happy with what is recorded.

We are hoping to use the stories and information collected from your interview for a number of purposes including:

- To help us understand what students think are good aspects and not so good aspects of this placement;
- To make improvements to our model and placement program;
- To tell our funding bodies what has been achieved.

Contact Details

* Name of storyteller _____

Gender Male Female

Age (years) _____

Year of tertiary program 3rd Year 4th Year Intern

Name of person recording the story _____

Date of recording _____

** If the storyteller wishes to remain anonymous, don't record their name or contact details, just write "student" or something similar*

Questions

How did you come to be placed with the Capricornia Allied Health Partnership Interprofessional Student Clinic?

What are the changes in your clinical practice or knowledge that you feel have resulted from your placement with the Capricornia Allied Health Partnership Interprofessional Student Clinic?

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

From your point of view, what do you think is the most significant change in your clinical knowledge and work preparedness that you have gained since undertaking this placement? *Please try to describe this change in the form of a story.*

This story is about.....

Beginning (situation before the change)

Middle (what happened?)

End (situation after)

Why did you choose this story in particular? E.g. why was it significant for you?

What could have been done to improve your experience with the CAHP Interprofessional Student Clinic?

Would you recommend this placement to other students? Yes No

Any further Comments

Confidentiality

We may like to use your stories for reporting to our key stakeholders, governing bodies or in other forums. Do you, (the storyteller):

- Want to have your name on the story Yes No
- Consent to us using your story for publication Yes No

Tool 3. Commitment survey

Introduction

This survey concerns your feelings and opinions about the Capricornia Allied Health Partnership (CAHP) clinic. A series of statements that represent possible feelings that individuals may have about CAHP are listed. With respect to your own feelings about CAHP, please indicate the extent to which you agree or disagree with each statement by circling an appropriate number on the scale provided.

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
------------------------	---------------	--------------------------------	------------	---------------------

I am willing to put in a great deal of effort beyond that normally expected in order to help CAHP be successful	1	2	3	4	5
I talk up CAHP to my friends as a great organisation to work for	1	2	3	4	5
I feel very little loyalty to CAHP	1	2	3	4	5
I would accept almost any types of job assignment in order to keep working for CAHP	1	2	3	4	5
I find that my values and CAHP's values are very similar	1	2	3	4	5
I am proud to tell others that I am part of CAHP	1	2	3	4	5
I could just as well be working for a different organisation as long as the type of work was similar	1	2	3	4	5
CAHP really inspires the very best in me in the way of job performance	1	2	3	4	5
It would take very little change in my present circumstance to cause me to leave CAHP	1	2	3	4	5
I am extremely glad that I chose CAHP to work for over others I was considering at the period I joined	1	2	3	4	5
There's not too much to be gained by sticking with CAHP indefinitely	1	2	3	4	5
Often I find it difficult to agree with CAHP's policies on important matters relating to its employees	1	2	3	4	5
I really care about the fate of CAHP	1	2	3	4	5
For me, CAHP is the best of all possible organisations for which to work	1	2	3	4	5
Deciding to work for CAHP was a definite mistake on my part	1	2	3	4	5

Tool 4. Partnership survey

Introduction

- Taking the time to review the effectiveness of your health network is an important quality improvement process. It enables you to conduct a quick 'health check' which can identify strengths and areas for improvement.
- The purpose of this survey is to provide a simple, quick and cost-effective way of assessing the effectiveness of the health service network in Rockhampton. It is intended to be a development tool, but it is also one component of a monitoring and evaluation framework for CAHP.

Instructions for use

Members of the health services in Rockhampton including steering committee members, clinic staff, GPs, health professionals, and other stakeholders in the region will be asked to complete the partnership survey on an annual basis.

The questionnaire consists of a number of statements/questions arranged in 10 sections. Each section represents a key characteristic associated with successful health networks. Please read all statements/questions and respond by circling the number on the rating scale that best reflects your view. Use the comments section at the end to clarify or expand on your views.

It will take between 20 - 30 minutes to complete.

There are no right or wrong answers to the questions. Thoughtful and honest responses will help the health network to learn about its strengths and weaknesses, and discuss strategies to improve its effectiveness. It is very important to rate the health network as it is now, and not how you want it to be at some point in the future.

All responses will remain anonymous - DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE.

How does the partnership survey assist CAHP?

- It enables CAHP to conduct an assessment of the current effectiveness of its health network
- With repeated use, it will allow CAHP to track changes in network effectiveness over time
- When completed by representatives from a range of organisations/health services in the network, it highlights a range of perspectives, and possible diversity
- It provides a common framework and vocabulary for health network members to discuss opportunities for developing a more effective network and the perceived barriers to this happening

Background Information

Which category below best describes your role(s) in the network? Please tick box(es) below.

Project team or clinic staff member	<input type="checkbox"/>	
District Health Service staff member	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Please specify _____

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
-------------------------------	----------------------	---------------------------------------	-------------------	----------------------------

Section 1: Purpose

A clear sense of network purpose facilitates ongoing member and community support. It also helps focus network resources on projects and activities that are most important (Academy for Health Services Research and Health Policy, 2000).

CAHP's purpose and mission are understood by network members*	1	2	3	4	5
CAHP's mission is clearly expressed in writing	1	2	3	4	5
Generally speaking, key community leaders in the network service area/s understand the purpose and mission of CAHP	1	2	3	4	5
CAHP has defined, clear and realistic service outcomes	1	2	3	4	5
The reason why each network partner** is engaged in CAHP is understood and accepted	1	2	3	4	5

* *Network members include: all health professionals and services in the network's geographical region*

** *Network partners include: the District Health Service and all of the organisations that refer to or receive referrals from CAHP across government, non government and private sector health and human service providers*

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
-------------------------------	----------------------	---------------------------------------	-------------------	----------------------------

Section 2: Trust

The development and maintenance of trust is the basis for the closest, most enduring and most successful networks. At whatever level, the more trust there is the better will be the chances for healthy network functioning (Hardy et al., 2000).

The way the network is structured recognises and values each network partner's contribution	1	2	3	4	5
The way the network functions appropriately recognises each network partner's contribution	1	2	3	4	5
There is sufficient trust within the network to survive any mistrust that arises elsewhere	1	2	3	4	5
Levels of trust within the network are high enough to encourage risk-taking	1	2	3	4	5

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
-------------------------------	----------------------	---------------------------------------	-------------------	----------------------------

Section 3: Governance and Decision Making

Well defined, inclusive governance and decision making processes will minimise conflict in the network and save time and resources. It will also ensure network members' ownership of the network products and services (Academy for Health Services Research and Health Policy, 2000).

The network has a steering committee (or other governing body)	1	2	3	4	5
The steering committee is representative of the members of the network	1	2	3	4	5
Governance and decision making processes are stated clearly in writing	1	2	3	4	5
Network decision making is inclusive and involves input by key network members	1	2	3	4	5
The network governing body respects governance and administrative boundaries	1	2	3	4	5
There is a defined network mechanism for resolving internal conflict	1	2	3	4	5

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
-------------------------------	----------------------	---------------------------------------	-------------------	----------------------------

Section 4: Planning

An ongoing, inclusive strategic planning process will ensure that network decisions are timely and based on sound information. It will also enhance the quality and profitability of network products and services (Academy for Health Services Research and Health Policy, 2000).

There is a defined strategic planning process in place that includes gathering information, assessing needs, setting goals and action strategies, allocating resources, assigning responsibilities for carrying out activities and evaluating outcomes	1	2	3	4	5
Strategic planning is ongoing with opportunities for member input	1	2	3	4	5
Information and input has been gathered from key community, consumer, government and business leaders in the network service area for consideration in the strategic planning process	1	2	3	4	5
The network's strategic plan has been distributed to all network members	1	2	3	4	5
The networks implementation plan identified specific products and services, as well as targeted consumer groups	1	2	3	4	5

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
-------------------------------	----------------------	---------------------------------------	-------------------	----------------------------

Section 5: Leadership and Management

Studies indicate that perhaps more than any other variable, strong committed leadership is a necessary component of successful health networks. In short, enlightened leadership ensures that other crucial variables are addressed (Academy for Health Services Research and Health Policy, 2000).

The network has a clinical leader(s)	1	2	3	4	5
The networks clinical leader(s) has skills and experience in the management of collaborative service delivery	1	2	3	4	5
The potential for conflict between health care providers in the network is recognised and managed successfully	1	2	3	4	5

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
-------------------------------	----------------------	---------------------------------------	-------------------	----------------------------

Section 6: Staffing

Services that rely on the development and maintenance of strong referral and communication networks in the interests of continuity and quality of patient care depend on network members who have other professional responsibilities and time commitments and can rarely volunteer significant amounts of time over extended periods.

CAHP staffing levels are adequate to carry out network activities	1	2	3	4	5
CAHP staff are qualified and the team contains a mix of senior and junior level professionals	1	2	3	4	5
The CAHP team has the technology, equipment, and software required	1	2	3	4	5
Turnover in key CAHP team positions has been low	1	2	3	4	5
The CAHP team has the influence and ability to bring people together for meetings etc	1	2	3	4	5
The CAHP team has the influence and credibility required for their role	1	2	3	4	5

Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5
-------------------------------	----------------------	---------------------------------------	-------------------	----------------------------

Section 7: Communication

Ongoing communication within a health service network using multiple methods and mediums to interact and exchange information is crucial to network success. Regular interaction with the community as a whole (eg other health providers, business groups, consumers etc) will provide valuable marketing information and help to encourage use of local health services and network products (Academy for Health Services Research and Health Policy, 2000).

The CAHP team communicates regularly with network members	1	2	3	4	5
CAHP members have the electronic capacity to communicate with each other	1	2	3	4	5
CAHP members communicate regularly with the general community	1	2	3	4	5

Inadequate 1	Poor 2	Satisfactory 3	Good 4	Excellent 5
------------------------	------------------	--------------------------	------------------	-----------------------

Section 8: Collaboration

Please evaluate the strength of the partnership between CAHP and the broader health service provider network in the District by circling the number on the rating scale that best reflects your networks position.

Acceptance of new ideas	1	2	3	4	5
Communication between health care providers associated with CAHP.....	1	2	3	4	5
Ability to capitalise on the strengths of different health care providers in the network locally	1	2	3	4	5
Organisation or structure of collaborative teams	1	2	3	4	5
Resolution of conflicts among health care providers in the network	1	2	3	4	5
Ability to accommodate different working styles of collaborators	1	2	3	4	5
Involvement of collaborations from outside the lead agency	1	2	3	4	5
Involvement of collaborators from diverse disciplines	1	2	3	4	5
Productivity of CAHP meetings with other providers	1	2	3	4	5
Productivity in developing new products (eg templates, proposals, reports)	1	2	3	4	5
Overall productivity of the partnership between CAHP and other members of the health care network in the District	1	2	3	4	5

Section 9: Changes brought about by CAHP

Please provide a description how the management of people with a chronic illness has changed in the District since the inception of CAHP. What are the positive or negative consequences of these changes?

Section 10: Comparing Benefits and Drawbacks

So far, how have the benefits of working with CAHP as part of a healthcare network compared to the drawbacks? Please circle a number on the rating scale below.

Drawbacks greatly exceed benefits	Drawbacks exceed the benefits	Benefits and drawbacks are equal	Benefits exceed drawbacks	Benefits greatly exceed drawbacks
1	2	3	4	5

Additional comments

Thank you for this information. If you need more space, please append an additional page/s.

This questionnaire is based on a number of existing partnership and network assessment tools:

- Rural Health Network Profile Tool (Academy for Health Services Research and Health Policy)
- The Partnership Assessment Tool (Nuffield Institute for Health)
- Partnership Self-Assessment Tool (Centre for Advancement of Collaborative Strategies in Health)
- Masse, L. C., et al (2008). Measuring collaboration and transdisciplinary integration in team science. American Journal of Preventative Medicine.

Tool 5. Request and dissemination log

Introduction

This log is designed to collect information about individuals, groups or organisations that request CAHP related information and provide a record of how information about the CAHP clinic/initiative is shared with others.

Instructions for use

Please use the following codes:

Purpose of dissemination

1. Information may be shared with project stakeholders, such as steering committee members, management and staff of participating services, and groups or individuals in the local community. This type of dissemination supports the capacity building and sustainability aspects of the project.
2. Information may be shared with the allied health community, including clinicians, academics, managers, planners and policy makers. This type of dissemination supports the generalisability of the project.

Method of dissemination

1. Presentation or talk to staff at one service or agency in the local area (e.g. talk at a staff meeting)
2. Talk to staff from more than one service or agency in the local area (e.g. talk at an interagency meeting)
3. Story in the local newspaper
4. Story or article in a local magazine or newsletter (e.g. GP news, hospital newsletter, community agency newsletter)
5. Story or article in a professional or industry magazine or newsletter
6. Presentation or poster at a local conference
7. Presentation or poster at a State/Territory conference
8. Presentation or poster at a national conference
9. Peer-reviewed journal article
10. Information provided on a website
11. Radio
12. Television
13. Brochures, leaflets or posters in health and community settings
14. Project newsletter
15. Email communication to groups/lists
16. Other (please describe briefly)

Date of request								
Organisation/ Department/ Individual requesting information (including jurisdiction)								
Type of resource requested (e.g. how-to guide, evaluation framework, tools etc)								
Who responded to the request								
Purpose (use code above)								
Method (use code above if applicable)								
Estimate the number of people who heard/read about the clinic/initiative								
Did anyone hearing about the project follow-up seeking more information? If so, estimate number who did								

If you need more space, please append an additional page/s

This tool is based on the Centre for Health Service Development's dissemination log:

Eagar K, Senior, K., Fildes D, Quinsey K, Owen A, Yeatman H, Gordon R, Posner N (2003). *The Palliative Care Evaluation Tool Kit: A compendium of tools to aid in the evaluation of palliative care projects*. Centre for Health Service Development, University of Wollongong.

Tool 6. Cost benefit matrix focus group protocol³

Part A: Welcome, Introduction and Overview

Overview:

The purpose of this focus group is to seek your advice on the costs (financial and non-financial) and benefits (financial and non-financial) of the CAHP clinic service delivery and education model. Your input during this session (and other information collected on CAHP) will inform an evaluation of the CAHP clinic. Thank you for agreeing to participate.

Part B: Focus Group Procedure

Brainstorming costs and benefits

- You will be asked to talk about costs and benefits of the CAHP clinic and education model.

Stakeholders of the project

- You will be asked to think through the costs and benefits as they relate to a number of stakeholder groups.

Educational Model

- You will be asked to consider the costs and benefits relative to more traditional education approaches.

Other

- This is an informal discussion and there are no 'right' or 'wrong' answers.
- We will record the discussion - this is to make sure that we do not miss any of your comments.
- We will take this information away and write up a summary of the key points that you raise.
- The information you provide is confidential and only for the use of this project. No one is identified in the write-up, so we hope that you feel comfortable to share your views.
- If you would like a copy of the write up, you can let us know at the end of the meeting and we can arrange it for you.
- Does anyone have any questions before we start?

Part C: Focus group questions

Introductions

What are the **non-financial benefits** of the clinic and the education model to a) clients; b) students; c) referrers; d) supervisors; e) educational providers; f) the system?

What are the **financial benefits** of the clinic and the education model to a) clients; b) students; c) referrers; d) supervisors; e) educational providers; f) the system?

What are the **non-financial costs** of the clinic and the education model to a) clients; b) students; c) referrers; d) supervisors; e) educational providers; f) the system?

What are the **financial costs** of the clinic and the education model to a) clients; b) students; c) referrers; d) supervisors; e) educational providers; f) the system?

Any other comments

Part D: Closing

Thank you for participating.



	Non-financial benefits	Financial benefits	Non-financial costs	Financial costs
Clients				
Students				
Referrers				
Supervisors				
Educational providers				
System				

³ Developed by Siggins Miller Consultants based on Ziller A, Phibbs P (2003). Integrating social impacts into cost-benefit analysis: a participative method: case study: the NSW area assistance scheme. *Impact Assessment and Project Appraisal* 21(2): 141-146.

Annexe 5: General resources

Useful Websites

Rural health

Rural Interprofessional Education Network (RIPEN)

http://www.arhen.org.au/network/rural_ip_network.html

Australian Rural Health Education Network (ARHEN)

<http://www.arhen.org.au/>

National Rural Health Alliance

<http://nrha.ruralhealth.org.au/?IntCatId=14>

[Clinical education resources](#)

Allied Health Workforce Advice and Coordination Unit

<http://www.health.qld.gov.au/ahwac/>

The Association for Health Professional Education (ANZAME)

<http://www.anzame.unsw.edu.au/>

Interprofessional education

Interprofessional Learning Clinical Education Framework Project, Australian Capital Territory

<http://www.health.act.gov.au/c/health?a=da&did=10101947&pid=1134343453>

UQ Interprofessional practice: Harness the power of healthcare teams

<http://www.youtube.com/watch?v=iLwFrMYtz4>

Change management

Kotter International – change management resources

<http://www.kotterinternational.com/>

Australian student-assisted clinics

University of Canberra student led physiotherapy clinic

<http://www.canberra.edu.au/healthclinic/physiotherapy/student-led>

University of Queensland student led dentist clinic

<http://www.dentistry.uq.edu.au/index.html?page=99177>

University of Western Australia student clinic

<http://www.meddent.uwa.edu.au/podiatry/clinic/student>

Australian interprofessional student-assisted clinics

University of Queensland's School of Health and Rehabilitation Sciences (UQSHRS) (physiotherapy, occupational therapy, speech pathology and audiology)

<http://www.shrs.uq.edu.au/clinics>

Victoria University (dermatology, massage, nutrition, osteopathy and psychology)

<http://www.vu.edu.au/facilities-and-services/health-and-personal-services>

International student-run clinics

Society of student-run fee clinics

<http://www.studentrunfreeclinics.org/>

University of California San Diego student-run free clinic

<http://meded.ucsd.edu/freeclinic/>

The University of Texas Health Science Center student-run free clinic program

<http://www.studentrunclinics.org/>

American Medical Student Association (AMSA) Starting a Student-Run Homeless Clinic

http://www.amsa.org/AMSA/Homepage/About/Committees/CEH/CEH_Resources.aspx

Publications

CAHP evaluation framework, available on the ClinEdQ website