

Allied Health Students Health and Wellbeing

Guide for Hospital and
Health Services

Overview

Purpose

This guide aims to support the health and wellbeing of allied health students undertaking clinical placements within Queensland Hospital and Health Services (HHSs) and Mater Health Services (MHS). It guides the development of safe and supportive learning environments, strategies and resources, and reflects the shared responsibility of HHS staff, students and education providers in promoting and supporting student health and wellbeing.

Background

Queensland Health is a significant provider of allied health student clinical placements, and clinical education is a core function of HHS allied health services. Clinical placements enable students to develop knowledge, skills and attitudes for future practice as well as providing opportunities for students to learn how to build professional relationships, manage stress, and develop self-confidence and self-awareness. Students respond to these opportunities in different ways; some thrive but others experience difficulties.

Clinical placements are integral to developing the personal and professional capabilities required of all healthcare professionals, including the capabilities of empathy, reflection, and social competence (Grant & Kinman, 2014). Clinical educators facilitate students' professional and clinical skill development within healthcare environments. Positive placement learning experiences build students' ongoing engagement in their profession including flexible coping styles, resilience, self-confidence, and effective self-care strategies (Grant & Kinman, 2014). Inadequate attention to student health and wellbeing on placement, including the impacts of psychological distress (depression, anxiety, stress and burn out), inter-personal conflict, and physical and mental health conditions, has been identified as a potential barrier to learning and to the quality of health care provided (Lo et al, 2017; Queensland Health, 2014).

Scope

This guide provides advice to support the creation of clinical learning environments that promote student health and wellbeing. It describes collaborative partnership actions, highlights relevant policies and related documents, refers to existing strategies, and guides the development of new strategies and resources to support students who are finding placements challenging due to their health and wellbeing concerns. This guide recognises that education providers have existing pathways for student support and have primary authority for matters relating to students' fitness to practice at any time during their professional learning program, including clinical placements (Parker, 2006). HHSs also have an important role to play in supporting the development of qualities that sustain fitness to practice in clinical settings, including identifying issues that may be a barrier to the student succeeding whilst undertaking a clinical placement.

Health is understood to be "a state of complete physical, mental and social wellbeing and not merely the absence of disease" (WHO, 2006:p1). Wellbeing is defined in this guide as the student's satisfaction with

their health and relationships, their sense of achievement and safety, as well as their connection to community for future security (Australian Unity, 2015).

In this document the term “clinical placements” refers to supervised education that contributes to or counts towards professional education and training requirements for an accredited health professional training course. It is an essential requirement for successful course completion. Clinical placements are also known as field placements, fieldwork placements, clinical training or practice education. Within this document the term “clinical educator” refers to any HHS and MHS staff member educating and/or supervising an allied health student on a placement in accordance with the Queensland Student Placement Deed (2017) or MHS Student Deed*, and is inclusive of but not limited to dedicated clinical education roles.

This guide applies to the following allied health professions working within Queensland HHSs and MHS:

- Audiology
- Clinical Measurements
- Exercise Physiology
- Medical Physics
- Medical Radiation Professions
- Music Therapy
- Nutrition and Dietetics
- Occupational Therapy
- Orthotics and Prosthetics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Rehabilitation Engineering
- Social Work
- Speech Pathology

Related documents

- [Queensland Health Student Placement Deed](#) (2017)
- [Code of Conduct for the Queensland Public Sector](#) (2011)
- [National Code of Conduct for Health Care Workers \(Queensland\)](#) (2015)
- [Information Privacy Act 2009 \(Qld\)](#)
- [Anti-Discrimination Act \(1991\)](#)
- [Public Sector Ethics Act 1994 \(Qld\)](#)
- [Health Practitioner Regulation National Law Act 2009 \(Qld\)](#)
- Health profession-specific codes of ethics or conduct and professional standards

Resources, including tools and procedures, may be generated to support the local implementation of this guide.

*NB: MHS has its own Student Deed with education providers and as such their student placements are not covered under the Queensland Health Student Placement Deed (2017) where this is solely referred to in this document. It is suggested that MHS staff review their Mater Education and Clinical Placement website and contacts for specific information covering their arrangements (See <http://www.matereducation.qld.edu.au/Clinical-Placement>).

Supporting health and wellbeing of allied health students on clinical placement

Queensland Health allied health staff are committed to providing safe and supportive learning environments for all students by applying principles of safe and ethical practice and taking reasonable steps to ensure patients, staff and students are valued and treated with respect and impartiality.

Partnerships

The health and wellbeing of students on placement is best managed when partners work collaboratively and these partnerships are valued and nurtured. Key clinical placement partners include:

- the student,
- HHS-based placement educator or supervisor and/or profession-specific clinical education support staff, and
- education provider placement program co-ordinator/support staff and/or education provider health and disability support staff.

Communication and collaboration

Clear, responsive and timely communication and collaboration regarding expectations, required reasonable adjustments, conduct and concerns arising is essential. All partners are responsible for sharing information about and for the clinical placement that will support students' health and wellbeing and enable them to fully participate within the placement and achieve their learning outcomes.

Specific undertakings of the education provider and the HHS with regard to communication are outlined in the Queensland Health Student Placement Deed (2017). During pre-placement communication, the orientation period and during the placement, the information shared should include matters that may impact on the students' capacity to deliver safe clinical services and exercise due care, skill and judgement in their placement activities (Queensland Health Student Placement Deed). As described in the Queensland Health Student Placement Deed, information can be shared only if its disclosure does not conflict with relevant legislation including the *Information Privacy Act 2009* (Qld) and professional or ethical standards.

Safe and supportive learning environments

HHSs should work with education providers to build clinical learning environments that provide quality learning experiences and enable placement success.

Welcoming and inclusive learning environment

HHSs can develop supportive learning environments for students by:

- welcoming and including students in team activities,
- recognising and valuing student contributions to the delivery of healthcare,
- practicing inclusive and culturally responsive education and supervision,
- creating a 'safe space' for student sharing of concerns throughout the placement,
- using evidence-based and student-centred supervision and assessment practices, and
- working with education providers to present clear and consistent information on expectations of conduct and performance.

A commitment to providing accessible professional learning experiences contributes to student health and wellbeing (Brett et al, 2016). HHSs contribute to inclusive and culturally responsive clinical education strategies by implementing reasonable adjustments to placements if requested by the education provider and if these can be managed by the HHS within available resources. It is important that reasonable adjustments do not pose an unacceptable risk to patients, staff or students. Where reasonable adjustments to placement are requested by the provider during pre-placement communication, the information shared between partners should be in line with the provisions of the Queensland Health Student Placement Deed, relevant legislation including the *Information Privacy Act 2009* (Qld) and professional or ethical standards. Culturally responsive clinical education and supervision practices are important for full participation on placement by students from a diverse range of cultural backgrounds. Culturally responsive clinical education aligns with and demonstrates Queensland Health's core principle of inclusion (Queensland Health, 2016).

Education that supports health and wellbeing

The [National Safety and Quality Health Service Standards](#) (NSQHS Standards) focus on safety and quality within health care environments and are implemented in HHSs through policies, procedures and training to support patient, student and staff safety. Education providers and HHSs should ensure students complete the Allied Health Professions' Office of Queensland [Training requirements for student placements](#) learning modules that align with the NSQHS Standards. HHSs may also identify setting-specific safety training and orientation requirements and build these into placement activities.

Evidence supports the value of embedding wellbeing strategies into all course learning for allied health students, including clinical placement learning (Grant & Kinman, 2012; Lo, et al. 2017).

HHS staff, including clinical education staff, may collaborate with education providers to develop and implement resources, training, and other strategies that build student and clinical educator capabilities in:

- coping, resilience and stress management (Whiteside, et al. 2017),
- self-awareness, action planning, reflective practice, emotional intelligence and empathy (Grant & Kinman; Lo, et al.),
- strategies to manage complexity and change within health care environments (Douglass & Islam, 2009; Grant & Kinman), and
- foundation skills in mental health risk identification and responses (Lo, et al.; Mental Health First Aid Australia, 2017).

A list of resources is provided on page 5.

Monitoring health and wellbeing

Students have a responsibility to monitor their health and wellbeing during placements, including identifying concerns and sourcing support if required. However, factors such as pre-placement and on-placement learning, the placement environment and professional relationships in that environment can strongly influence a student's ability to achieve this. Students should be orientated to ways that safety, health and wellbeing concerns can be raised while on placement, including being provided with the relevant HHS staff, supports, and university contacts. Engagement between the student, the clinical educator and other HHS staff should integrate opportunities to discuss health and wellbeing concerns. This is particularly important during periods when greater stress, uncertainty or complexity are evident, such as assessment periods or when challenging situations arise in clinical practice (Grant & Kinman, 2012).

Clinical educators are responsible for monitoring their own health and wellbeing, including any potential impact on their clinical practice or role as an educator, and should seek support if required. Clinical

educators are also responsible for identifying risks and/or signs of health and wellbeing risks in their students, and they should respond appropriately.

Managing risks and concerns

Health or wellbeing concerns may be identified during the placement by the student, their student peers, clinical educator or other HHS staff. HHS staff should advise the relevant service manager, provide immediate supportive actions to ensure safety, and if relevant, follow HHS procedures for managing critical incidents or occupational health and safety risks. Concerns regarding a student should be discussed with the student and communicated immediately to the education provider. A collaborative appraisal of the student's support and learning needs should then be undertaken. A plan for supportive interventions should be developed and this may be guided by fitness to practice policies of the education provider (or similar) and include actions such as individualised academic guidance or counselling. The responsibilities of the education provider and HHS staff with respect to the planned actions should be negotiated, agreed and documented with consideration to the Queensland Health Student Placement Deed (2017).

The clinical educator may source support, advice or supervision from a more experienced educator in the local HHS, or profession-specific or inter-professional clinical education support personnel, or from the education provider. All staff involved should ensure any communication regarding a student reflects the Code of Conduct for the Queensland Public Sector with respect to confidentiality and privacy and the terms of the Queensland Health Student Placement Deed.

Allied health staff education and support resources

HHS staff may require support and supervision for managing student health and wellbeing concerns. Useful information can be obtained from:

Internally available resources

- AHPOQ. Clinical Placements: <https://gheps.health.qld.gov.au/alliedhealth/html/training/clinical-placements>.
- AHPOQ. Clinical educator professional development resources: <https://gheps.health.qld.gov.au/alliedhealth/html/training/clinical-education-training>.
- Queensland Health. Employee Assistance Program (EAP): counselling and support resources. <https://gheps.health.qld.gov.au/hr/staff-health-wellbeing/counselling-support>.
- Queensland Health. Human Resources Branch resources: <https://gheps.health.qld.gov.au/hr/staff-health-wellbeing/staff-wellbeing> (Guides and training resources for creating a mentally healthy workplace).

Externally available resources

- AHPOQ (2016). Training requirements for student placements: <https://www.health.qld.gov.au/ahwac/html/ahst>.
- AHPOQ (2016). National clinical supervision competencies matched to 2011-2016 inter-professional clinical education /new graduate topics and clinical educator preparation and support program: https://www.health.qld.gov.au/_data/assets/pdf_file/0030/693336/competency-table.pdf.
- Queensland Government. Healthier Happier Workplaces: <https://workplaces.healthier.qld.gov.au>
- Queensland Health (2014). Best practice clinical learning environments: https://www.health.qld.gov.au/_data/assets/pdf_file/0029/693335/cle-review.pdf.
- Queensland Health (2015). Safe, secure and supportive workplaces: <https://www.health.qld.gov.au/employment/conditions/supportive-workplace>

- Mental Health First Aid Australia (MHFA). Student e-learning course
<https://mhfa.zendesk.com/hc/en-us/articles/115001189171>
- Australian Government Department of Health: Head to Health Website -digital mental health gateway
<https://headtohealth.gov.au>
- HHS specific staff workforce service training and resources
- Profession-specific clinical education resources – contact AH_CETU@health.qld.gov.au to link to a profession specific Clinical Education Program Manager

Evaluation

Specific health and wellbeing components may be included and monitored collaboratively by HHSs and education providers through existing student experience evaluation methods. Useful resources include:

- Victoria Government (2016). Best Practice Clinical Learning Environment (BPCLE) Framework: Indicator Specifications, available at <https://www2.health.vic.gov.au/health-workforce/education-and-training/building-a-quality-health-workforce/bpcle-framework>
- Profession and education provider placement experience surveys.

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Queensland Government (2009). Information Privacy Act, available at <https://www.qld.gov.au/law/your-rights/privacy-and-right-to-information/privacy-rights>

Queensland Health (2014). Best Practice Clinical Learning Environments: Overview of the evidence and available resources, available at <http://qheps.health.qld.gov.au/alliedhealth/docs/training/CLE-review.pdf>

Queensland Health (2015). National Code of Conduct for Health Care Workers (Queensland), available at <https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct>.

Queensland Health (2016). My health, Queensland's future: Advancing health 2026, available at www.health.qld.gov.au/system-governance/strategic-direction/plans/vision-strategy/.

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For further information contact Allied Health Professions' Office of Queensland, PO Box 2368, Fortitude Valley BC QLD 4006, email allied_health_advisory@health.qld.gov.au, ph 07 3328 9298.

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