



## Tweed Healthy Schools Project

**Development of an Interprofessional Clinical Placement Program Pilot in Schools**

**Report June 2013**



## Acknowledgements

We would like to acknowledge the contribution made to this project by the individuals who shared their expertise regarding student placements, interprofessional learning and gave their insight into potential models to enhance capacity for student placements within a school setting.

The Health Education and Training Institute (HETI) is responsible for the coordination of the NSW Interdisciplinary Clinical Training Networks (ICTN). Health Workforce Australia (HWA) has provided significant funding to HETI to coordinate the NSW ICTNs and to support the continuing education and training of supervisors working within the NSW health system.

Health Workforce Australia (HWA) provided \$304,545 of funding to The North Coast Interdisciplinary Clinical Training Network (NCICTN) for local project development in regards to expanding clinical placement and supervision capacity.

Without the funding provided by North Coast Interdisciplinary Clinical Training Networks (NCICTN) and Health Education and Training Institute (HETI), this project would not be possible.

## Project Collaborations

### Higher Education Providers – Queensland and New South Wales

- Bond University, Robina, Gold Coast, Qld
- Griffith University, Southport, Gold Coast, Qld
- Southern Cross University, (Tweed Heads, Lismore and Coffs Harbour), NSW

### NSW Department of Education - T5 Group of Schools – South Tweed Heads, Northern NSW

- Centaur Primary School, Eucalyptus Drive, Banora Point, NSW (pilot)
- Banora Point High School, Eucalyptus Drive, Banora Point, NSW (pilot)
- Tweed River High School
- Tweed South Public School
- Terranora Public School

### North Coast Interdisciplinary Clinical Training Network

Administering local project funding

### Prepared by

Jo Gooderson  
Project Officer  
Bond University (Hosted position)

May 2013



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# 1. EXECUTIVE SUMMARY

The Tweed Healthy Schools Project (THSP) was formed to increase clinical placement capacity in a non-acute paediatric community based environment. The purpose of which is to provide a more comprehensive training experience to better prepare health science students for clinical practice and improve the health and learning outcomes of school students. Through the development of an interprofessional clinical supervision model the health program includes primary care, chronic disease prevention and management, and health promotion.

The Tweed Healthy Schools Project is a collaboration between the T5 Group of Schools located in the South Tweed Heads Region of NSW, Bond University, Griffith University and Southern Cross University. Bond University hosted the Project Officer position.

A Tweed Healthy Schools Governance Committee and a Working Group were established to progress the development of a clinical placement program pilot, interprofessional clinical supervision model and to prepare a report that would outline a model for clinical placements in schools that could have wider application.

A comprehensive consultation process was conducted and included: Professional Registration Bodies; Health Workforce Australia (HWA); Department of Family and Community Services; Pilot Schools P&C; Universities; Queensland Health, local health services and North Coast Medicare Local.

An extensive literature review was undertaken in regards to understanding future National Health Workforce Strategic Directions; health population trends; models of care; interprofessional learning and clinical supervision models.

It is proposed to undertake an initial evaluation and preparation of results in September 2013 post pilot period.

Consideration was given to understanding the enablers and barriers associated with the sustainability and possible expansion opportunities. Discussion of these issues is detailed on page 21.

The Project Team has identified possible options for further consideration in continuing and / or expanding the clinical placement program and these are detailed on page 22.



The Tweed Healthy Schools Project team has been successful in achieving the project objectives as outlined below:

## **EXPANDING CLINICAL PLACEMENTS**

### **Clinical Placement Pilot (15 July 2013 – 6 December 2013)**

With additional funding of \$17,984 and additional in kind clinical supervision support provided by the collaborating universities it has been possible to commence an interprofessional clinical placement program into two schools within the T5 School Group. The Banora Point High School and Centaur Primary School are the two participating schools for the pilot period.

This clinical placement pilot includes the creation of 28 “new” clinical placements for health science students (178 clinical weeks) across six disciplines that include: Occupational Therapy, Physiotherapy, Exercise Physiology, Nursing, Nutrition and Speech Pathology within a 21 week period.

The clinical placement program will cover a combination of classroom based activities, whole of school community and individual client assessments and interventions.

## **INTERPROFESSIONAL CLINICAL PLACEMENT LEARNING AND SUPERVISION MODEL**

This clinical placement program in schools will demonstrate an interprofessional service delivery learning model. Health science students will learn with and about each other’s professions, whilst providing health services to the wider school community under the supervision of an interprofessional supervisor that is supported by discipline specific supervision.

With the additional funding provided by the universities a part-time interprofessional supervisor will be employed and based on site at the schools. The interprofessional supervisor will undertake an over-arching coordination role, and provide supervision for classroom and whole of community activities. This model will be supported by discipline specific supervisors from the collaborating universities. The learning package that was developed by NCICTN local project - enhancing clinical supervision skills - will be incorporated into the training provided to clinical supervisors to support them during this project.



## **CLINICAL PLACEMENT IN SCHOOLS MODEL (Report) – wider application**

A comprehensive approach was taken in developing the interprofessional clinical placement program pilot and as a result a model / framework has been developed. The steps and issues covered in establishing the pilot are documented in this report and may serve as a guide to others who may wish to develop a similar clinical placement program in other schools or non-clinical environments.

This report outlines and makes comments on: scoping activities, literature reviews, consultations, coordination, orientation, parental & student consent, risk management, health science assessment, evaluation methods; program activities; IT & data management; facilitator guidelines; school community engagement; Student Placement Agreements and compliance procedures; Research & Ethics Approval; MOUs and health clinic administration documentation.

## **CROSS-SECTOR COLLABORATION**

This project has demonstrated the effectiveness of a cross-sector collaborative approach in achieving project outcomes, as well as developing strong relationships within sectors and across state borders. Collaborations include: NSW Department of Education, Secondary and Primary Public Schools; Higher Education Providers (NSW & QLD) NSW Health and other NCICTN Local Project teams.

## **BROADENS SCOPE OF TRAINING EXPERIENCE IN AN EXPANDED SETTING**

The interprofessional clinical placement program has created 28 new clinical placements in a school environment (non-acute and non-health environment). In South Eastern Queensland/Northern NSW it is increasingly difficult to provide clinical training placements in paediatrics.

## **HEALTH PROGRAM AREAS**

The initial clinical placement program pilot will include student learning activities centred around chronic diseases, health prevention and promotion relevant to the disciplines involved. However, there is future potential to expand the scope to include other disciplines and health priority areas.



## **IMPROVES EQUITY OF ACCESS TO HEALTH SUPPORT SERVICES**

The clinical placement program will provide access to services that were not previously available to families and groups from socioeconomic disadvantaged groups. These services will include: individual assessments, classroom activities and whole-of-school programs relating to improving health outcomes for school pupils.

## **INCREASED EXPOSURE TO CAREERS IN THE FUTURE HEALTH WORKFORCE**

The Tweed Education Industry Forum (TEIF) identified health careers as an area of focus for the region. Schools pupils will have the opportunity to learn about potential career options in Health through exposure to a variety of health professionals who will be providing health services and educational sessions within their school environment.

## **PROJECT RECOMMENDATIONS**

The project team identified a number of issues where the solutions fell outside the scope or influence of the Tweed Healthy School Project. It was considered that these issues were common barriers to expanding clinical placements and it was recommended to seek support from the NCICTN Advisory Committee in advocating and/or seeking advice from HETI in regards to taking these issues forward:

- Development of Interprofessional Accreditation Standards
- Development of state-wide clinical placement reporting system for placements that fall outside the NSW ClinConnect System.



## 2. BACKGROUND

In Australia, clinical education comprises a significant proportion of health education programs, yet universities are finding it increasingly difficult to provide a variety of settings that provide the experiences to meet requirements of the accreditation process.

The traditional model for delivery of clinical training / education is largely intra-disciplinary, where specific disciplines train their own students in isolation. Universities and the healthcare industry are recognising the need to adopt flexible and innovative clinical training and supervision models to better prepare health science students in their role as future health care professionals.

An extensive literature review was undertaken in regards to understanding future: National Health Workforce Strategic Directions; health population trends; models of care; inter-professional learning and clinical supervision models. A literature review summary is provided in the attached Appendix 9.4.

### INTRODUCTION

The Tweed Health Schools Project is a collaboration between the T5 Group of Schools, Bond University, Griffith University and Southern Cross University.

The Tweed community feeds into the T5 Group of Schools, located in the south Tweed region of northern New South Wales and has a high proportion of families from low socio-economic status. Demands for community services such as speech pathology, physiotherapy and occupational therapy are strong and with long waiting times for families to access services. This often leads families dropping off the list due to the other pressures and as a result children miss out on much needed support, which impacts on their ability to learn, and ultimately their longer term future.

The T5 Group of Schools as measured by the AEDI (Australian Early Development Index) has overall 19.9% of children developmentally vulnerable on one or more domains and 11.4% on two or more domains. The developmental domains include: Physical health and well-being; social competence; emotional maturity; language and cognitive skills (school-based) and communication skills and knowledge. The T5 Group of Schools with profile are listed below:



Schools	Enrolments	Indigenous	NESB	ICSEA*
Banora Point High School	543	7%	4%	Below Average
Tweed River High School	900	13%	6%	Below average
Centaur Public School	486	13%	11%	Below average
Tweed South Public School	216	32%	9%	Below average
Terranora Public School	446	4%	6%	Below Average

\*Index of Community Socio-Educational Advantage(ICSEA) is a scale that represents the levels of educational advantage. A value assigned to a school is the average level for all students in a particular school. Research shows that there is a strong relationship between the educational advantage a student has, as measured by the parent's occupation and level of education completed and their educational achievement.

The collaborating Universities indicated that it is becoming increasingly difficult to secure diverse and quality clinical placement opportunities in non-acute community based settings. The issues surrounding placement opportunities are even more demanding for health students in South East QLD and Northern NSW in a paediatric, community setting. It is anticipated that the interprofessional model of clinical education will enhance collaborative working relationships and work readiness for university students who have the opportunity to attend a placement in this setting.

## AIM

The Tweed Healthy Schools Project (THSP) was formed to increase clinical placement capacity in a non-acute community based environment through the development of an interprofessional clinical training and supervision model. The development of the pilot aims to provide an alternative and innovative clinical placement model that can have wider application.



## OBJECTIVES

- Expanding clinical placement capacity
- Incorporates cross-sector collaboration (including new partnership)
- Creates an expanded / new clinical training environment
- Interprofessional Student Health Team Model development
- Investigate potential for wider application of the pilot
- Provides an Interprofessional learning experience to improve work readiness
- Broadens the scope of existing clinical training experience
- Health Program areas: Chronic illness / disease, Primary Health, Mental Health, and Health Promotion
- Improves equity of access to health support services for socio-economically disadvantaged Families / groups
- Increased exposure to careers in the future health workforce

## METHODOLOGY

In planning the clinical placement in schools pilot / program there were a number of key components that were explored in developing the model that included:

- Appointment of Project Officer
- Establishment of Governance and Working Groups
- Analysis of benefits, barriers and enablers
- Consultations
- Scoping and Profiling Exercise (Universities and Pilot Schools)
- Development Clinical Placement Pilot Program Activities
- Development of Interprofessional Supervision Model
- Clinical Placement Program Administration / coordination / infrastructure
- Evaluation
- Sustainability

### **3. SCHOOL CLINICAL PLACEMENT PILOT**

#### **OVERVIEW**

In the early stages of planning, it was decided that it would not be feasible to establish a pilot program across all five schools due to funding limitations and project timelines. The collaborating universities agreed to contribute additional funding to employ a Clinical Coordinator that would be based on site at the schools and enable the Project Officer to undertake an initial evaluation of the pilot.

The T5 Group of Schools chosen for the clinical placement pilot were Centaur Public School and Banora Point High School. A more detailed profile of the school community is outlined in Appendix 9.3. These schools are co-located and have a total enrolment of over 1000 pupils, with a dedicated special needs unit within both schools to address the needs of children with learning difficulties. Many of these children have difficulties with speech and language, as well as physical and coordination problems. 19.9% of children in the Tweed region have been identified as being developmentally vulnerable in one domain of the Australian Early Development Index (AEDI), and 11.4% are developmentally vulnerable on 2 or more domains. These domains include:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and knowledge

The pilot implementation will commence in both schools on the 15 July 2013 (the beginning of term 3 for NSW Schools) and conclude 6 December 2013. There will be six disciplines participating in the pilot and these are: Physiotherapy, Occupational Therapy, Exercise Physiology, Speech Pathology and Nursing. The pilot has created 28 new clinical placements (178 weeks of clinical training).

A clinical placement calendar was developed in consultation with the two schools and the collaborating universities. The calendar provides an overview of when students will be on site. Please refer to Appendices 9.9.

A Clinical Coordinator (29hrs per week) will be employed to provide interprofessional supervision and act as a point of contact for students, university and school staff, and the wider community.

A ratio of 1 Interprofessional Coordinator per 10 students was agreed upon for the pilot phase. Despite the placement calendar showing a number of weeks where 12 students will be on site, this includes students who will only be on site for a number of days per week, so ratios will be maintained. There is also additional capacity during some weeks within this model for extra students to attend from other disciplines / universities, which would provide extra income to fund the coordinator position in the future.



For the pilot phase it was agreed that the universities would provide the discipline specific supervision that was required to support the Interprofessional Coordinator. Each discipline has stipulated an amount of supervision that they require, with a minimum of 3 hours per week per student of direct discipline specific supervision.

The clinical placement program will include a combination of classroom based activities, whole of school community and individual client assessments and interventions. Further details regarding activities is detailed on page 13.

In the planning of the clinical placement pilot, consideration was given to understanding the issues in regards to sustainability and these are discussed on page 20.

The Project Officer will undertake an initial evaluation after 8 weeks of implementation. For the evaluation criteria please refer to page 19.



## **4. DEVELOPMENT OF THE SCHOOL CLINICAL PLACEMENT FRAMEWORK**

The Project Officer worked with the Tweed Healthy Schools Project Governance and Working Groups to develop the framework to support the implementation of the pilot as detailed below:

### **PROJECT OFFICER, GOVERNANCE AND WORKING GROUPS**

A Tweed Healthy Schools Governance Committee and a Working Group were established to progress the development of a clinical placement program pilot, interprofessional clinical supervision model and to prepare a report that would outline a model for clinical placements in schools that could have wider application. Committee membership lists are attached in Appendices 9.1 and 9.2.

Bond University agreed to host the Project Officer who was appointed to work with these Committees in coordinating and developing the clinical placement program pilot.

### **CONSULTATIONS / ENGAGEMENT – EXTERNAL AND WITHIN SCHOOL COMMUNITY**

A comprehensive consultation process was conducted and included: Professional Registration Bodies; Health Workforce Australia (HWA); Department of Family and Community Services; Universities; Queensland Health; local health services and North Coast Medicare Local. In addition there were consultations and activities conducted to gain input from the pilot School P&C Groups and teaching staff. A list of those involved in the consultation process are attached at Appendix 9.8.

### **SCOPING EXERCISE ACTIVITIES**

An extensive scoping exercise was undertaken that involved the pilot schools and collaborating universities to determine: school student population profiles; clinical placement timetable; participating disciplines and program activities. A number of planning workshops were held between representatives of the school teaching staff and the university clinical placement coordination staff.

Through this process it was determined that it would be possible to involve six disciplines in the pilot that included: Physiotherapy, Occupational Therapy, Exercise Physiology, Speech Pathology, Nutrition and Nursing. It was acknowledged that there would be scope in the future to include students from other health science disciplines and Universities if the pilot was successful, and if it was possible to address sustainability issues.



## **CLINICAL PLACEMENT PROGRAM ACTIVITIES**

Although families and staff requested Tweed Healthy Schools project involvement with the Special Needs Units, during consultation with ADHC concerns were raised about the potential confusion that could arise with students' involvement with their client base. It was therefore decided that due to the highly specialised care that the pupils in these setting require, only whole of school, and health promotion activities would be provided for children in the special needs units and that no individual assessments would be offered at this time.

In addition to identifying how the project would impact the school community, research was conducted into accreditation requirements of all health courses, and the implications to other health service providers within the area. Please refer to the Consultation List in Appendix 9.8.

## **CLASSROOM BASED INITIATIVES**

These initiatives would be directed at the whole classroom population aiming to improve both pupils involvement and interaction with the learning environment and each other through physical activity. It will also provide the school pupils with education about targeted health issues, and different professions within health. Examples of these initiatives are:

- Collaboration between students, teachers and classroom assistants to implement Action Based Learning classrooms.
- Education sessions with presentations by health students to teachers and pupils about their chosen professions and their role within schools, wider community and primary care facilities.

## **WHOLE OF SCHOOL COMMUNITY PROGRAMS**

These programs would be aimed at providing education to the school community as a whole, including the families and carers. A number of areas could then be targeted using this approach. These programs would include:

- Healthy Schools initiatives to be implemented and reviewed by students, with recommendations for future directions.
- Identification of areas for further development and improvement in current programs.
- After school activity programs.
- Educational pamphlets to be developed for pupils / teachers and families.
- Presentations to parents / attendance at weekly playgroup at Centaur Primary School.
- Health screening.

## INDIVIDUAL CLIENT ASSESSMENTS AND INTERVENTIONS

Pupils who have been highlighted by parents, teachers or guidance councillors as potentially benefiting from therapeutic interventions will be assessed by students working in interprofessional teams. These assessments would follow the ICF framework and identify a number of different objectives:

- Health students to take on case management role, and plan appropriate care package with team.
- Discipline specific assessments and treatments provided within classroom setting as appropriate.
- Students to prepare report to provide to parents and teachers, including any education or home based treatment recommendations.
- Continued care to be arranged either with external provider following usual referral processes or the following intake of students.

Students will attend this placement as per the clinical rotation set out by their university, overlapping with other students throughout. All discipline specific interventions will be supervised by a qualified health professional of the students own discipline, with other students having the opportunity to shadow these interactions to learn about the role that every profession has in this environment.

Classroom and whole of school activities will generally be supervised and assessed within an interprofessional framework (provided by clinic coordinator, non-discipline specific supervisors and teachers), counting towards the overall discipline specific placement assessment as set out by the students university. All clinic documentation will be held online to allow remote access by the students and educators involved. Students will be responsible for completion of a weekly clinical reflection, and maintenance of documents and databases.

Although the students will be providing some therapeutic interventions, it is not designed to replace the usual sources of health care services. Due to the inconsistent presence of professions within the schools due to clinical placement calendar, it has been made clear that this will be a stop / start service delivery model - at least for the pilot phase. Reports of any assessments and interventions will be generated and forwarded to families of involved pupils, and these can then be provided by the carers to their GP / Paediatrician and any other health professional who is involved in the care of the child.

It is anticipated that there will not be an increase in demand of clinical services placed on the existing community health service as a result of the implementation of this program.

## **INTERPROFESSIONAL SUPERVISION AND LEARNING MODEL**

Through Governance Committee meetings it was identified that a central coordinator would be required to act as a point of contact consistently across the project and provide interprofessional supervision to all students. The clinical coordinator will be responsible for:

- Supervision of all health students within the school environment.
- Completing interprofessional assessments for the health students, and providing this information to the discipline specific supervisors.
- Day to day management of the clinic and students.
- Liaising with school and university personnel as required.
- Liaising with families and community health professionals as required.

Surplus project funds and contributions from each of the Universities were used to fund the position with contributions by universities broken down to a cost per student per week. A legal agreement between the universities has been drafted to ensure ongoing commitment to send students to the project and provide the necessary funding for this to occur throughout 2013.

The schools have Video / Teleconferencing facilities available for university staff to supervise classroom based activities, and group sessions.

## **PRIVACY AND CONFIDENTIAL ISSUES**

All students who attend this placement sign confidentiality deeds with their universities, and an additional confidentiality agreement has been drafted for all students and staff involved with this project. This agreement specifically covers all documentation (both paper based and electronic), child protection issues, and consequences of breaches. All information collected through this project will be stored securely, and no identifiable client information will be used for any reporting or presentation purposes.

## **DATA MANAGEMENT AND IT SUPPORT**

Due to the logistical and security issues surrounding data collection and storage involving two schools, three universities and six professions, a decision was made to investigate the potential to develop a secure web based solution. There are numerous commercial software management options available, but due to budgetary constraints an alternative solution was required.

Banora Point High School have a Moodle site that is used for teaching and communications and, through experimentation, a way to adjust its capacity to meet the requirements of this clinic was identified.

Tweed Healthy Schools Project has a secure dedicated area within Banora Point High Schools Moodle site where all proformas, databases and notes are able to be stored. Students will be able to upload all information relating to their clinical placement (including



pictures and video as appropriate), contribute to a resource folder on topics that are relevant to a school / community setting, and a clinical reflection tool will be completed by one of the students on a weekly basis within the site. The Schools will provide internet access and IT support to students and clinic staff and there are laptops on site for use if required.

All university educators and clinical supervisors will have remote access to this area of the Moodle site to review plans, interact with students and provide feedback.

## **INFRASTRUCTURE SUPPORT**

The schools will provide dedicated space for the health science students to complete assessments and interventions if it is not appropriate to perform in a classroom environment. A room will be provided for completion of group work, and as a place to complete documentation to prevent accidental breaches of confidentiality.

## **PROMOTIONAL MATERIAL**

An information pack has been produced to send to families of school pupils who will be involved in the project. This includes a brief summary of the professions involved and their role in this setting. Feedback has been requested from families about potential areas of focus and consent, and if they feel that their child would benefit from assessment and intervention, a referral form has been included. See appendix 9.15 for this document.

## **ORIENTATION PROGRAM**

Due to the innovative nature of this project, it was planned that an orientation day would be held for all students who would attend during the initial evaluation period, and then another orientation day for the students attending in the second phase of the project. This was to allow the students to develop team work and communication skills, and gain an understanding of interprofessional working practices. However due to timetabling constraints this was not possible.

Orientation guides have been developed for supervisors and students to cover these issues, and a separate guide to provide orientation to the facility was developed for both students and supervisors.

A copy of all these documents is available on the moodle site, together with a pre reading list of interprofessional education articles, for access by all involved in the project.



## **RESEARCH AND ETHICAL APPROVAL CONSIDERATIONS**

Guidance was requested from all university research offices surrounding the issue of requirements of ethics approval, and it was advised that no approval is required for the scope of activities of the Student Health Clinic at this stage. If, in future, areas of research involving this school population were identified, Ethical approval must be sought before commencement of involvement.

## **STUDENT PLACEMENT AGREEMENTS AND COMPLIANCE ISSUES**

Each University has amended their standard clinical placement agreements to reflect the requirements of the school based setting, and these have been accepted by the Department of Education.

The university students are required to comply with all NSW Health policies and guidelines regarding privacy and confidentiality; their professional regulatory body code of conduct; and university policies.

Any breaches will be dealt with the university in the first instance, and may be directed to regulatory bodies if required.

## **FUNDING AGREEMENT**

A Funding agreement has been created to ensure ongoing commitment to send students for the duration of the project, and provide funds to support the training of these students. It has been accepted by all founding parties to ensure the creation of the clinical coordinator position is viable. This agreement broke down the contributions from each university to a cost per student per week throughout the pilot program.

## **CLINICAL PLACEMENT DATA REPORTING SYSTEM (SITS OUTSIDE THE CLINCONNECT SYSTEM)**

All information regarding clinical placements created from this project will be captured and held within the clinical documentation, and each university will have access to this information for their records.

There is currently no method of incorporating this information into the ClinConnect system. This is an issue for all clinical placements that occur outside of the NSW Health system, and as yet there is no solution for amalgamating this information.

## **CLINICAL PLACEMENT PROGRAM DOCUMENTATION DEVELOPMENT**

As this is the first clinical placement program in the school setting, all the clinical documentation needs to be developed which is now available on the school Moodle site. A hard copy has also been produced to mitigate against any IT system issues. Below is a list of these documents:

### **CLINIC**

Daily Diary  
Client Database  
Weekly clinic timesheet  
Student health support plan  
Needs Assessment guide  
Report letter guide  
Parents information pack  
Parents consent form  
Orientation guide  
Orientation Checklist  
Moodle Guide  
Staff / parent survey  
Clinic reflective task  
Risk management  
Contact lists

### **STUDENT**

Student Guide  
Reflective Learning Task Guide  
ICAT  
Problem Based Learning Scenarios  
Tutorial Performance Evaluation form  
University of West England  
Interprofessional Questionnaire  
University Student Questionnaire

### **FACILITATOR**

Facilitators Guide  
Problem Based Learning Scenarios

## **TRAINING AND SUPERVISORS GUIDEBOOK**

A Supervisors guidebook has been prepared covering interprofessional education and supervision of students from other disciplines and a training day for all involved had been planned. However, due to timetabling constraints this was unable to proceed and all activities have reverted to online modules for individual completion

A group orientation day was planned for the students to orientate them to the schools and the concept of interprofessional education, and this would have provided them with the opportunity to meet other students that they will be working with throughout the placement. However due to the difficulties of releasing them from coursework and exam commitments, these activities will be completed in an online forum.

A consultation day was held for the involvement of teachers of both schools, to gain an understanding of the program and how it can assist their pupils whilst ensuring that no negative impact is made on their curriculum. All feedback was very positive, and a number of activities were developed further for a planned implementation.

## **5. PROPOSED EVALUATION**

### **HEALTH SCIENCE STUDENTS**

Each university and discipline utilises their own individual discipline specific assessment tools with the exception of Physiotherapy and Exercise Science departments who are using a national standard assessment tool (Assessment of Physiotherapy Practice, and ESSA Logbook respectively).

Curtin University have developed an Interprofessional Clinical Assessment Tool (ICAT), and this will be used for students' assessment by the clinic coordinator. All disciplines have decided to continue to utilise their current assessment tools in conjunction with this interprofessional tool in the pilot phase to ensure no issues arise regarding incomplete documentation.

A copy of the ICAT has been included at appendix 9.10.

University students will complete the UWE Interprofessional Questionnaire (appendix 9.11) to gather feedback regarding the value of interprofessional education to them and future practice.

A questionnaire designed to assess the quality of the placement, in line with universities practices will also be completed. This Questionnaire can be found at appendix 9.13. The students will also complete a clinical reflective task to aid the development of their clinical reasoning skills, (appendix 9.12).

### **SCHOOL COMMUNITY**

A survey has been designed to gather feedback from all school staff and families who have involvement with the university students.

A copy of this document has been included at appendix 9.14.

### **CLINICAL PLACEMENT PROGRAM**

Following the initial pilot stage between 15th July and 6th September a final evaluation report will be completed and promulgated to all stakeholders and the client.

## 6. BENEFITS AND SUSTAINABILITY ISSUES

### BENEFITS

The school clinical placement program will provide health students with a rich community based training experience to better prepare them for clinical practice upon graduation. The clinical placement program also has the opportunity to provide a much needed community service in the provision of health care to this group of schools, who may otherwise not have the same level of access to much needed care as their counterparts from different cultural and socioeconomic backgrounds. In addition, research indicates that:

- Learning with others leads to an improved appreciation of professional roles and responsibilities, and provides an understanding of the team approach to care.<sup>(1)</sup>
- The development of effective teamwork leads to the recognition of the relevance of this skill to future clinical practice.<sup>(1)</sup>
- Working together to understand problems from different perspectives, promotes improved clinical outcomes.<sup>(1)</sup>

The schools will benefit from the additional education and program development that the university students will bring to each establishment. This in turn will lead to the community gaining a greater understanding of health and how to improve their own well-being. University health students will:

- Assist in the development of health related programs across the school, once key areas are identified through consultation with the wider school community.
- Provide education sessions to pupils in classroom settings and families on health topics that are relevant to them, and will link these topics to curriculum as appropriate.
- Collaborate with classroom teachers to provide assessments and group activities to address any learning needs that are impacted on by existing health issues.
- Provides high school pupils with an opportunity to develop an understanding for the potential career pathways that exist in health care.
- The interprofessional student led health team would provide access to health related services (under the supervision of educators) for children who have been unable to access such services due to extended waiting times experienced by local health providers.
- The school pupils will receive enhanced support through the clinical placement programs and activities that aim to improve their health and learning outcomes. In addition, school pupils will have the opportunity to gain an understanding of the scope of employment opportunities that exist within health, outside of the traditional roles of doctors and nurses.

## **ENABLERS**

- Ensure ongoing evaluations to monitor effectiveness
- Student and user satisfaction
- Commitment from all health professional courses involved to implement changes
- Commitment from all stakeholders
- Open communication channels
- Collegiality between all parties
- Links with community health service providers
- Well organised leadership
- Administration support
- Funding secured
- Shared understanding and definition of Interprofessional Education (IPE)
- Confidence in delivering IPE
- Faculty training in IPE
- Previous coursework and tutorials on IPE
- Publish results to support IPE

## **BARRIERS**

- Inconsistent commitment across disciplines
- Resistance to change from traditional models of clinical education and supervision
- Stringent accreditation requirements
- Timetable conflicts
- Poorly defined assessment measures
- IPE not viewed as priority
- Staff and student attitudes
- Communication
- Not enough resources
- Professional boundaries hinder collaboration
- Professional identities may hinder collaborative practice
- No foundation in IPE currently provided in health curriculum at these universities

## **SUSTAINABILITY**

It was useful to identify these issues which were considered in regards to reviewing the options that may be available for continuing the clinical placement pilot in the schools. These issues are further discussed under Future Directions and Possible Expansion.

## **7. FUTURE DIRECTIONS AND EXPANSION**

Following the pilot phase, it is anticipated that there may be the possibility to extend the scope of the project to include other universities, professions and schools. However, this would be dependent upon the collaborating universities being able to contribute recurrent funding and resources to support the continuation and expansion of the clinical placement program. The collaborating universities would have priority in regards to the clinical placement capacity within the T5 School Group. A management plan and Memorandum Of Understanding would need to be developed that sets out the responsibilities of the collaborating partners.

### **FUNDING / RESOURCES / CONSUMABLES**

Research into other sources of funding has been performed, with some potential opportunities identified. Most of the funding opportunities available are short term, recurring opportunities, and will be subject to strong competition. By securing a funding agreement between the Education Institutions involved, there will be a fixed, self generating source of income to support the continuation of this project. The remaining funds would need to be sourced from other avenues.

### **COLLABORATING PARTNER OPPORTUNITIES**

It has been identified that opportunities exist for future integration with other programs such as the North Coast Medicare Local Help4kids Program and TAFE.

### **DATA MANAGEMENT**

All data that will be collected throughout the pilot phase will be collected on the Moodle platform that has been designed, and a hard copy will be secured at Banora Point High School. These solutions are only temporary measures, and a longer term solution to web based data management should be considered. There are a number of clinic management systems available on the market that allow appointment scheduling, billing and report generation.

Consideration will be required into how the data that is collected from this clinical placement is then integrated into the Clinconnect system, as it is out of the public health system.

### **AUDIT**

Ongoing audit of all outcome measures and evaluation will need to be managed between the clinic coordinator and Education Institutions. An outline of the responsibilities of all stakeholders will need definition.



## **STAFFING**

If the project will continue past the pilot phase, an ongoing solution to staffing will need to be identified. This will include hosting body, funding and terms of employment.

## **EVALUATION**

An evaluation of the pilot phase of this project will be performed in September 2013, however it is recommended that ongoing evaluation of the project should be performed and modifications be made as appropriate.

## **RESEARCH OPPORTUNITIES**

Due to the innovative model of this project, opportunities for future research exist, which will require coordination across all institutions and close monitoring to ensure there is no replication of activities, and that the community does not become 'over-researched'.

## **8. PROJECT RECOMMENDATIONS**

The project team identified a number of issues where the solutions fell outside the scope or influence of the Tweed Healthy School Project. It was considered that these issues were common barriers to expanding clinical placements and it was recommended to seek support from the NCICTN Advisory Committee in advocating and/or seeking advice from HETI in regards to taking these issues forward:

- Development of Inter-professional Accreditation Standards
- Development of state-wide clinical placement reporting system for placements that fall outside the NSW ClinConnect System.



## 9. APPENDICES

### 9.1. GOVERNANCE COMMITTEE MEMBERS

HETI	Ms Karen Wickham
NCICTN	Ms Sarah Sullivan
Tweed Healthy Schools Project Officer	Ms Jo Gooderson
Southern Cross University	Ms Maggie Scorey
Griffith University	Mr Peter Westwood
Bond University	Ms Nikki Milne
Centaur Primary School	Ms Jenelle Foster
Banora Point High School	Mr Greg Smith

## 9.2. WORKING GROUP

<b>Southern Cross University</b>	Ms Sonja Coetzee, Lecturer	Exercise Physiology
	Ms Maggie Scorey, Associate Lecturer Ms Beth Staunton, Lecturer	Occupational Therapy
	Ms Anna Foster, Lecturer Mr Stephen Van Vorst, Associate Course Coordinator	Nursing
	Dr Bev Joffe, Course Coordinator	Speech Pathology
<b>Bond University</b>	Ms Nikki Milne, Clinical Education Coordinator Ms Cherie Zischke, Lecturer	Physiotherapy
	Mr Glen Tunks, Senior Teaching Fellow	Exercise Physiology
<b>Griffith University</b>	Ms Julia Gilbert, Clinical Coordinator Winsome St John, Associate Professor	Nursing
	Dr Juliet Wiseman, Lecturer	Nutrition
	Dr Surendran Sabapathy, Head of Exercise Physiology	Exercise Physiology
	Mr Garry Kirwan, Clinical Education Manager	Physiotherapy
	Ms Simone Howells, Clinical Education Coordinator Ms Libby Cardell, Head of Speech Pathology	Speech Pathology
<b>Centaur Primary School</b>	Ms Jenelle Foster	Deputy Principal
	Ms Jenny Foster	Assistant Principal
<b>Banora Point High School</b>	Ms Deborah Johnson	Head Teacher Special Education

## 9.3. PILOT SCHOOL PROFILES

### CENTAUR PRIMARY SCHOOL - 486 STUDENTS

#### Mainstream School

- A visiting School Health Nurse performs hearing and eyesight assessment on all pupils in Kindergarten with recommendations sent to families to action. A follow up assessment is then completed the following year to assess the uptake of recommendations
- Allied HealthTherapy services for the school are provided by Tweed Community Health, however they have an extremely long waiting list, and focus their resources towards the under 5 age group.
- The school has a part time Guidance Councillor who supports students with physical, mental and learning difficulties. IQ assessments are performed under their direction and recommendations are made to families and teachers based on these findings. Families are supported in referral process to external service providers.
- Friday morning playgroup (9-11am) has been initiated by Save the Children Australia, aimed at 0-5yrs and their families.
- Tweed Healthy School project intervention will be focussed on pupils in Year 1. This decision was made to allow earliest possible intervention.

#### Special Needs Unit

- 3 Classrooms catering for approximately 30 pupils
- Inclusion criteria is intellectual / learning disability.
- Health service provided by Ageing, Disability and Home Care (ADHC). Therapists asses students according to needs criteria and provide a management plan for completion by school staff and carers.

## BANORA POINT HIGH SCHOOL - 543 STUDENTS

### Mainstream School

- No regular nurse / health care contact
- Tweed Education Industry Forum highlighted employment within the Healthcare sector as a direction for the region.
- Recent Quality School Life surveys focused on healthcare industry and career options. When asked to list 10 healthcare professions, most found it difficult to look past doctors and specialists, and nursing. The key reasons that a career in health was rejected by these students was they do not like hospitals, and do not like dealing with blood or sick people.
- Would like to expose the pupils to student health professionals to broaden their understanding of health career options.
- Tweed Healthy School project interaction with the high school students will be aimed at year 7 and 8, whilst they are still forming their future career decisions, and have time to choose subjects that will address their tertiary requirements.

### Special Needs Unit

- 21 students
- Selection criteria same as primary school.



## 9.4. LITERATURE REVIEW

An extensive literature review was undertaken in developing the clinical placement program pilot to ensure that the model was viable and would meet educational and accreditation requirements.

Health Workforce Australia has made recommendations that all health graduates undertake interdisciplinary education to enhance their learning outcomes and prepare them for working within the Australian health sector.

These recommendations have been made to meet the changing healthcare requirements of an ageing population, with greater demands from chronic illnesses, and to reduce the incidents of adverse events following national audits of Australian health and care.

The National Health Workforce Strategic Framework (2004) provided a number of guiding principles for national healthy workforce policy. They recommended the development of 'education and training practices that facilitate team approaches and multidisciplinary care'<sup>(9)</sup>.

In 2006 the Department for Health released its National Chronic Disease strategy which showed that chronic diseases account for 80% of the total Australian health burden in terms of disability adjusted years, and 70% of health expenditure<sup>(6)</sup>. Disadvantaged sectors of the population (such as Aboriginal and Torres Strait Islanders, socioeconomic disadvantaged, people with physical and intellectual disabilities) suffer disproportionately from chronic disease and experience higher levels of disability.

As chronic health conditions place greater demands on the health system, the focus must shift from acute care to chronic case management, and a greater interaction between all members of the team involved (including the patient) is required to develop self management options<sup>(7)</sup>. As well as the increasing demands of chronic health conditions, the Australian Health workforce is also undergoing internal changes. There is a national shortage of health professionals (particularly in rural areas), and the workforce itself is getting older, and choosing to work shorter hours<sup>(8)</sup>.

Effective healthcare requires the concerted and co-ordinated activities of multiple people and disciplines<sup>(14)</sup>. Team collaboration might be a difficult paradigm shift for a group without a history of successful team participation. When professional 'silos' exist, information sharing and healthy conflict resolution may not be the cultural norm, and groups decisions are typically derived via the authoritarian approach.

Simply putting different professionals together in a team does not guarantee cooperation or collaboration. Active interaction on an ongoing basis in the form of training and professional development is required for effective interprofessional teamwork<sup>(15)</sup>. This teamwork can in turn contribute to increased job satisfaction<sup>(16)</sup>. Interprofessional practice focuses on the needs of the patient, but to ensure best practice across professions and services, open channels of communication are required.



Interprofessional teams are said to be better able to:

- Deal with complex and chronic conditions
- Coordinate and respond to the needs of multiple patients
- Deliver care across multiple settings
- Provide better quality care by reducing duplication of services
- Develop creative solutions to difficult problems

(17,18,19)

In the past most training and education in health care has been delivered using the learning objectives of a single profession. This segregated approach develops a barrier to coordination between healthcare providers and educators, and a better way to train the future workforce to deal with the complexity and technology of the current and emerging health care system needed exploration. Health care workers who are educated and trained to work together can reduce risks to patients, themselves and their colleagues (20,21). Interprofessional Education (IPE) has been suggested as a method to increase students' knowledge about other professions, and improve their teamwork and collaboration<sup>(39)</sup>.

Patient safety has also been identified as a key issue in health policy and practice reports (10,11,12). As part of the 2005 National Patient Safety Education framework it was recognised that IPE was essential across all areas of the workforce to enable effective collaboration and teamwork to improve patient safety and quality of care. Issues with patient care mainly arose due to ineffective team work and communication breakdown, rather than deficient clinical skills (13).

Although IPE has been an integral part of health curriculum in North America and Europe for some time, It has only been incorporated into health programs within Australia recently, following investigations into health delivery and workforce reforms.

The 2008 Garling report (22) on Acute Care Services in NSW Public Hospitals recommended that health professional 'clinical education and training should be undertaken in a multi-disciplinary environment which emphasises inter disciplinary team based patient centred care'.

In 1988 the World Health Organisation (WHO) report *Learning together to Work Together for Health* (23) recognised the importance of interprofessional learning, and the recommendation that closer links between health and education were formed to ensure health care graduates were more prepared to meet the changing requirements of the system. It was identified by the Institute of Medicine in their 2000 report on health professional education that academic environments are rarely interdisciplinary, whilst work environments are increasingly so.

It has been suggested that to improve interprofessional learning in the education sector, methods based on adult learning should be used. Tools such as problem based learning, experiential learning, reflective practice and peer learning are useful for this area (24,25).

As technology advances, so do the opportunities for IPE. Computer based learning and clinical simulation are useful tools to develop teamwork and the foundations for IPE, and provide a safe environment for students to express their opinions and process their experiences at a pace that is suitable for them <sup>(26)</sup>.

Investigations into current education methods have identified common areas which could incorporate more integrated approaches <sup>(20)</sup> and in 2008 the National Health Workforce Taskforce <sup>(27)</sup> identified Interprofessional Learning as one of the key areas that could progress the development of core competencies and clinical education and training (processes, models and settings) within healthcare. In 2010 Health Workforce Australia was formed, and took over the responsibilities of the National Health Workforce Taskforce to facilitate greater collaboration and communication between different professions at a national level.

WHO first identified the need for IPE in 1978, and to date there have been a number of developments throughout the world with organisations such as Centre for Advancement of Interprofessional Educations (CAIPE) supporting the development and delivery of IPE within higher education.

In the 2010 WHO document *Framework for action on interprofessional education & collaborative practice*, IPE was identified as; a way to improve graduates abilities to work within a team, develop communication skills and understand professional roles within the broader health care model, which will in turn optimise health systems and outcomes.

In its 2000 review of patients safety (to Err is Human), the Institute of Medicine recommended that Interdisciplinary training should occur to improve and maintain skills, and communication. This would then help to reduce the ‘silo effect’ between professions, and improve a more integrative approach to healthcare.

Interprofessional working requires all members of the team to provide input regarding clients goals and management. This differs from multidisciplinary teams where different disciplines work alongside one another but independently.

Student led health clinics are common in North America and are usually aligned with a medical school. They provide access to real clinical situations, where the students manage their workload and develop leadership and communication skills whilst also providing a service to the community that does not already exist. A number of universities in Australia have developed ‘on campus health clinics’ to provide a further opportunity for clinical learning for health students, and they include both unidisciplinary and interprofessional models.

Griffith, Bond and Southern Cross Universities have on campus student assisted health clinics that provide therapeutic interventions using a discipline specific approach. Clinics that are based on the IPE approach include; the Challis Project in Perth (developed by Curtin University with HWA funding) which sees students from Curtin University providing health services to schools in their region, and the Capricornia Allied Health Partnership (CAHP) in Rockhampton, which has students from multiple universities and disciplines working in collaboration to manage chronic health issues in an adult community setting.



## 9.5. GLOSSARY

<b>Interprofessional Education</b>	When two or more professionals learn with, from and about each other to improve collaboration and the quality of care.
<b>Interprofessional Learning</b>	Is an active ongoing process between different health care professions encompassing adult learning principles
<b>Multi-disciplinary</b>	Health professionals from different disciplines who work alongside each other, but may not necessarily interact, or collaborate
<b>Transdisciplinary</b>	Overlap of practice between different professions
<b>Simulated learning Environments</b>	Environment that closely resembles the real workplace in function and provides access to related experiences and scenarios
<b>Interprofessional collaborative practice</b>	Behavior resulting from interprofessional learning and education

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## 9.7. PROJECT SCHEDULE OF WORKS

	2012		2013											
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
HETI support	X													
Governance committee formed		X												
Project officer appointed			X											
Scoping exercise				X										
Literature review					X	X								
Identify IPE/ Program model					X	X								
Develop database						X								
Design program						X	X	X						
Develop resources						X	X							
Engage clinic coordinator							X	X						
Supervisor training								X						
Deliver program									X	X	X	X	X	X
Evaluate program											X			

## 9.8. CONSULTATIONS

DATE	ORGANISATIONS / REPRESENTATIVES
12 February 2013	Australian Health Professional Regulation Agency
	Occupational Therapy Board of Australia
	Occupational Therapy Council
	Exercise and Sport Science Australia
	Nursing and Midwifery Board of Australia
	Australian Nursing and Midwifery Accreditation Council
	Australian Physiotherapy Council
	Physiotherapy Board of Australia
	Dietitians Association of Australia
	Speech Pathology Australia
18 February 2013	Carol Weir, Cecily Johnson, Helen Keogh at Department of Family and Community Services
22 February 2013	Gary Rogers, Associate Professor in Medical Education and Program, Lead in Interprofessional Learning, Griffith University
	Margo Brewer, Director Interprofessional Practice, and Kristy Tomlinson, Interprofessional Student Coordinator, Curtin University
26 February 2013	Pit Chan, Project Officer Interprofessional Learning, Griffith
27 February 2013	Winsome St John, Associate Professor, Nursing, Griffith
1 March 2013	Sheila Keane, Senior Lecturer, UCRH
5 March 2013	Penny Taylor, Practice Education Coordinator, University Sunshine Coast
	Jude Wills, Allied Health Clinic Manager, Central Queensland University
12 March 2013	Sharon Cody, Director Clinical Supervision Support Program, HWA

DATE	ORGANISATIONS / REPRESENTATIVES
15 March 2013	Chris Hannah and Kim Kendall, Tweed Community Health
25 March 2013	Matthew Moline, Head of Occupational Therapy, Griffith University
4 April 2013	Interprofessional Learning Steering Group, Griffith University
8 April 2013	Lisa Hutchinson, School Health Nurse, QLD Health
9 April 2013	Professor Iain Graham, Head of School, Health and Human Sciences, Southern Cross University
12 April 2013	Julie Gauchwin, Project Manager, Enabling Clinical Supervision Skills (NSW)
18 April 2013	CO-OPs needs assessment workshop
22 April 2013	Judy Nean, Manager, Preventative Health Unit, QLD Health
	Nick Abrams, Active Travel Supervisor, Gold Coast City Council
	Aloysa Hourigan, Nutrition Australia QLD
2 May 2013	Jackie Spillane, Occupational Therapy Supervisor
7 May 2013	Banora Point and Centaur Primary Schools P+C meeting presentation
9 May 2013	Wendy Pannach, Acting General Manager, North Coast Medicare Local
	Dr David McMaster, Paediatrician, Tweed Heads Hospital
	Judy Murray, School Nurse, Tweed Community Health
	Diane Biggs, Clinical Nurse Consultant, Child and Family Health, Tweed Community Health
21st May 2013	<p>Scenario Building Workshop at Bond University.  <b>Attendees:</b></p> <p>Nikki Milne, Physiotherapy, Bond University  Cherie Zischke, Physiotherapy, Bond University  Jo Gooderson, Tweed Healthy Schools Project Officer, Bond University  Garry Kirwan, Physiotherapy, Griffith University  Surendran Sabapathy, Exercise Physiology, Griffith University  Maggie Scorey, Occupational Therapy, Southern Cross University  Jackie Spillane, Occupational Therapy, Southern Cross University  Anna Foster, Nursing, Southern Cross University  Stephen Van Vorst, Nursing, Southern Cross University  With contributions from Juliet Wiseman, Nutrition, Griffith University</p>

DATE	ORGANISATIONS / REPRESENTATIVES
29th May 2013	<p>Head Teacher Consultation, Banora Point High School</p> <p><b>Attendees:</b></p> <p>Greg Smith, Principal, Banora Point High School      Christopher Randle, Deputy Principal, Banora Point High School      Head Teachers:      Jasmine Duncalfe      Deborah Johnson      Douglas Fewness      Jennifer Clancy      Kim Taylor      Luke Bristol      Sonya McNamara      Jenelle Foster, Deputy Principal, Centaur Public School</p> <p><b>Head Teachers:</b></p> <p>Fae Lynette      Kay Wilson      Tracey Carlson      Kristi Purveys      Karen Wickham, HETI      Jo Gooderson, Tweed Healthy Schools Project Officer, Bond University      Nikki Milne, Physiotherapy, Bond University      Juliet Wiseman, Nutrition, Griffith University      Anna Foster, Nursing, Southern Cross University      Stephen Van Vorst, Nursing, Southern Cross University      Maggie Scorey, Occupational Therapy, Southern Cross University      Jackie Spillane Occupational Therapy, Southern Cross University</p>



## 9.9. Clinical Placement Calendar

	Total Students																				
Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Date	15/7	22/7	29/7	5/8	12/8	19/8	26/8	2/9	9/9	16/9	23/9	30/9	7/10	14/10	21/10	26/10	4/11	11/11	16/11	25/11	2/12
<b>School</b>																					
<b>SCU</b>																					
<b>OT 3days/wk</b>	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>EP</b>																					
<b>Nursing</b>																					
<b>GRIFFITH</b>																					
<b>Nursing</b>	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Nutrition</b>	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>SP 2days/wk</b>																					
<b>PT</b>																					
<b>EP</b>																					
<b>BOND</b>																					
<b>PT</b>																					
<b>EP</b>																					
<b>Total</b>	6	8	12	12	12	12	8	8	4	4	4	4	10	12	12	12	8	8	6	4	4
	<b>Evaluation Period</b>											<b>No capacity</b>									
	<b>Continue Service delivery</b>																				

2 = 2 students per week, per subject

## 9.10. ICAT



### Interprofessional Capability Assessment Tool (ICAT) 2011

Student:	Profession:
Placement site:	
Dates of placement:	
Facilitator completing form:	

For each student, this assessment form needs to be completed by each of the following persons (please tick):

- FACILITATOR** – assessment will be based on feedback from all relevant staff on site  
 **STUDENT** – self assessment of performance

#### INSTRUCTIONS

The Interprofessional Capability Assessment Tool is divided into four areas of capability:

- Communication
  - Professionalism
  - Collaborative Practice
  - Client-Centred Service/Care
- For each of the FOUR capability areas, grade the student from 1 to 4. Indicate by circling one of these options. Please do not allocate half marks. Grade Descriptors are presented overleaf. Give specific examples of observed strengths and areas for improvement.

#### **MID PLACEMENT ASSESSMENT**

The student MUST complete a self assessment using this form. The facilitator and student will then meet to discuss strengths and areas for improvement. Students are required to develop an "Action Plan" to address strategies to improve any area of capability that is rated as **Unsatisfactory** or **Developing**.

The facilitator should inform the relevant university staff member of any student needing to write an "Action Plan".

If significant concerns are highlighted at the Mid Placement Assessment, the placement could be terminated.

#### **FINAL PLACEMENT ASSESSMENT**

To PASS a semester one placement, the facilitator(s) must grade the student as "**Developing**" or above on all **4 capability domains**. To PASS a semester two placement the facilitator(s) must grade the student as **At the required standard** "or above on all **4 capability domains**.

<b>GRADE DESCRIPTORS</b>	<b>Score = 1 Unsatisfactory</b>	<b>Score = 2 Developing</b>	<b>Score = 3 At the required standard</b>	<b>Score = 4 Excellent</b>
<b>Communication</b>	Frequently fails to communicate in a manner that is clear, comprehensive, culturally appropriate, respectful, or encourages effective working relationships. Does not synthesise information from others or incorporate into service/care plans. Exchange of information is limited.	Requires some support to communicate in a manner that is clear, comprehensive, culturally appropriate, respectful & encourages effective working relationships. Attempts to synthesise information from others and incorporates into service/care plans. Exchanges information within team, but needs support with this outside of immediate team.	Requires little support to communicate in a manner that is clear, comprehensive, culturally appropriate, respectful, & encourages effective working relationships. Synthesises information and incorporates into service/care plans. Exchanges information with relevant parties.	Highly developed communication skills which are adapted to a wide range of audiences & contexts and which facilitate effective working relationships with all relevant parties, within and between organisations.
	Frequently fails to behave in a professional manner &/or to comply with important policies, procedures or standards of practice. Practices frequently lack an evidence base. Requires a high level of support to undertake critical evaluations.	Requires some support to behave in a professional manner & to comply with important policies, procedures or standards of practice. Practices are mostly evidence based. Requires some support to undertake critical evaluations.	Consistently behaves in a professional manner & complies with important policies, procedures or standards of practice. Practices are evidence based. Requires little support to undertake critical evaluations. Respects team ethics.	Demonstrates professional behaviour beyond entry-level standard, complying with policies, procedures or standards of practice. Practices are evidence based. Undertakes in depth critical evaluations without support. Facilitates team ethics.
<b>Professionalism</b>	Fails to establish effective, collaborative working relationships resulting in reduced safety & quality of service/care, and requires significant support to evaluate collaborative capabilities.	Requires some support to establish effective, collaborative working relationships and to evaluate collaborative capabilities. Delivers an acceptable level of safety and quality of service/care.	Consistently establishes effective, collaborative working relationships and evaluates collaborative capabilities with little support. Delivers safe & moderate quality service/care. Demonstrates good understanding of team processes. Engages actively with team members and contributes to their knowledge. Resolves conflicts that arise with little support. Refers clients to other professions appropriately.	Demonstrates collaborative practice skills and critical evaluation of these beyond an entry level standard. Delivers safe, high quality care. Facilitates others to engage in team activities, to contribute knowledge, and provide leadership when appropriate. Effectively engages in conflict resolution, independently refer clients to other relevant professions and agencies.
	Demonstrates limited understanding of team processes & requires high level of support to engage actively with team members and/or to resolve conflicts that arise. Limited contribution to the knowledge of others. Requires significant support to refer clients to others.	Fails to demonstrate an understanding of, or an appropriate response to, the needs & concerns of the client, caregivers & others. Requires significant support to facilitate client self management, encourage client interaction and participation in decision making, and ensure conformed consent.	Seeks client, caregivers and others input into service/care planning. Requires some support to facilitate client self management, encourage client interaction and participation in decision making, and to ensure conformed consent.	Works in partnership with client, caregivers and other team members with minimal support. Facilitates client self management, encourages client interaction and participation in decision making, and ensures conformed consent.
<b>Collaborative Practice</b>	ICAT© Brewer, Gribble, Lloyd, Robinson & White, 2009			
<b>Client-centred service/care</b>	Interprofessional Capability Assessment Tool 2011 Revision			

<b>COMMUNICATION</b>	<b>MID PLACEMENT RATING</b>	Comments & examples			
		1	2	3	4
<b>Indicative examples of what is required</b>					
Respects values, beliefs & culture of all relevant parties					
Verbal, nonverbal & written communication is clear, comprehensive & culturally appropriate					
Effectively communicates role, knowledge & opinions to team members in a way that promotes positive collaboration					
Actively listens to knowledge & opinions of the client, team members & colleagues					
Responds to and synthesises information from others and incorporates this into the service/care plan for clients					
Uses information and communication systems effectively to exchange information with relevant parties within & between teams & organisations					
<b>PROFESSIONALISM</b>					
<b>Indicative examples of what is required</b>					
Maintains professional behaviour at all times					
Adheres to policies and procedures that ensure client safety & quality					
Demonstrates practice that is ethical, adheres to current evidence & to relevant standards					
Demonstrates appropriate level of independence & responsibility					
Critically evaluates own knowledge, skills, attitudes & values, & the impact of these on services/care.					
Critically evaluates service/care outcomes, policies & procedures					
Respects team ethics including confidentiality, resource & workload allocation.					

<b>COLLABORATIVE PRACTICE</b>	<b>MID PLACEMENT RATING</b>	1	2	3	4
<b><i>Indicative examples of what is required</i></b>	<b>Comments &amp; examples</b>				
Recognises & respects the roles, responsibilities & competence of all team member					
Contributes to the knowledge of others in the team					
Works in effective collaboration with team members to ensure safe, high quality service/care					
In partnership with other professionals provides collaborative services/care within and across organisations & refers on appropriately.					
Facilitates effective interprofessional team interactions & provides leadership when appropriate					
Reflects on team structure & function & own contribution to these					
Critically evaluates collaborative practice capabilities					
Participates actively in the resolution of conflict to ensure effective collaborative practice					
<b>CLIENT-CENTRED SERVICE/CARE</b>	<b>MID PLACEMENT RATING</b>	1	2	3	4
<b><i>Indicative examples of what is required</i></b>	<b>Comments &amp; examples</b>				
Works in partnership with the client & caregivers to plan, implement & evaluate service/care					
Facilitates client's engagement in self-management of health					
Shares information with the client in a way that encourages interaction, ensures informed consent and enhances their participation in choice and decision making					

<b>COMMUNICATION</b>	END PLACEMENT RATING			
	1	2	3	4
<b>Indicative examples of what is required</b>	<b>Comments &amp; examples</b>			
Respects values, beliefs & culture of all relevant parties				
Verbal, nonverbal & written communication is clear, comprehensive & culturally appropriate				
Effectively communicates role, knowledge & opinions to team members in a way that promotes positive collaboration				
Actively listens to knowledge & opinions of the client, team members & colleagues				
Responds to and synthesises information from others and incorporates this into the service/care plan for clients				
Uses information and communication systems effectively to exchange information with relevant parties within & between teams & organisations				
<b>PROFESSIONALISM</b>	END PLACEMENT RATING			
	1	2	3	4
<b>Indicative examples of what is required</b>	<b>Comments &amp; examples</b>			
Maintains professional behaviour at all times				
Adheres to policies and procedures that ensure client safety & quality				
Demonstrates practice that is ethical, adheres to current evidence & to relevant standards				
Demonstrates appropriate level of independence & responsibility				
Critically evaluates own knowledge, skills, attitudes & values, & the impact of these on services/care.				
Critically evaluates service/care outcomes, policies & procedures				
Respects team ethics including confidentiality, resource & workload allocation.				

<b>COLLABORATIVE PRACTICE</b>	<b>END PLACEMENT RATING</b>	1	2	3	4
<b><i>Indicative examples of what is required</i></b>	<b>Comments &amp; examples</b>				
Recognises & respects the roles, responsibilities & competence of all team member					
Contributes to the knowledge of others in the team					
Works in effective collaboration with team members to ensure safe, high quality service/care					
In partnership with other professionals provides collaborative services/care within and across organisations & refers on appropriately.					
Facilitates effective interprofessional team interactions & provides leadership when appropriate					
Reflects on team structure & function & own contribution to these					
Critically evaluates collaborative practice capabilities					
Participates actively in the resolution of conflict to ensure effective collaborative practice					
<b>CLIENT-CENTRED SERVICE/CARE</b>	<b>END PLACEMENT RATING</b>	1	2	3	4
<b><i>Indicative examples of what is required</i></b>	<b>Comments &amp; examples</b>				
Works in partnership with the client & caregivers to plan, implement & evaluate service/care					
Facilitates client's engagement in self-management of health					
Shares information with the client in a way that encourages interaction, ensures informed consent and enhances their participation in choice and decision making					

<p><b>MID-PLACEMENT COMMENTS.</b></p> <p>Date:</p> <p>If any <i>unsatisfactory</i> (1s) are circled please discuss ways student can progress forward and attach action plan.</p> <p>COMMENTS – strengths and areas for improvement</p>	<p><b>END-PLACEMENT COMMENTS.</b></p> <p>Date:</p> <p>If Action Plan required for future placements, please attach.</p> <p>COMMENTS – strengths and areas for improvement</p>	<p>This assessment has been discussed with the student.</p> <p>FACILITATOR : _____ DATE: _____ STUDENT: _____ (signature) _____ DATE: _____ (signature)</p>
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## 9.11. UWE Interprofessional Questionnaire

### UWE Interprofessional Questionnaire

For each of the following statements please choose one number that best reflects how you would feel or behave.

1 = strongly agree,      2 = agree,      3 = disagree,      4 = strongly disagree

		1	2	3	4
1	I feel comfortable justifying recommendations/advice face to face with more senior people				
2	I feel comfortable explaining an issue to people who are unfamiliar with the topic.				
3	I have difficulty in adapting my communication style (oral and written) to particular situations and audiences.				
4	I prefer to stay quiet when other people in a group express opinions that I don't agree with.				
5	I feel comfortable working in a group.				
6	I feel uncomfortable putting forward my personal opinions in a group.				
7	I feel uncomfortable taking the lead in a group				
8	I am able to become quickly involved in new teams and groups.				
9	I am comfortable expressing my own opinions in a group, even when I know that other people don't agree with them.				
10	My skills in communicating with patients/clients may be improved through learning with students from other health and social care professions.				
11	my skills in communicating with other health and social care professions may be improved through learning with students from other health and social care professions.				
12	i would prefer to learn only with peers from my own profession.				
13	Learning with students from other health and social care professions is likely to facilitate subsequent working professional relationships.				
14	Learning with students from other health and social care professions may be more beneficial to improving my teamwork skills than learning only with my peers.				

(Pollock Et al 2005)

## 9.12. CLINICAL REFLECTIVE TASK

### Clinical Reflective Task

Objectives:

- To facilitate student learning and goal setting
- To develop an understanding of the impact of both patient and therapist behavior has on an intervention or interaction
- To assist communication between student and supervisors regarding interactions and experiences

This should be used for any novel activities:

- Case conference,
- classroom observations,
- interprofessional shadowing and
- discipline specific assessment and treatment.

You should complete at least one entry per week, but this is a guide, and you should complete as many as you feel is necessary.

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## Clinical Reflective Task

Brief description of experience: (provide background of situation and clients, what happened)

Important observations:  
(about situation, others, myself - thoughts/feelings)

What I learned from this experience:

What did I do well:

What would I like to change:

How will I make these changes:

Date for review:

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## 9.13. STUDENT QUESTIONNAIRE

### Tweed Healthy Schools Student Questionnaire

For each of the following statements please choose one number that best reflects how you would feel or behave.

1 = strongly agree,      2 = agree,      3 = disagree,      4 = strongly disagree

Question	1	2	3	4
I felt that the orientation process was helpful				
The THSP helped me understand the Interprofessional approach to patient care.				
I think that Interprofessional education would be beneficial in lectures and tutorials.				
I appreciated the opportunity to work with other professions on specific client issues.				
I gained an appreciation for the clinical reasoning skills of colleagues from different disciplines.				
I gained an appreciation of the knowledge base of colleagues from different disciplines.				
The THSP should be continued.				
The THSP should be expanded to other schools.				
The THSP developed my confidence in communicating with other members of the interprofessional health care team.				
The coordinator was helpful and approachable.				
Feedback provided was constructive and timely.				
I felt comfortable with assessment processes.				
I felt part of a supportive learning environment.				
The self evaluation process was supported.				
The self evaluation process was useful.				
More patient discussions should be included in the THSP.				
More discussion of managerial issues should be included in the THSP.				
Because of this project I feel better equipped to work collaboratively in future.				
The THSP was beneficial to my professional development and future career choices.				

Please describe what you liked about this project

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Please describe what you disliked about this project

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Adapted from: Roberts and McDaniels. Interdisciplinary Professional Education: A Collaborative Clinical Teaching Project

## 9.14. PARENTS / STAFF SURVEY

### Tweed Healthy Schools Parents and Staff survey

1. Did students introduce themselves and explain their role? Yes / No

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2. Did they interact appropriately with yourself/class? Yes / No

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3. What capacity was your interaction (classroom, in playground etc?)

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4. Did you find their presence positive or negative?

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5. Did you feel that you understood the aims of the project prior to it starting? Yes / No

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---

6. Has your understanding changed since then? Yes / No

---

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7. Did the health team meet the needs of your child/students? Yes / No

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8. How could this service be improved upon?

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9. What areas would you like more involvement?

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10. Did you feel that you were part of the decision making process? Yes / No

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Thank you for participating in this survey, it will help to improve  
the program in the future.

## 9.15.Family Information Pack

At the start of Term 3 there will be a team of students from Bond, Griffith and Southern Cross Universities on the school grounds, participating in a project to bring health care services to your school. These students come from a range of health professions to support your families and community in helping your children get the best start.

These students will be providing specific one on one health assessments and interventions as appropriate to school pupils who have been identified as requiring support by Parents, Teachers, the school Councillor, or other health professionals.

**To give you a head start here is a brief overview of the professions involved and what we do.....**

### **Speech Pathologist**

Speech Pathologists aim to improve language and communication skills as well as support people with difficulty with eating, drinking and swallowing.

### **Physiotherapist**

Physiotherapists aim to improve quality of life in children and young people by promoting independence, and physical activity. They assess and treat strength and coordination, motor development, posture and balance, and quality of movement.

### **Nutritionist / Dietitian**

Nutritionists and Dietitians help to prevent illness and disease by promoting healthy eating habits and making recommendations about altering diets. They help plan meals and menus to meet the nutritional needs of the school community (including staff and families).

### **Nurse**

Nurses in the school setting provide clinical care for a variety of illnesses and injuries. They also perform routine health testing, as well as roles in health promotion, and counseling on health related issues.

### **Occupational Therapist (OT)**

OT's help children gain independence in all areas of their lives. They can help children improve their cognitive, physical and motor skills to support them in their 'job' of learning and play.

### **Exercise Physiologist**

Exercise Physiologists use activity and exercise to develop a healthy lifestyle as well as prevent and manage chronic health problems. They can provide individual and group based activities to help children achieve these outcomes.

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**All interventions will involve your child's teachers and support staff, as well as you!**

If you feel that your child could benefit from having involvement from one of the above disciplines, please complete the referral form in this pack and speak to your child's teacher about how to get involved.

Your written consent may be required for your child's participation in any individual assessment and treatment sessions.

These students will also be providing a range of interventions across the school to target health related issues, both in class and through other activities, including opportunities for your participation. If you would rather your child did not participate in these activities could you please complete the opt out form below and return to your child's teacher.

We welcome your involvement, and we welcome any suggestions about areas of concern that you may have.

Consent for your child's participation may be withdrawn at any stage, in writing.

All information relating to your child's participation in the project is strictly confidential. The results of the project may be published, but all identifying information will be removed.

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**Parent Opt Out Form**

I, ..... being the parent / legal guardian  
of..... (Child's name) do not wish my  
child to participate in the classroom based activities of the Tweed Health Schools Project.

Signature:

.....Date:.....

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The Tweed Healthy Schools Student Health Team will accept referrals from you or your child's teacher if there are concerns about your child's health or development.

***This health assessment may include:***

- ***Vision and/or hearing screen***
- ***Oral health check***
- ***Inspection of the ear canal***
- ***Measurement of your child's height/weight***
- ***Speech and language***
- ***Fine and Gross motor skills***
- ***Scoliosis assessment (curvature of the spine)***
- ***Assessment of any other health concerns raised by you or your child's teacher.***

These assessments will be conducted by students currently enrolled in a university health degree program (Griffith University, Bond University, or Southern Cross University) and they will be supervised by a qualified allied health professional. We require that a parent or guardian be present for these activities.

Please note that the provision of the student health service does not replace your normal source of health care.

With your consent, a report outlining what interaction has taken place will be provided to you, your child's teacher and your child's GP.

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## **REFERRAL FORM FOR HEALTH ASSESSMENT**

Childs name: \_\_\_\_\_

Class: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Therapy believed to be required:

Speech Pathology	
Physiotherapy	
Occupational Therapy	
Nursing	
Other (please Specify)	

Name of person making referral (please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child (I.e. Parent / teacher): \_\_\_\_\_

We will need your written permission for your child being involved, so please read the information privacy statement, and if you agree to your child having a health assessment, complete and sign the enclosed consent form and return it to the school.

If you have any questions, please contact .....  
or your child's teacher

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## **YOUR CHILDS PERSONAL DETAILS**

**Mothers Name:** \_\_\_\_\_

**Tel No: (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_ **(Mob):** \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

**Tel No: (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_ **(Mob):** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Language spoken at home:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Aboriginal or Torres Strait Islander:**  Yes /  No

**Does your child have a medical condition, developmental concern, or learning difficulties?**  
\_\_\_\_\_  
\_\_\_\_\_

*(for example, asthma, diabetes, cerebral palsy)*

**Do you have any other concerns about your child's health?**  
\_\_\_\_\_  
\_\_\_\_\_

**Is there any other information you feel would be helpful? (for example, any major changes or events in your family)**  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you,**

**Student Health Team**

  
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## **PRIVACY STATEMENT FOR PARENTS/CARERS**

### **1. What information will I be asked about in the referral form?**

The information you are asked about is:

- Your child's health history.
- Any concerns you have about your child's health and well-being.

### **2. What is this information used for?**

This information is used to:

- Identify your child's health needs.
- Determine the need for further intervention for your child by a student physiotherapist, occupational therapist, speech pathologist, or nurse.
- Give you advice based on these needs.
- Share information with your permission with relevant staff of the school to provide your child with appropriate support (e.g. Your child's teacher, principal or student support officer).
- Manage, plan and improve the delivery of the student health service provided to your school.

### **3. Why should I give this information?**

This information is important in providing support for your child. It helps:

- Understand any concerns you may have about your child's health in order to undertake a health assessment of your child.
- The student health team to offer advice and information about your child's health, and make an onward referral if needed.
- The school to understand how your child's health may affect their learning.

### **4. Do I have to provide this information?**

No. You are not required to provide this information, however the information that you do provide will assist to support you and your child. If you chose not to provide this information it would be of assistance if you could explain why.

### **5. How will this information stay private?**

The student health team and your school are committed to protecting the personal information you provide us. Your information will only be used in the way outlined above, and will not be used for any other purpose without consent, unless required by law. Only the students involved in this project and their supervisors will have access to this information, and it will be held securely in accordance with data protection policy.

### **6. Accessing your information**

You may access the information held by the student health team regarding your child at any stage. For more information please contact the clinical coordinator on .....

**Thank you for filling out this form.**



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## **PARENT CONSENT**

**To be completed by parent/carer.**

To give consent to the individual health assessment and therapy sessions performed by university health students and their supervisors, please tick the **yes** box.

I consent to the assessment and treatment of my child and understand that I will be provided with a written report of the findings and management plan.

Yes            No     

Please select if you would like your child to be **EXCLUDED** from any of the following tasks

- |   |  |
|---|--|
| <input type="checkbox"/> Measurement of Blood Pressure, temperature, pulse, height, weight                                      | <input type="checkbox"/> Waist measurement (only involves lifting shirt above navel) |
| <input type="checkbox"/> Blood Glucose (involves a pin-prick of a finger)   | <input type="checkbox"/> Assessment of speech  |
| <input type="checkbox"/> Mental health assessment   | <input type="checkbox"/> Assessment of vision  |
| <input type="checkbox"/> Substance use history / assessment   | <input type="checkbox"/> Assessment of hearing                                       |
| <input type="checkbox"/> Scoliosis assessment (if button up shirt worn can be put on backwards in private to expose spine only) |  |

To give consent to share this information with members of the school, please tick the **yes** box.

I consent to a report being provided to my child's teacher regarding the outcome of the assessment and any classroom management advice as appropriate.

Yes            No     

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_ Boy / Girl (please circle)

Signature: \_\_\_\_\_ Parent/ Legal Guardian / Carer

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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