

## A GUIDE TO AN INTERPROFESSIONAL LEARNING AND SUPERVISION MODEL (IPL&SM)

Based on the Tweed Healthy Schools Project 2013 - 2014



**Prepared by:**

Kirstin Macdonald, Clinical Coordinator / Generalist Supervisor, Bond University

Nikki Milne, Academic Coordinator of Clinical Education, Project Manager, Bond University

Jo Gooderson, 2013 Project Officer, Bond University

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## Introduction

One of the objectives of the Tweed Healthy Schools Project, 2014 was to conduct an extended clinical placement pilot to further test and refine the Interprofessional Learning and Supervision Model (IPL&SM) to determine if the model could have wider application.

This *Guide* sets out the steps and processes for establishing an IPL&SM that may be of interest to others wishing to establish a clinical placement program in and with other schools. The IPL&SM has capacity to include a broad range of health professions.

### **1. Research – *What we know***

#### ***Emerging Trends in Health Care***

Health research indicates that as a result of an increasing ageing population and associated diseases and the increasing prevalence of chronic diseases (e.g. obesity, diabetes, mental health conditions, and cardiovascular disease) there is a need to move towards more primary care, aged care and community based health service delivery models.

In association with this shift to towards expanding non-acute healthcare services there is also a change towards services that focus on early intervention, prevention and a team-based approach (where the patient is integral to the planning and decision process) is required (Department of Health and Ageing, 2008).

The changing healthcare environment is driving a need to adapt clinical education and training programs of undergraduate health science students to ensure they are well prepared to work as future clinicians in a range of expanded healthcare settings. Universities now need to identify a variety of healthcare settings that will offer undergraduates a more comprehensive clinical training experience to develop their clinical skills and to meet accreditation requirements. Universities are finding it increasingly difficult to source clinical placement opportunities for health science in community-based and primary care settings.

Currently, the majority of clinical training placements are provided in the acute public hospital sector. In a 2012 survey of clinical education carried out by the former Health Workforce Australia (HWA) it was shown that over 74% of clinical training was provided by the public health system, and 77% of this was provided in metropolitan areas (Health Workforce Australia (2013).

The THSP 2014 is an innovative response to the demand to have a broader range of clinical training settings available. The school environment provides a rich source of community paediatric (children and adolescents) clinical experiences for undergraduate health science students that are currently not available.

## ***Interprofessional Learning***

It has been identified that the development of Interprofessional Practice competences in health professional students is an important strategy to ensure the future workforce is equipped with the skills required to cope with the changing models of care and expanded settings. The 2010 WHO Framework for action on Interprofessional education and collaborative practice states that collaborative practice can improve:

- Access to and coordination of health-services
- Appropriate use of specialist clinical resources
- Health outcomes for people with chronic diseases
- Patient care and safety
- Collaborative practice can decrease:
  - Total patient complications
  - Length of hospital stay
  - Tension and conflict among caregivers
  - Staff turnover
  - Hospital admissions
  - Clinical error rates
  - Mortality rates

The collaborative practice benefits above are all linked to improved communication across professional boundaries, which in turn can ensure safe and efficient care is delivered to patients. (Greiner and Knebel, 2003, Pollard and Miers, 2008).

The aim of Interprofessional education is to prepare healthcare workers with the necessary collaboration and communication skills they will require for working in Interprofessional teams in their professional practice.

Interprofessional education is defined as 'learning with, from and about members of other professions to improve professional practice and care delivery (Barr 2002).

Although currently there is no strong theoretical framework for IPE, it has been postulated that it should combine elements of behaviourism and constructivism. That is, a combination of the outcomes as well as the process of learning. These can be considered in both macro (communities of practice) as well as micro levels (self-directed learning, problem based learning, and social contact) (Hean, et al 2009).

Due to these factors, IPE can be integrated into all stages of the educational process from the didactic to the clinical experiences.

There is evidence on the benefits of IPE in small-scale workgroups, simulation and lecture based formats, however there is little evidence on the process of implementing IPE into a clinical setting (Barr, 2002, Abu Rish, 2012).

To date, literature produced on Interprofessional education focuses on 3 main topics:

1. The conceptual basis of IPE and the development of the competencies (CIHC, 2010).
2. Need for strengthening research methods for demonstrating effective teamwork and communication (Barr, et al 2006).
3. Developing sustainable models of IPE that can be incorporated into mainstream health professional curricula (Barr and Ross, 2006).

The research that exists on the outcomes of Interprofessional education mainly comprises small group, single event interactions (i.e. workshop, patient simulation or case study). This format is more favourable for the development of student interaction and improvement of team dynamics than lectures. Of a systematic review of IPE performed by Abu Rish et al (2012) the researchers found that only 35% of activities were of clinical interactions.

The most common learning outcome is student attitudes to IPE, followed by gains in knowledge of IPE. This change in knowledge focused mainly on understanding of professional roles, collaborative approaches, and clinical/patient care content. (Abu Rish, 2012).

A method of integrating Interprofessional clinical education into professional training programs is through the development of service learning / student led clinics. The difference between a traditional clinical placement and a student led clinic, is that in a student led clinic, it is the students who perform a needs analysis, and the clinical activities are directed by the students in collaboration with the clients/stakeholders, rather than being directed solely by the clinical educators (Seifer SD. (1998). In the setting of the THSP, focus was provided to incorporating the needs of the clients (school Pupils and staff) to be implemented into their functional setting – for example the classroom or school canteen.

This method of clinical education provides an opportunity for the students to gain valuable educational experiences that may not be available via traditional clinical education provisions, whilst also providing a much needed health service not currently available to the target population.

Interprofessional clinical education is an emergent field in health care education in Australia, and as such there is a need for rigorous evaluation of the methods and educational outcomes of such a process.

Previous research on this topic has identified a number of barriers to the successful implementation of such a model on a wider scale (Lawlis et al, 2014). These barriers exist on a number of levels; individual, institutional and governmental. Some of the barriers reported can exist as both a barrier and an enabler, dependant on the frame of reference of the stakeholders, and examples of these are:

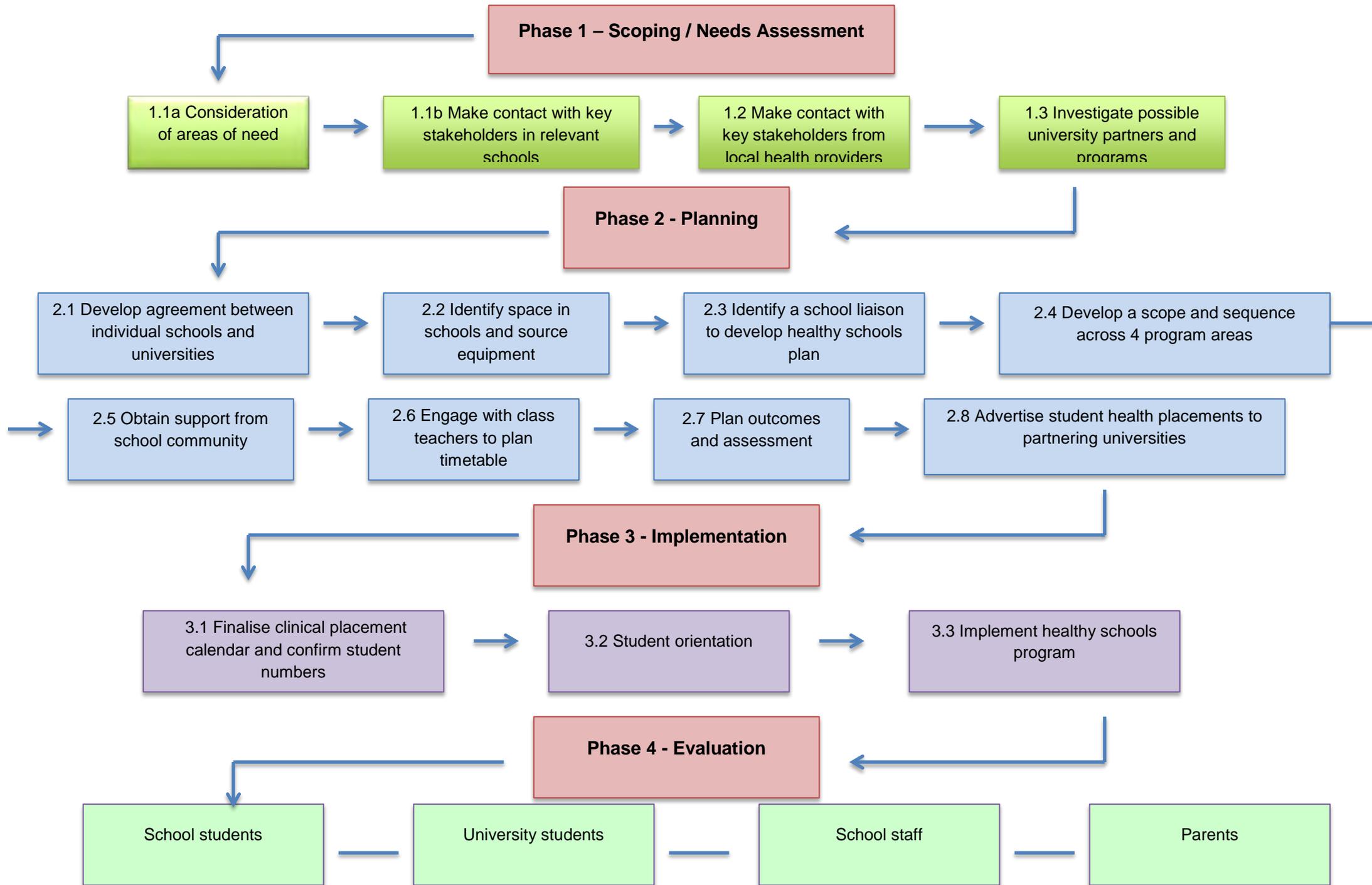
- Finances
- Support / reward
- Coordination of clinical calendars
- Staff development and understanding.

To support the acceptance of IPE as an alternative model of clinical education that provides comparable outcomes for students and education institutions, further development of a structured framework for the implementation of IPE is required.

To achieve this aim, research into the learning outcomes of this model of clinical education and further investigation into the barriers to its implementation within Australia is warranted.

The following Interprofessional learning and supervision model has been piloted as part of the Tweed Healthy Schools Program. This guide has been developed to assist Universities and the NSW Department of Education and Communities (NSW DEC) in the development, implementation and evaluation of a healthy school programs.

## 2. Flow Chart - INTERPROFESSIONAL LEARNING AND SUPERVISION MODEL



### 3. Phase 1 – Scoping / Needs Assessment

#### 1.1a: Consideration of areas of need

Consider the needs of the school in respect to health and learning

#### 1.1b: Contact key stakeholders in schools

Make contact with key stakeholders in relevant schools and scope out potential for involvement in a health professional, university student-led program based on an interprofessional learning and supervision model.

##### i) **Principal**

- Find out what health promoting activities are currently being delivered at the school
- Identify whether the school can already be identified as a *health promoting school*
- Research the current state-wide health initiatives that may be implemented in schools (e.g. Crunch & Sip, Jump Rope for Heart, Live Life Well @ School)
- Review curriculum that exposes school students to health (e.g. PDHPE, Science)
- Review curriculum and/or school careers information that exposes school students to health professions as an educational pathway
- Is there a suitable space for the university student health team

##### ii) **Learning support staff**

- Find out what is already in place for students with a disability. Consider the current National Disability definition and framework

#### 1.2: Contact key stakeholders in the local health directorate

Make contact with key stakeholders from Health and find out what services exist for school-aged children in the local areas and what the referral processes involve and length of time on waiting list

The key stakeholders may include:

- Health and disability practitioners (Physiotherapists, Occupational Therapists, Speech pathologists, Dietitians, Exercise Physiologists, Health promotion officers, child and family nurses)
- NSW Health directorate
- Ageing, Disability and Home Care (ADHC)
- National Disability Insurance Scheme (NDIS) private practitioners
- Non-Government agencies – e.g. Cerebral Palsy Alliance

### **1.3: Identify University partners**

Investigate possible university partners and/or health profession programs for filling the student positions in the university student led service in the school/s and potential sources for funding supervisors

- i) List potential scope for each profession (See APPENDIX 1 – Example of IPL&SM Brochure)

Students studying Occupational therapy, physiotherapy, speech pathology, nutrition and dietetics, exercise science, public health in nutrition & health promotion, nursing, psychology

- ii) Develop a draft clinical placement calendar that aligns the university clinical placement blocks to the school terms (See APPENDIX 2 – Example Clinical Placement Calendar)
- iii) Obtain a list of the university learning objectives for clinical placement and a copy of their clinical manuals to determine requirements for learning experiences and assessment processes. Align requirements to opportunities in the IPL & SM Healthy school program (APPENDIX 3 – Example of an outline of opportunities for physiotherapy students)

## **4. Phase 2 - Planning**

### **2.1: Develop a clinical placement agreement between individual schools and the universities**

- Have the example clinical placement agreement template (APPENDIX 4 – Example Clinical Placement Agreement Template) reviewed by the university legal team
- Following review by the university legal team, provide the school principal with a draft copy of the agreement. The principal will review the agreement and make recommendations
- The school principal will then send the draft agreement to the school legal team
- Agreement sent back to university legal team for final check
- University signs
- School signs

### **2.2: Identify and prepare a space in school for the school health team** (to form a base with potential for outreaching to other schools)

This space would ideally comprise the following:

- A room with approximate seating for a minimum of 15 people (e.g. the equivalent of a demountable classroom including a private room for individual health assessments)
- A minimum of 16 desks and chairs (including child-height table and chairs)
- Filing cabinet for storage of private clinical records
- Storage for assessment and treatment equipment
- Multiple keys cut for room for students/staff to access
- Lockable cupboards for valuables
- Small fridge
- Sink in room (for hand washing)
- Disability access to room
- Whiteboard on wall and corkboards for PD resources
- Access to photocopiers/printer
- IT Wi-Fi access in room
- Private printer in room for printing of private reports or swipe key access to main printer to prevent confidential reports from being printed the printer can be reached
- Shredder for destroying confidential reports
- Assessment tools (APPENDIX 5 – Example Equipment Inventory)

### **2.3: Identify a school health liaison to assist with the development of a healthy school program**

This program will be based on the perceived needs of the school community and learning support staff identify during Phase 1.1a. (See APPENDIX 6 – Example EOI for Secondary Curriculum Liaison Officer for IPL&SM)

## **2.4: Develop a healthy school program**

This will involve developing a scope and sequence across the school terms, in collaboration with the school health liaison that relates to the health professions involved and the target audiences across four distinct program areas:

### **Individual Assessments**

- Physiotherapy – Neuromuscular, Neurodevelopmental, Fitness and Mobility assessments
- Occupational Therapy – Fine Motor, Social Emotional, Perceptual Motor and Play assessments
- Speech Pathology – Speech, Language, Reading and Communication assessments
- Developmental Screening for Year 1 children.
- Oral health and general health / developmental assessments
- Manual handling advice for teachers working with individual students requiring additional mobility support

### **Classroom Activities**

- Action Based Learning – Integrated into Maths, English and Drama Curriculum
- Perceptual Motor Programs
- Health and Fitness classes for primary school children
- Environmental / Postural Screening

### **Whole of School Activities**

- Physical Activity Needs Assessments
- Lunch time, before and after school physical activity programs
- Stress Management Programs for senior students undertaking HSC
- Playground Audits
- Canteen Audits
- Health Promotion Campaigns (e.g. oral health, Crunch & Sip, Count your steps, heart foundation initiatives)
- Injury Prevention Programs
- Disability Access Audits / advice
- School Garden Programs
- Parent Information Evenings – Health related topics
- Information sessions for school students and parents about Health Professions.

### **Other generic skills and knowledge learned relevant to Student Health Professional Education**

- Verbal communication and rapport building with children in their natural environments
- Written documentation skills relevant to health and education environments
- Ethical, legal and culturally sensitive practice requirements of health professionals

- Understanding school environments as a natural and usual context for child development
- Team skills (within the student led health professional team and the school staff / teachers)
- Appropriate behaviour for health professionals
- Health promotion skills
- Multidisciplinary approaches to chronic disease prevention and management
- Integrated approach to health assessments and interventions that challenges students' thinking and understanding of inter-professional collaborative care and improved understanding of practising with other health and education professionals.
- Risk management principles relevant to working with children and in school / community contexts.

### **2.5: Obtain support from school community**

- Arrange a time to meet with school principal, executive and learning support staff to pitch the draft implementation plan and scope and sequence and seek their feedback and approval
- Attend a P&C meeting to present the plan to the committee and seek their feedback and approval. Identify the needs of the local school community (see APPENDIX 7 – Example information to community on IPL&SM).

### **2.6: Engaging classroom teachers**

After approval has been granted by the school principal, executive and learning support teams and the P&C, arrange a meeting with the school staff that will be directly involved in the implementation of the healthy schools program. This step must occur in collaboration with classroom teachers so that it can align with curriculum, the school/class timetable and the needs of individual students in the classes/school. (APPENDIX 8 – Example IPL&SM program in primary school / Example IPL&SM program in high school)

### **2.7: Planning outcome and assessment**

Consider the following suggestions in order to develop an evaluation plan that will evaluate the impact of the healthy schools program on university and school student outcomes

- **Individual**
  - normal therapeutic outcomes (e.g. discipline-specific outcome measures)
- **Whole of class**
  - compare to other classes, monitor attendance/behaviour ratings, level of physical activity, fitness levels, numeracy/literacy
- **Whole of school**
  - school NAPLAN ranking, attendance rates, behavioural/detention outcomes

## **2.8: Advertise the student health placements to partnering universities**

In order to include a defined clinical placement calendar and/or healthy school program timetable that aligns with the school terms:

- Send out brochure
- Outline alignment to learning objectives for each of the health professions
- Explain legal agreement and outline whether there will be a fee for each student
- This needs to be finalised prior to October for the following year ahead

(See APPENDIX 9 – Example Timeline for IPL&SM). Please note, in the 12 months prior to running the service, this is the timeline that needs to be considered.

## **5. Phase 3 – Implementation**

### **3.1: Finalise clinical placement calendar and confirm student numbers**

- make a list of student names, university liaisons
- Finalise the clinical placement calendar
- Obtain individual student details from universities and send out student placement package

Student package should ideally include:

- working with children check
- immunisation policy
- IT access for students
- OH&S policy
- Info on confirmed school program and opportunities for students

### **3.2: Student orientation**

Students to attend orientation day and complete orientation checklist including:

- orientation / OH&S policy of schools
- confidentiality / privacy agreement
- emergency procedures
- incident reporting
- signing in/out policy
- student timetable
- student/supervisor expectations
- overview of placement requirements and activities
- overview of assessment processes – discipline specific / ICAT

### **3.3: Implementation of programs as outlined in 2.4.**

- students to spend a day of observation in primary classrooms as part of orientation week
- student to meet with classroom teachers they will liaise with during their placement to obtain background information on school students and offer guidance in behaviour management

## **6. Phase 4 – Evaluation**

**4.1: To evaluate the IPS&LM, a comprehensive evaluation of the clinical program is recommended, gaining feedback from:**

- school students
- university students
- school staff
- parents / P&C committee

The evaluation methods and tools could include:

- Questionnaires – students, teaching staff and parents
- Interprofessional Capability Assessment Tools (ICAT)
- Discipline-specific student assessment Tools (ESSA logbook, APP, COMPASS)
- Focus Groups
- Outcome measures identified in research study
- Individual health science project reports

**Refer to Evaluation Plan previously developed (2.7) to determine the impact of the Healthy Schools program.**

## 7. Staffing and Funding

### ***Proposed Staff Model***

The proposed staffing level would support an IPL&SM clinical placement program that includes physiotherapy, exercise physiology, occupational therapy, speech pathology and dietetics. This IPL&SM staffing model could be expanded to include a broader range of health professions. Ideally there would be at least one health professional on site each day to provide interprofessional supervision to all health professional students and discipline-specific supervision as required.

<b>Position</b>	<b>Hours/week</b>	<b>FTE</b>
THSP Clinical Coordinator	8	0.2 FTE
Physiotherapist	24	0.6 FTE
Occupational Therapist	16	0.4 FTE
Speech Pathologist	16	0.4 FTE
Dietitian	16	0.4 FTE
<b>Total</b>	<b>80</b>	<b>2.0 FTE</b>

Additionally ***school liaison officers*** would be required and would involve liaising with the school health team, comprised of university students and their educators. They would be responsible for planning and facilitating the implementation of opportunities for the university health students within the primary and high school settings. At the beginning of the year, all health and education professionals should meet to plan the program for the calendar year, based on when the university students will be on site for their clinical placements.

<b>Position</b>	<b>Hours/week</b>
Secondary Education Liaison Officer	2
Primary Education Liaison Officer	2

The role of the primary and secondary education professional would involve liaising with the school health team comprised of university students and their educators. They would be responsible for planning and facilitating the implementation of opportunities for the university health students within the primary and high school setting.

The following table outlines the health and education professional team and the potential hours they could be on site each week.

### ***Funding Source***

Depending on the school environment there may be a number of options that can be explored to identify funding to support the introduction of an IPL&SM clinical placement program.

The Queensland Department of Education, Training and Employment, currently funds a number of therapy services (Occupational Therapy, Speech Pathology and Physiotherapy services) in the school environment. In this situation, it may be possible to negotiate supervision arrangements between the therapy care providers and the universities.

Another funding option for further consideration could be a collaboration between NSW Department of Education and Communities (fund-holder for therapy services) and universities to work together to develop a clinical placement program for health professional students which at the same time will enhance health services within schools. Universities could either commit to providing a fee to placement of students at schools or assist with purchasing the necessary equipment and resources required for the program.

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## 9. Appendices

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## PROGRAM OBJECTIVES

By the end of this placement, students will be able to:

- Understand the context in which children learn and develop.
- Demonstrate enhanced communication and interpersonal skills with children and their carers.
- Develop clinical skills as well as skills in reflection and self-evaluation.
- Contribute to team (health, education professionals and client) oriented delivery of care.
- Describe their role identity within the team and reflect upon specific experiences of interprofessional practice in the Tweed Healthy Schools context.
- Gain an understanding of the barriers and facilitators to implementing health professional programs in schools.



## WHEN?

For 2014, placements will be available from April 28th to December 5<sup>th</sup>, 2014. Please contact the Clinical Coordinator to express your interest as placements will be filled on a first come, first served basis.

## WHERE?

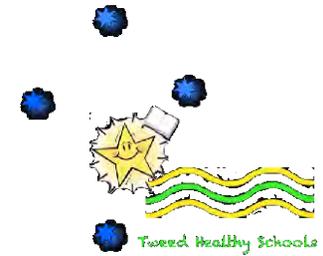
Centaur Primary School and  
Banora Point High School  
Eucalyptus Drive  
Banora Point NSW 2486



If you have questions regarding the Tweed Healthy Schools Program, please contact the Clinical Coordinator and Physiotherapist, Kirstin Macdonald

**Mobile:** 0424 996 694

**Email:** [kmacdona@bond.edu.au](mailto:kmacdona@bond.edu.au)



## TWEED HEALTHY SCHOOLS PROGRAM

An  
Interprofessional  
Clinical Placement  
Program in Schools



**This clinical placement program in schools demonstrates an interprofessional service delivery 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. Should a university wish to provide discipline specific supervision (direct or distant), this may be negotiated.**

**BENEFITS**

- An increase in clinical placement capacity in a non-acute paediatric community based environment (primary and high school).
- To provide a more comprehensive training experience to better prepare health science students for clinical practice. Learning with others leads to an improved appreciation of professional roles and responsibilities, and provides an understanding of the team approach to care.
- To improve the health and learning outcomes of school students.

**PROGRAM INCLUDES**

- Health promotion including chronic disease prevention and management through whole of school / class programs and campaigns.
- Action based (kinesthetic) learning integrated in school curriculum in classroom / playground environments.
- Communication and engagement with children, teachers and their families.
- Individual assessments of children, if/when appropriate.
- Development of health team intervention plans.
- Engagement in Tweed Healthy Schools research program.

**DISCIPLINES INVOLVED**

**Physiotherapy**

Screening, assessment and management of a non-acute paediatric caseload. Promotion of health, physical function and development. Training of gross motor (fundamental movement) and balance skills. Design and implementation of class action-based learning and perceptual-motor/ fitness programs.

**Exercise Physiology / Exercise Science**

Development and implementation of before, lunchtime and after school physical activity programs. Development and delivery of class fitness and personal training programs.

**Occupational Therapy**

Assessment of student performance and development of programs to support learning and health. Work with teachers and parents to recognise difficulties that interfere with schooling. Participate in school activities with individuals, groups or the whole school to meet identified goals.



**Speech Pathology**

Screening, assessment and management of a paediatric caseload including assessment of speech sound production, receptive and expressive language and literacy. Design and implementation of small group activities, including action-based learning integrated into the school English curriculum

**Nutrition and Dietetics**

Development and implementation of strategies to improve healthy eating (e.g. canteen/lunchbox audits). Provide education and support for a whole of school approach to healthy eating. Ideal for a Community / Public Health nutrition placement.

**Public Health (Health Promotion/Nutrition)**

Provide assistance with the planning and evaluation of health promotion programs in the school setting and policy development.



TWEED HEALTHY SCHOOLS CLINICAL CALENDAR

THSP 2014	1	2	3	4	5	6	7	8	9			1	2	3	4	5	6	7	8	9	10			1	2	3	4	5	6	7	8	9	10	11			Total Students				
Week	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52					
Date	28/4	5/5	12/5	19/5	26/5	2/6	9/6	16/6	23/6	30/6	7/7	14/7	21/7	28/7	4/8	11/8	18/8	25/8	1/9	8/9	15/9	22/9	29/9	6/10	13/10	20/10	27/10	3/11	10/11	17/11	24/11	1/12	8/12	15/12	22/12	29/12					
School Term	School Term 2										School Term 3										School Term 4																				
School Term																																									
SCU																																									
Ex Sc																																									
SP																																									
OT																																									
<b>GRIFFITH</b>																																									
Nutrition				4	4	4	4	4	4		6	6	6	6	6	6	2	2	2	2	2	2					3	3	3	3	3	3						15			
SP ?1/2 day per week																																									
PT																																									
Ex Sc																																									
Public Health 2 days/wk																																									
<b>BOND</b>																																									
PT																																									
ExSc																																									
Nutrition																																									
<b>Total</b>	0	0	0	4	4	4	4	4	4	0	10	10	13	13	12	12	8	6	6	6	6	4	4	5	5	9	7	7	6	7	7	3		0	0	0	28				
Reporting											Interim Report Due - 4th July																				Final Report Due - 30th Nov										

 To be confirmed

## Tweed Healthy Schools Project 2014

### Overview for Physiotherapy Students

#### Description of the Tweed Healthy Schools Project

The Tweed Healthy Schools project is a university student placement program in schools that demonstrates an interprofessional service delivery model. It is a non-acute paediatric community-based placement. University students, obtaining their qualification in a health-related occupation, have the opportunity to learn with and about each other's professions, whilst providing health services to the wider school community under the supervision of an interprofessional supervisor (a qualified physiotherapist).

This program aims to improve equity of access to health support services for families from a socioeconomically disadvantaged background. These services include:

- individual health assessments
- classroom activities
- whole-of-school programs relating to improving health outcomes for school students.

Health disciplines involved previously include:

Physiotherapy, Exercise Science / Exercise Physiology, Nutrition & Dietetics, Public Health, Speech Pathology, Occupational Therapy

#### Project Goals

- To develop programs within the primary and high school setting to strengthen student health and wellbeing, and educational access
- To assist schools in meeting the healthcare requirements of a general school population (through service provision, case management, and education programs)
- To assist schools in policy development and implementation of programs related to a health promoting school environment

***Physiotherapy Student learning activities will be organised across four distinct program areas:***

#### **1. Individual Assessments**

School students who have been highlighted by parents / school staff as potentially benefiting from physiotherapy interventions will be assessed by physiotherapy students. Assessments will follow the ICF framework.

- Physiotherapy students will take on a case management role, and plan an appropriate care package with team.
- Physiotherapy students will prepare a written report to provide to parents and teachers, including any education or home based treatment recommendations.
- Ongoing care to be arranged either with an external provider (following usual referral processes) or the following intake of students.

Individual Assessments may involve:

- Neuromuscular, neurodevelopmental, mobility, gross motor screening assessments
- Use of BOT-2, TGMD-2 assessment tools
- Exposure to paediatric conditions such as Global Developmental Delay, Developmental Coordination Disorder, Arthrogryposis, Talipes, scoliosis, Autism Spectrum Disorders, children with a history of asthma, diabetes, epilepsy
- Paediatric musculoskeletal conditions - Osgood Schlatter / Sever's disease, low back/knee/ankle soft tissue injuries
- Children and adolescents with overweight / obesity – Health and fitness assessments for adolescents (calculating BMI, waist circumference, using multi-stage fitness test, 6 min walk test)
- Liaison with parents and key school staff members to discuss physiotherapy management plans for individual students and provide education about conditions as required.
- Providing manual handling advice for teachers working with individual students requiring additional mobility support

## 2. Classroom Activities

- **Year 1 Action Based Learning (ABL) program**

Physiotherapy students will be involved in this ABL program, which is part of a research study evaluating the Tweed Healthy Schools Project.

*Aim of this research study:*

*To investigate whether the implementation of an ABL program, integrated into the Year 1 English and Mathematics curriculum, will influence the learning outcomes (numeracy and literacy), motor proficiencies and physical activity levels in Year 1 children*

- This program will involve the integration of movement/physical activity into Year 1 English/maths lessons, daily over a 12-14 week period. Each day will commence with a 10-minute fitness session (including fun gross motor skills/fitness activities).
  - Students will be involved initially in the collection of data for the study (e.g baseline/post intervention assessment of motor proficiency using BOT-2; numeracy/literacy using WIAT-II; use of Sensewear armbands to collect information on physical activity levels)
  - Students will then be involved in the planning and delivery of ABL lessons (in conjunction with other health disciplines)
- **Gross motor skills group in the Support Unit at Centaur Primary**
  - Students will have the opportunity to work with a Senior Physiotherapist from Ageing, Disability and Home Care (ADHC) who will be assisting the primary school with the implementation of a gross motor skills group with children in the Support Unit. For further information on support units in regular schools please visit the following link (<http://www.dec.nsw.gov.au/about-us/careers-centre/school-careers/focus-areas/learning-and-support/visit-our-schools> )

- **Specialised classroom activities in the high school**

- Students may offer their support in classrooms if staff are teaching a topic relevant to physiotherapy (e.g. core strengthening program for dance students; gait analysis/biomechanics; body systems; prevention of osteoporosis; prevention of childhood obesity)

### **3. Whole of School Activities**

Physiotherapy students may be involved in the planning, implementation and evaluation of different whole of school activities in collaboration with other health science students:

Whole of school activities may include:

- Injury Prevention Programs
- Physical Activity Needs Assessments
- Lunch time, before and after school physical activity programs
- Stress Management Programs for senior students undertaking HSC
- Disability Access Audits / advice
- Parent/Teacher Information sessions – Health related topics
- Healthy workplace initiative for staff
- Development of health promotion messages to be sent via the school newsletter and website
- Healthy workplace initiative for staff – Physical activity programs

### **4. Other generic skills and knowledge learned relevant to Student Health Professional Education**

- Verbal communication and rapport building with children and their carers in their natural environments
- Written documentation skills relevant to health and education environments
- Ethical, legal and culturally sensitive practice requirements of health professionals
- Understanding school environments as a natural and usual context for child development
- Team skills (within the student led health professional team and with the school staff / teachers)
- Appropriate behaviour for health professionals
- Health promotion skills
- Multidisciplinary approaches to chronic disease prevention and management
- Integrated approach to health assessments and interventions that challenges students' thinking and understanding of interprofessional collaborative care and improved understanding of practising with other health and education professionals.
- Students will be able to describe their role identify within a health care team and reflect upon specific experiences of interprofessional practice in the Tweed Healthy Schools context
- Risk management principles relevant to working with children and in school / community contexts.

**Student Placement Agreement**

*Insert Name of University (ABN)*

AND

*Insert Name of School, NSW Department of Education and Communities.*

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**THIS AGREEMENT** is made on the Date of Execution.

between

*insert name of University* ("the University")

and

[Insert Name of School], of [Address of School] ("the Education Provider")

## **RECITALS**

- A. The University delivers education and training for any or all of the health related occupations within its' suite of programs.
- B. The Education Provider provides Students of the University with placements in the organisation, wherever possible, for the purpose of supervised practical experience for their education and learning.
- C. The Parties enter into this Agreement for the purposes of:
  - (a) Specifying the terms and conditions under which Students of the University may be placed for the purpose of supervised practical experience for their education and learning;
  - (b) Working collaboratively for mutual benefit;
  - (c) Specifying areas of engagement between them;
  - (d) Providing a mechanism for resolving any disputes which may arise concerning the matters dealt with in this Agreement.

## **1. SCOPE OF THIS AGREEMENT**

- 1.1 This Agreement applies to student placements required for entry into a health occupation and includes placements for undergraduate and graduate qualifications leading to entry into a health related occupation.
- 1.2 Notwithstanding 1.1. this Agreement does not apply to:
  - (a) A person who is employed by the Education Provider while continuing training eg teachers;
  - (b) Trainees who are employed by the Education Provider
  - (c) Students undertaking research which is not part of an entry into a health related occupation training course.

## **2. DEFINITIONS AND INTERPRETATION**

- 2.1 For the purpose of this Agreement:

**Agreement** means this agreement and includes any Schedules annexed to it.

**Appointee** means the nominated academic staff and administrative staff occupying a position in the discipline listed in item 3 of Schedule 1.

**Authorised Officer** means, for the:

- (a) Education Provider, the Chief Executive or their delegate
- (b) University, the Vice-Chancellor or their delegate.

**Student Education** means the delivery of education or training to Students in a Education Provider Facility.

**Code of Conduct** means the policy concerning the standards of conduct expected of Staff and Students during employment and Student placement.

**Confidential Information** means information of a Party whether verbal written or in electronic form or some other form that:

- (a) is confidential to either Party by its nature, including Pupil Data;
- (b) is designated by either Party as confidential or
- (c) the recipient of the information knows or ought to know is confidential to either Party, its agents or its advisers.

**Course** means a course of study leading to a qualification required for a health-related occupation offered by the University of which education in a Student setting or non-Student setting forms a part.

**Discipline Representative** means the Staff members nominated by the University and the Education Provider to administer each Student Placement for a Course pursuant to Clause 8.5.

**Education Provider** means the organisation responsible for the operation of a Facility site or service where a Student Placement might occur.

**Education Provider Staff** means persons employed or contracted by the Education Provider.

**Facility** means each tertiary site or service of the Education Provider specified in Schedule 1 and any amendments to the Schedule made in accordance with Clause 9.4.

**Facility Manager** means the manager of a Facility or authorised delegate.

**Intellectual Property Rights** means all present and future registered and unregistered rights in relation to patents, copyright, designs, trademarks, inventions, trade secrets, confidential information and all other intellectual property.

**Liaison Officer** means the person nominated as such by a Party pursuant to Clause 8.1.

**Orientation** means any document or process intended to familiarise the Student with the various aspects of the workplace in which the placement is being undertaken, including work health and safety requirements.

**Personal Information** means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in material form or not, about a natural person whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

**Pupil** means a person or persons who receive(s) tuition provided by a Facility.

**Pupil Data** means personal information about a current or former Pupil of the Education Provider that is information or an opinion about the physical or mental health or a disability (at any time) of an individual or genetic information of an individual.

**Position** means the positions relating to the disciplines listed in item 3 of Schedule 1 of the Education Provider and the University.

**Prohibited Employment Declaration** means a declaration that the person is not a 'Prohibited Person'.

**Prohibited Person** means a person convicted of a serious sex offence, other than where there is an order in force declaring that the Child Protection (Prohibited Employment) Act 1998 does not apply to the person in respect of the offence.

**Program** means education in a health context forming part of a formal health related occupation education or training Course.

**Schedule** means the Schedules attached to this Agreement that refer to the relevant joint staff appointments in the disciplines listed in item 3 of Schedule 1.

**Student** means a person enrolled at the University in a post-secondary school training qualification required for a health-related occupation. See Clause 1.1 'Scope of this Agreement'.

**Student Supervisor** means a person nominated by the University and approved by the Education Provider pursuant to Clause 5.1 to provide education and supervision to Students on Student Placement in a Facility.

**Student Placement** means the provision of supervised education in a tertiary setting or non-tertiary setting for Students in training or education courses required for a health-related occupation.

The supervised education must be:

- (a) A requirement of the Student's Course; or
- (b) A requirement for registration into a profession/discipline, or a requirement to be eligible for licensing as a professional association member.

**Student Placement Governance Group** means the group formed to oversee the organisation and management of student placements operating under this agreement.

**Student Year** means the academic year at the University in which the Student is enrolled.

**Supervision** means the organised and approved mentoring or preceptor (on-the-spot) education by a qualified person in a Student setting or non-Student setting for Students in training or education courses required for a health-related occupation.

**University** means the individual university responsible for the delivery of education or training.

**University Staff** means a person employed or contracted by the University who fulfils the role of Student Supervisor or who provides support and consultation to Students or the Student Supervisor and whose details have been notified to the Education Provider in accordance with Schedule 1.

2.2 Except where the context otherwise requires:

- (a) clause headings are for convenient reference only and are not intended to affect the interpretation of this Agreement;
- (b) where any word or phrase has a defined meaning, any other form of that word or phrase has a corresponding meaning;
- (c) words in the singular include the plural and vice versa;
- (d) all the provisions in any Schedule to this Agreement are incorporated in and form part of, this Agreement and bind the Parties: and
- (e) the terms of this agreement prevail to the extent of any inconsistency between that term and any Schedule to this Agreement;
- (f) if a period of time is specified and dates from a given day or the day of an act or event, it is to be calculated inclusive of that day.

### **3. TERM**

3.1 This Agreement commences on the date that this Agreement is executed, and will remain in effect unless terminated earlier in accordance with Clause 27.

## **4. RESPONSIBILITIES OF THE EDUCATION PROVIDER**

### **Access to Pupils, Facilities and Equipment**

4.1 It is the responsibility of the Education Provider to provide access to facilities to support Student Placement, wherever practicable.

The Education Provider will make available to Students and University Staff:

- (a) reasonable access to Pupils for the purpose of the completion of the Student Placement subject to the authority of the Student Supervisor and Pupil or guardian consent (in accordance with privacy legislation) and the treatment needs of the Pupil;
- (b) such access to current and archival Pupil Student records as is reasonably necessary for the completion of the Student Placement, provided such access is consistent with the Education Provider's confidentiality guidelines and privacy legislation;

- (c) amenities at each Facility sufficient to enable University Staff to conduct Student Placement discussions, debriefings and conferences with their Students as and when available:
- (d) access to library and other reference materials, where practicable.

4.2 In making available the access, facilities and equipment provided under Clause 4.1, the Education Provider may impose such conditions as it considers reasonably appropriate.

### **Orientation and Induction**

4.3 The Education Provider, with the assistance of the Student Supervisor, will provide an Orientation to the workplace where the Student will be undertaking the Student Placement and an induction to the procedures of the Education Provider.

### **Policies and Procedures**

4.4 The Education Provider will make available to Students and University Staff access to its own and all relevant policies, guidelines and procedures, including those related to privacy, open disclosure, work health and safety, security, code of conduct, record keeping, immunisation and infection control, and Staff health as supplemented and amended from time to time.

### **Supervision**

4.5 Student supervision will be provided by the on-site Education Provider's Student Supervisor, a registered Health Professional, during whole of tertiary activities (health promotion and interprofessional project work) and classroom sessions (in conjunction with classroom teachers). All discipline specific health assessment and intervention will be supervised by a registered health professional from the students chosen profession.

## **5. RESPONSIBILITIES OF THE UNIVERSITY**

### **Supervision and Teaching**

5.1 The amount and nature of supervision to be provided to each Student will be co-operatively determined between University Staff and the Education Provider taking into account the individual educational needs of Students and noting the responsibility of the University for oversight of the education of its Students.

5.2 Arrangements for supervision are to be agreed between the Parties in Schedule 1 or otherwise in writing in accordance with the timeframes specified in Clause 9.

5.3 If the objectives of any Program are altered, or if the level of Student competence varies, the University may review the level of supervision required, and submit any changes for approval to the relevant Liaison Officer, who may refer the matter to the Student Placement Governance Group if required, in accordance with Clause 8.2 (d).

- 5.4 The University will make available to Education Provider Staff who are providing elements of supervision in terms of Clause 5.1. reasonable access to University facilities such as library and Internet access and any other privileges accorded to its own academic Staff which will assist Education Provider Staff in their supervision of Students and contribute to their professional development.
- 5.5 The University will provide access to formal supervision training on a regular basis to all Education Provider Staff who have been appointed to act as Student Supervisors, have an interest in acting as a Student Supervisor, or have been identified as having the potential to act as a Student Supervisor in the near future.
- 5.6 The University will provide written and verbal feedback to Education Provider Staff who have been appointed to act as Student Supervisors upon request to assist them in improving their supervision of Students and in recognition of their knowledge skills and contribution to the supervision of Students.

### **Student Assessment**

- 5.7 The University is responsible for the education of Students on Student Placement, including all learning outcomes and assessments.
- 5.8 (a) Notwithstanding Clause 5.9, Education Provider Staff who have been appointed to act as Student Supervisors may report on a Student's performance, practical skills, learning, knowledge and/or development, as specified in Schedule 1;  
(b) Other relevant Education Providers may also provide feedback or input on the Student, where required.

### **Administration and Conduct of the Course During Student Placement**

- 5.9 Subject to any provisions of this Agreement to the contrary, the University will be responsible for the administration and conduct of the Course, including Student guidance, counselling and discipline and, where necessary, the exclusion of Students or University Staff from the Student Placement.
- 5.10 The University is responsible for ensuring that University Staff have appropriate qualifications and experience to fulfil their obligations under this Agreement.
- 5.11 The University acknowledges and agrees that:
- (a) a Student's access to Pupils/Clients and Pupil/Client records is, and remains, subject to the Education Provider's duty of care to its Pupils/Clients;
  - (b) a Student may only participate in the delivery of tuition as instructed by their Student Supervisor at levels commensurate with the stage of preparation and progress in their Course;
  - (c) a Student's practice must be supervised by the Student Supervisor or an appropriately appointed nominee in accordance with this Agreement at the level

- determined by such Student Supervisor or delegate to be necessary to ensure that the care offered to Pupils is safe and at an adequate standard: and
- (d) the management, control and treatment of Pupils in the care of a Facility will at all times take priority over the supervision, education and training of Students. This will include the University ensuring adequate privacy and supervision for all interviews and examinations conducted by a Student as amended from time to time.
  - (e) a Pupil/Client may refuse to have a Student participate in their care, regardless of whether the activity is part of, or additional to, the normal requirement of care. This right of Pupils/Clients must be respected at all times;
  - (f) Pupils/Clients must be treated with respect and should not be placed in situations that may cause them to feel embarrassed, harassed or offended - this includes ensuring adequate persona privacy;

5.12 The University will take all reasonable steps to ensure Students and University Staff are aware they must not authorise to represent that they are employed, act or communicate on behalf of the Education Provider. Preconditions for Students Undertaking Student Placements.

### **Preconditions for Students Undertaking Student Placements**

5.13 The University represents and warrants that all Students, for whom a Student Placement is sought where a Student is not an Australian citizen, hold and continue to maintain all the required passport and visa documents necessary to undertake the Student Placement.

5.14 The University is responsible for arranging registration of Students where required by the Profession's Registration

### **National Criminal Record Checks (NCRC) and Prohibited Employment Declaration**

5.15 The University is responsible for:

- (a) ensuring that each Student has completed a Criminal Record Consent form, and a Prohibited Employment Declaration form and received a clearance on enrolment in a course of study;
- (b) ensuring that when completing these forms each Student has undergone a 100-point check to confirm identity as required by the police: and
- (c) ensuring that Student data is lodged in a secure manner.

5.16 Students who attend a facility without clearance will not be allowed to commence the placement.

### **Immunisation and Infection Control**

5.17 The University will advise Students in writing prior to enrolment, about the risks of contracting infectious diseases during the Student Placement, and of their responsibilities to comply with the Work Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy, as amended from time to time, including:

- (a) obtaining, at the cost of the Student, a documented screening and vaccination history; and
- (b) providing this information to the University prior to all Student placements.
- (c) providing this information to the Liaison Officer prior to the Student placement in order to provide the Education Provider with evidence of immunisation.

- 5.18 The Education Provider is under no obligation to accept a Student on Student Placement prior to receipt of written evidence of immunisation and TB status. The Education Provider will not be liable for any consequences of its non-acceptance of a Student for Student Placement until such evidence is provided.
- 5.19 In the event that evidence of immunisation or immunity, provided under Clause 5.17, is incomplete or inadequate the Education Provider will determine in its absolute discretion acceptance or non-acceptance of the Student for Student Placement, and any terms and conditions of such acceptance.
- 5.20 Where Students have not obtained the requisite immunisations or where their immunisation record is incomplete or inadequate and the Education Provider has determined non-acceptance of the Student for Student Placement, the Education Provider will refer the Student to the University for advice.

#### **Policies and Procedures**

- 5.21 The University will take reasonable steps to ensure that all Students observe the regulations, policies, guidelines and procedures referred to in Clause 4.4.
- 5.22 The University acknowledges and agrees that all Students are aware of and understand their rights and responsibilities under Education Providers policies as amended from time to time which will be provided to the University by the Education Provider. The University will ensure that each Student signs an agreement to abide by the Code of Conduct.

#### **Student Attire and Identification**

- 5.23 The University will advise its Students to be attired in a manner acceptable to the Education Provider.
- 5.24 The University will provide its Students with suitable University identification to be worn when attending Facilities.

#### **Student Illness and Absenteeism**

- 5.25 The University will notify the Education Provider of Student illness or absenteeism where attendance is anticipated. Similarly, the Education Provider will notify the University if this occurs.

### **6. RESPONSIBILITIES OF PERSONS NOT BOUND BY THIS AGREEMENT**

6.1 The University will ensure that Students are informed of and agree to abide by the terms of this Agreement.

6.2 The Education Provider will ensure that Education Provider Staff that participate in Student Placements are informed of and agree to abide by the terms of this Agreement.

## **7. GOVERNANCE**

7.1 Governance issues are jointly the responsibility of the School Principal of the Education Provider and the Vice Chancellor or Director of the University or designated liaison. For practical reasons, accountability for establishing the governance processes will rest with the Education Provider. As a matter of course, this will be undertaken in a collaborative and consultative manner.

## **8. COMMUNICATION BETWEEN PARTIES**

8.1 Each Party will nominate a Liaison Officer, as set out in Schedule 2.

8.2 The role of the Liaison Officer is to:

- (a) oversee and manage the central coordination of Student placements for all health professions/disciplines between the Education Provider and the University, to meet academic year timeframes;
- (b) liaise with Discipline Representatives to monitor the Student placement process;
- (c) be a member of any sub-committees of the Student Placement Governance Group;
- (d) advise their Authorised Officer of any issues requiring attention regarding Student Placements; and
- (e) report to the Student Placement Governance Group on Student placements across the Education Provider.

8.3 Either Party may substitute its Liaison Officer with another person by notifying the other Party in writing.

8.4 Unless this Agreement specifies otherwise all communications between the Parties relating to this Agreement or matters that arise out of this Agreement shall be given to or sent by the Liaison Officer.

8.5 Each Party will nominate a Discipline Representative for each Course, to administer Student Placements relating to the Course. The Liaison Officer will be notified in writing of each Discipline Representative prior to the commencement of each academic year.

8.6 Either Party may substitute its Discipline Representative with another person by notifying the Liaison Officer in writing.

8.7 The Education Provider Discipline Representative will, in consultation with the University Discipline Representative and Liaison Officers:

- (a) identify Student placements and appropriately qualified Student Supervisors in terms of Clause 9.2 across the health system
- (b) coordinate the placement process for their discipline; and
- (c) maintain details of Student Placements in their discipline as per Schedule 1 to this Agreement.

## **9. OPERATIONAL SCHEDULE**

- 9.1 The Parties will co-operatively develop and complete an Operational Schedule in the form attached at Schedule 1 or similar as negotiated between the Parties but including all areas of detail outlined in the attached Schedule 1, for each Course in accordance with the requirements of this Clause 9.
- 9.2 The components of the operational Schedule will be completed by the Party in accordance with applicable time periods specified in the operational Schedule.
- 9.3 The University will notify the Education Provider in writing as soon as reasonably possible of any changes to the information provided by it in the operational Schedule.
- 9.4 The University will notify the Education Provider in writing when changes are made to the Course that may reasonably affect the Student Placement, or if the level of knowledge or competence of Students who have been placed or will be placed in the future is likely to vary.
- 9.5 The Parties may vary the content of the Schedule from time to time by written agreement.
- 9.6 The Parties will agree to timeframes and have in place appropriate risk management strategies in relation to student placements.

## **10. NUMBER AND PRIORITY OF STUDENT PLACEMENTS**

- 10.1 The number of Students to be placed with each Facility at any given time will be determined at the discretion of the Education Provider and will be based on the policy directions and priorities of the Education Provider. Reasonable notice will be provided to the University where this number varies from that notified in the prior year/semester.

## **11. DEFERRAL OR CANCELLATION OF STUDENT PLACEMENT**

- 11.1 Where unforeseen circumstances or causes beyond the control of the Education Provider cause or threaten major disruption to services or provision of Student Placement, including without limitation, industrial disputes or implementation of disaster plans, the Education Provider may, in its absolute discretion, defer, suspend, vary or cancel agreed Student Placements. The Education Provider's decision is final and may be implemented immediately.
- 11.2 The Education Provider agrees, as far as it is practicable, to notify the University of its intention to defer, suspend, vary or terminate Student Placements under Clause 11.1.
- 11.3 The University agrees to notify the Education Provider of any cancellation or deferral of agreed Student Placements within a timeframe defined between both parties.

## **12. CONTROL AND DISCIPLINE**

- 12.1 Subject to this Clause 12, discipline and control of Students is the responsibility of the University.

- 12.2 The Education Provider retains the right to instruct a Student in connection with Pupil care or treatment or generally acceptable practice/behaviour.
- 12.3 The Education Provider will:
- i. notify the University when in its opinion action is required to be taken in respect of a Student or University Staff member; and
  - ii. the Education Provider shall give to the University in writing
    - (a) the Student's or University Staff member's name;
    - (b) the reasons why action is to be taken: and
    - (c) the recommended or required action to be taken.
- 12.4 Once the Education Provider has notified the University under Clause 12.3 above the matter is the responsibility of the University.
- 12.5 The University shall provide a written report to the Education Provider of action taken by the University with respect to the Student or University Staff member.
- 12.6 The Education Provider retains the right to remove a Student or University Staff Member from its facilities or services at any time. The Parties acknowledges that satisfactory reasons for removal are:
- (a) Unsuitability to undertake or continue with a placement because of unacceptable risk to either the provision of satisfactory Pupil care or Pupil/Staff safety; or
  - (b) Disciplinary matters in terms of the Code of Conduct.
- 12.7 The Education Provider is entitled to satisfy itself that Students are competent to perform their allotted tasks, that they conduct themselves in a safe and professional manner, and that they comply with the Code of Conduct. If the Education Provider is not so satisfied, it may do any or all of the following:
- (a) restrict or limit access by a Student to Pupils;
  - (b) direct a Student to leave the premises of the Facility; or
  - (c) take all reasonable steps necessary to ensure that a Student complies with a direction given under Clauses 16.6 (a) or 12.6 (b).
- 12.8 The Education Provider will use its best endeavours to notify the University of its intention to give a direction under Clause 12.6 and will provide written notification to the University Liaison Officer of the direction and the reasons for the direction within 3 working days of its being given.
- 12.9 If the University notifies the Education Provider within three (3) working days of receiving a notice under Clause 12.8 that it disagrees with the Education Provider's direction, the Education Provider will notify the Student Placement Governance Group who will establish a Sub Committee. The Sub-Committee will submit a report and recommendations to the Education Provider. The Committee's decision will be final.

12.10 Notwithstanding the foregoing provisions, the Education Provider retains the right in its absolute discretion to refuse or suspend a Student Placement if it considers on reasonable grounds that such action is necessary to protect the health and safety of Pupils.

### **13. WORK HEALTH AND SAFETY**

13.1 All Students on placement will be made aware by the University that they must abide by Work Health and Safety Regulations including guidelines on manual handling and working with hazardous substances and dangerous goods.

### **14. OPEN DISCLOSURE**

14.1 All Students on placement will be made aware by the University of Open Disclosure Guidelines as amended from time to time and Incident Management Policy as amended from time to time or any successor policy.

### **15. TRAVEL**

15.1 All costs of travel to the Health facility will be met by the Student or by the University (for University Staff).

### **16. USE OF MOTOR VEHICLES**

16.1 The University acknowledges and agrees that whilst on Student Placement Students may not use Facility vehicles other than to accompany a Facility staff member who is the driver.

16.2 The use of fleet motor vehicles is subject to availability and priority of access will be given to Education Provider Staff.

16.3 Students must not use their private vehicles for teaching and educational activities undertaken as a part of their Student Placement.

### **17. DISCLOSURE OF INFORMATION PERTAINING TO STUDENTS**

17.1 Provided the University receives a Student's written consent to do so, the University will disclose to the Education Provider through its Liaison Officer any information, concerning the Student which, in its reasonable opinion would assist the Student Supervisor or the Facility to accommodate any special needs of the Student.

17.2 The Education Provider will make Student Supervisors aware of their obligation to keep all information disclosed under Clause 17.1 strictly confidential.

### **18. USE AND DISCLOSURE OF PUPIL DATA**

18.1 The University acknowledges and agrees that all Pupil Data will remain the property of the Education Provider and be acknowledged as the property of the Education Provider.

18.2 Upon request by the Education Provider, the University must immediately deliver or arrange for the delivery to Education Provider all Pupil Data in the possession of the University, University Staff or Students.

- 18.3 The University will ensure that Students are aware of their responsibility to not, directly or indirectly, use any Pupil Data without the prior written consent of the Pupil. The Education Provider will ensure that its Pupil admission process enables Pupils to consent to the Pupil Data being used for the purposes of education and research with ethical approval.
- 18.4 The University will take all reasonable measures to ensure that Pupil Data in the possession of the University, University Staff or Students is protected from unauthorised access from any source and by any means.

## **19. INTELLECTUAL PROPERTY**

- 19.1 The Education Provider may assert rights over Intellectual Property created by Students during their Student Placement where any of the following circumstances are satisfied:
- (a) the Intellectual Property has been created utilising substantial resources of the Education Provider;
  - (b) the Intellectual Property is created as a result of pre-existing intellectual Property owned by the Education Provider;
  - (c) the Intellectual Property has been created by the Education Provider team of which the Student is a member; or
  - (d) the Intellectual Property has been created as a result of funding provided by, or obtained by, the Education Provider.

## **20. PRIVACY AND CONFIDENTIALITY ISSUES**

- 20.1 Subject to Clause 20.2, the University must advise its Students and University Staff that they must not in any circumstances give access to or disclose Confidential Information to any person.
- 20.2 The obligation of confidentiality set out in this Clause 20 does not extend to Confidential Information that is required to be disclosed by the operation of law but only to the extent that such disclosure is necessary by law.
- 20.3 The University acknowledges that Pupil Data is "Personal Information" as defined in the Privacy and Personal Information Protection law and that a breach will constitute a breach of this Agreement.
- 20.4 The Education Provider agrees to:
- (a) use Personal Information of Students or University Staff held or controlled by it in connection with this Agreement only for the purposes of fulfilling its obligations under this Agreement;
  - (b) take all reasonable measures to ensure that Personal Information of Students or University Staff in its possession or control in connection with this Agreement is protected against loss and unauthorised access, use, modification or disclosure;
  - (c) comply with the Information Protection Principles in the Privacy and Personal Information Protection Act and the Health Records and Information Privacy Act to the extent that the content of those principles apply to the types of activities the

Education Provider is undertaking under this Agreement, as if the Education Provider were an agency as defined in that Act: and

- (d) co-operate with any reasonable demands or inquiries made by the University on the basis of the exercise of the functions of the Privacy Commissioner under the Privacy and Personal Information Protection Act including, but not limited to, a request from the University to comply with a guideline concerning the handling of Personal information of Students or University Staff,
- (e) ensure that any person who has an access level which would enable that person to obtain access to any Personal Information of Students or University Staff is made aware of, and undertakes in writing, to observe the Information Protection Principles and other obligations referred to in this Clause.

## **21. INDEMNITY**

- 21.1 (a) The University indemnifies the Education Provider, its employees against liability in respect of all actions, claims, costs and expense and for all loss, damage to property or personal injury (including injury to feelings or humiliation suffered as a result of a breach of confidentiality) or death to persons caused by any unlawful or negligent act or omission of the University, its employees, agents or Students in carrying out activities arising out of or in connection with this Agreement except to the extent that the Education Provider, its employees or agents caused the relevant loss, damage or injury.
- (b) The University's liability to indemnify the Education Provider under Clause 21.1 (a) shall be reduced proportionately to the extent that an act, error or omission of the Education Provider contributed to the loss, liability or expense

21.2 The indemnities in this Clause 21 ceases at the termination of this agreement.

## **22. INSURANCE**

22.1 The University must effect and maintain the following insurance policies for its employees and student's during the term of this agreement:

- (a) professional indemnity insurance in the amount of not less than \$10,000,000 in the aggregate; and
- (b) workers' compensation insurance for an amount required by law for employees.
- (c) Student Placement Insurance Certificates will be provided upon request to the placement facility to cover the following:
  - a. Public Liability;
  - b. Professional Indemnity;
  - c. Medical Malpractice; and
  - d. Student Personal Accident.
- (d) Equipment and products provided by the university to the university student for use during the clinical placement, will be the sole responsibility of the university / student to maintain and keep safe.

22.2 The University must provide evidence of the currency of an insurance policy affected under this Clause 22 to the Education Provider upon request.

## **23. AMENDMENTS**

- 23.1 This Agreement once signed by both Parties may be amended only by a written document signed by the Authorised Officer for each Party, unless that variation is to the Operational Schedule.
- 23.2 Variations to the Operational Schedule may be agreed in writing between the Liaison Officers. on advice from the Discipline Representatives.

## **24. WAIVERS**

- 24.1 A waiver of a provision of this Agreement or a right or remedy arising under this Agreement, including this Clause, must be in writing and signed by the Party granting the waiver.
- 24.2 A waiver is only effective in the specific instance and for the specific purpose for which it is given

## **25. NOTICES**

- 25.1 A notice, consent, approval or other communication (each a notice) under this Agreement must be:
- (a) delivered to the Authorised Officer's address;
  - (b) sent by pre-paid mail to the Authorised Officer's address; or
  - (c) transmitted by facsimile or electronic means to the Authorised Officer's address.
- 25.2 A notice given by a Party in accordance with this Clause is treated as having been given and received:
- (a) if delivered to the Authorised Officer's address, on the day of delivery if a business day, otherwise on the next business day;
  - (b) if sent by pre-paid mail, on the third business day after posting;
  - (c) if transmitted by facsimile or electronic means to the Authorised Officer's address and a correct and complete transmission report is received, on the day of transmission if a business day, otherwise on the next business day.

## **26. DISPUTE RESOLUTION**

- 26.1 If a dispute arises in connection with this Agreement or any matter covered by this Agreement then the Parties agree to the following dispute resolution process:
- (a) the Parties shall attempt to settle any dispute using the dispute resolution and mediation processes provided for in this Agreement before resorting to court proceedings, provided howsoever, nothing in this clause will preclude either Party from seeking urgent interlocutory relief;
  - (b) either Party claiming that a dispute has arisen gives written notice to the other Party stating details of the matter in dispute and requiring that the matter be resolved by a meeting between the Parties;
  - (c) within ten (10) business days of the receipt of such notice the Parties are to establish a joint committee of three (3) representatives of each Party (the 'Joint Committee'). The Joint Committee will within a period of fifteen (15) business days following its

- establishment use its best endeavours to discuss the dispute with the view to achieving a resolution of the dispute;
- (d) if the dispute remains unresolved the Parties must within a period of ten (10) business days following the expiration of the period stipulated in Clause 26.2 (c) refer the dispute respectively to the Chief Executive of the Education Provider and to the Vice Chancellor or Institute Director or nearest equivalent office holder of the University for resolution who will within fifteen (15) business days meet and discuss the dispute with a view to achieving resolution;
  - (e) if the dispute is not resolved after the Parties have followed the process in clause 26.1 (c) and (d), or within such further period as the Parties may agree in writing the dispute shall be referred to the Australian Commercial Disputes Centre ("ACDC") for mediation in accordance with the ACDC's 'Mediation Guidelines for Commercial Mediation' which are operating at the time the matter is referred to the ACDC. The ACDC's mediation guidelines set out the procedures to be adopted, the process of selection of the mediator and the costs involved. The terms of the ACDC's mediation guidelines are hereby deemed incorporated into this Agreement.
  - (f) the Parties shall do all things reasonably required to refer the dispute to mediation by ACDC.
  - (g) in the event that the dispute has not been settled within twenty (20) business days (or such other period as agreed to in writing between the Parties) after the appointment of a mediator, or if no mediator is appointed within twenty (20) business days of the referral of the dispute to mediation, the Parties are free to pursue any other procedures available at law for the resolution of the dispute.

## **27. TERMINATION**

- 27.1 The Education Provider may terminate this Agreement by giving not less than one (1) months' notice in writing to the University, with such termination being effective upon the expiry of this one (1) month period.
- 27.2 Settlement of outstanding monies if the Education Provider terminates this Agreement:
- (a) the Education Provider may reimburse the University for any unavoidable costs and expenses directly incurred as a result of termination provided that any claim:
    - (i) is supported by satisfactory written evidence of the costs claimed; and
    - (ii) will be in total satisfaction of the liability of the Education Provider to the University in respect of this Agreement and its termination.
  - (b) the University must do everything reasonably possible to prevent or otherwise mitigate any losses resulting to the University from the termination.
- 27.3 In the event of any termination of this Agreement the Parties will use their best endeavours to avoid any adverse consequence of termination on the academic progress or provision for any Student of the University.

## **28. GOVERNING LAW**

- 28.1 The laws in force in the States of Queensland and New South Wales governing this Agreement.

28.2 Each Party submits to the exclusive jurisdiction of the courts of the State of Queensland, the State of New South Wales and the courts of appeal from those courts.

28.3 If any provision of this Agreement is or becomes illegal, invalid or unenforceable ("Ineffective"), it will be read down to the extent necessary to ensure it is not ineffective. If the offending provision cannot be so read down, it will be severed. In any event, the remainder of this Agreement will be construed so as to ensure it remains effective to the greatest extent possible.

**29. ENTIRE AGREEMENT**

29.1 This Agreement constitutes the entire agreement between the Parties and supersedes all prior representations, agreements, statements and understandings, whether verbal or in writing.

**30. COUNTERPARTS**

30.1 This Agreement may be executed in counterparts and all such counterparts taken together will be deemed to constitute one and the same Agreement.

**31. ASSIGNMENT**

31.1 Except with the prior written consent of the Education Provider the University may not assign the whole or any part of the University's obligations under this Agreement. Consent is not to be unreasonably withheld.

**EXECUTED** as an Agreement on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**SIGNED FOR AND ON BEHALF of  
The University**

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of authorised person

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Name & Title

**SIGNED FOR AND ON BEHALF of  
The Education Provider**

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of authorised person

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Name & Title

**SCHEDULE 1**  
**Operational Schedule**

To be completed by the Parties in accordance with Clause 5 of the Agreement

- 1. Education Provider**
  
- 2. University**
  
- 3. Discipline Covered By This Agreement**

**SCHEDULE 2**  
**Designated Officers**

To be completed by the Parties in accordance with Clause 5 of the Agreement.

**University**

Authorised Officer \_\_\_\_\_

Authorised Officer Details \_\_\_\_\_

Liaison Officer \_\_\_\_\_

Liaison Officer Details -----

**Education Provider**

Authorised Officer \_\_\_\_\_

Authorised Officer Details \_\_\_\_\_

Liaison Officer \_\_\_\_\_

Liaison Officer Details \_\_\_\_\_

Allied Health Team:	Equipment	Purchase Price	
<b>Physiotherapy</b>	Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2) Kit	\$1595.00	
	Plastering Saw	\$2000.00	
	Reflex hammer	\$12.00	
	Scoliometer	\$12.00	
	Wobble Board	\$63.00	
	Athletic tape	\$55.00	
	Children's climbing ladder	\$69.00	
	Goniometer	\$10.00	
	Triangular bandages x 3 (\$3.00 each)	\$9.00	
	Compression Bandages x 5 (\$10.00 each)	\$50.00	
	Hot & Cold Packs x3 each (\$5.00 each)	\$30.00	
	<b>Occupational Therapy</b>	McMaster Hand Writing Assessment	Free from <i>CanChild</i>
		The Perceived Efficacy and Goal Setting System (PEGS)	\$304.00
Developmental Indicators for the Assessment of Learning 4 <sup>th</sup> Edition (DIAL-4)		\$647.00	
School Function Assessment		\$518.00	
Preferences for Activities for Children (PAC)/ Children's Assessment of Participation and Enjoyment (CAPE)		\$280.00	
<b>Speech Pathology</b>	iPod and Apps	\$900.00	
	Clinical Evaluation of Language Fundamentals (CELF-4)	\$1500	
	Renfrew Action Picture Test (RAPT)	\$80.00	
	Bus Story Assessment	\$80.00	
	Pop-up pirate game therapy	\$20.00	
	3D Counters: cars/bears	\$100.00	
	Play-based toys (cash register, farm animals, blocks)	\$100.00	
	Neale Analysis of Reading Ability	\$114.00	
	Diagnosis Evaluation of Articulation and Phonology (DEAP)	\$281.00	
	Mighty mouth hand puppet	\$70.00	
	Board maker CD	\$600.00	
	Pod template CD	\$550.00	
	Test of Narrative Language (TNL)	\$192.00	
	Sutherland Phonological Awareness Test (SPAT-R) (\$187.00) with test copies (\$44.00)	\$231.00	
	Comprehensive Test of Phonological Processing (CTOPP): (\$330) with test copies (\$140.00)	\$470.00	
Tongue depressor	\$20.00		
<b>Dietician/Nutritionist</b>	Scales (Tanita)	\$57.00	
	Height measure	\$10.00	
	Growth Charts (CDC, WHO)	\$12.00	
	BMI Charts	\$12.00	
	Australian Guide to Healthy Eating (AGHE)	\$20.00	
<b>Exercise Physiologist</b>	VO2 Max Kit	\$475.00 (vacuumed.com)	
	Heart rate monitor	\$50.00	
	Portable ECG Unit with software	\$450.00	
<b>Nursing</b>	Over the counter medications	-----	
	First Aid Kit	\$32.00	
	Vision Testing Kit (Eye chart)	\$20.00	
	EpiPen	\$35.00	
	Band Aids (pack of 50)	\$5.00	
	Cotton balls (pack of 60)	\$5.00	

Equipment	Purchase price	Equipment	Purchase price
Stationary	\$200.00	Open reel measuring tape	\$15.00
Office Desks	\$1000.00	Measuring tape x 3 (\$3.00 each)	\$10.00
Office Chairs x 12 (\$24.00 each)	\$288.00	Stop watch x2 (\$15.00 each)	\$30.00
Reception furniture	\$500.00	Calliper	\$42.00
Filing Cabinets	\$200.00	Blood glucose meter	\$45.00
Foam mat x 3 (\$12.00 each)	\$36.00	Medical scale	\$100.00
Balls	\$50.00	Blood pressure cuff x 2 (\$25.00 each)	\$50.00
Dome markers	\$20.00	Stethoscope x 2 (\$25.00 each)	\$50.00
Hoops x 3 (\$6.00 each)	\$18.00	Towels	\$100.00
Mini tramp	\$69.00	Pillows	\$150.00
Skipping rope x3 (\$6.00 each)	\$18.00	Pillow Cases	\$60.00
Bean bag set	\$30.00	Sheets	\$100.00
Gym Mirrors	\$300	Massage cream x 3 (\$20.00 each)	\$60.00
Weights: Dumbbell kit with rack	\$500.00	Hand Sanitiser	\$11.00
Foam roller	\$20.00	Gloves (pack of 100 gloves)	\$18.00
Swiss ball	\$20.00	Alcohol wipes	\$11.00
Swiss ball pump	\$6.00	Isowipes	\$18.00
Thera-band set	\$85.00	MYOB program	\$65.00
Treadmill	\$398.00		
Exercise bike	\$298.00		
Plinth/treatment tables x 3 (\$330 each)	\$1000.00		

Inventory item	Unit price	Quantity in stock	Total cost
Model SX3008 3-Section Electric Plinth Elevation	\$970.00	2	\$1940.00
Dell 570 Dual Core Desktop PC with 23" monitor	\$500.00	4	\$2000.00
Landline phones	\$40.00	4	\$160.00
Printer/photocopier/fax	\$6000.00	1	\$6000.00



## EOI – Tweed Healthy Schools Secondary Curriculum Liaison Officer



# Position Vacant Policy

18/03/2014

The position will be for approximately 14 days during 2014, with the more intensive planning occurring in Term 1.

The role will involve:

- Initial planning of KLA and whole school opportunities for allied health university clinical placements at Banora Point High School
- Liaison with the Tweed Healthy Schools Clinical Co-ordinator, Kirstin Macdonald
- Facilitating the implementation of projects and plans that better meet the needs of the Tweed Healthy Schools Project, including activities outside the classroom setting (e.g. whole school health promotion), and subject based activities
- Documentation of all planning so that an evaluation can be carried out at the end of 2014 (November, 2014) with a view of putting a sustainable program in place.

Anticipated outcomes of the role:

- Increased opportunities for allied health university clinical placements to be working in High School programs
- Development of a document that outlines Healthy Schools programs that could be sustainably embedded into the High School setting.
- An increase in liaison between co-ordinators of high school based programs and the Tweed Healthy Schools Clinical Co-ordinator.

An Expression of Interest (EOI) is to be no longer than one page and needs to address the following criteria:

- Past experiences that demonstrate your ability to fulfil the role and responsibilities of this position.
- The skills and abilities that you bring to the position.
- What are the benefits of relieving in this role?
- Two priorities (related to the school plan or Tweed Healthy Schools plan) that you feel you would focus on while holding this position.

### Expression of Interest Now Open

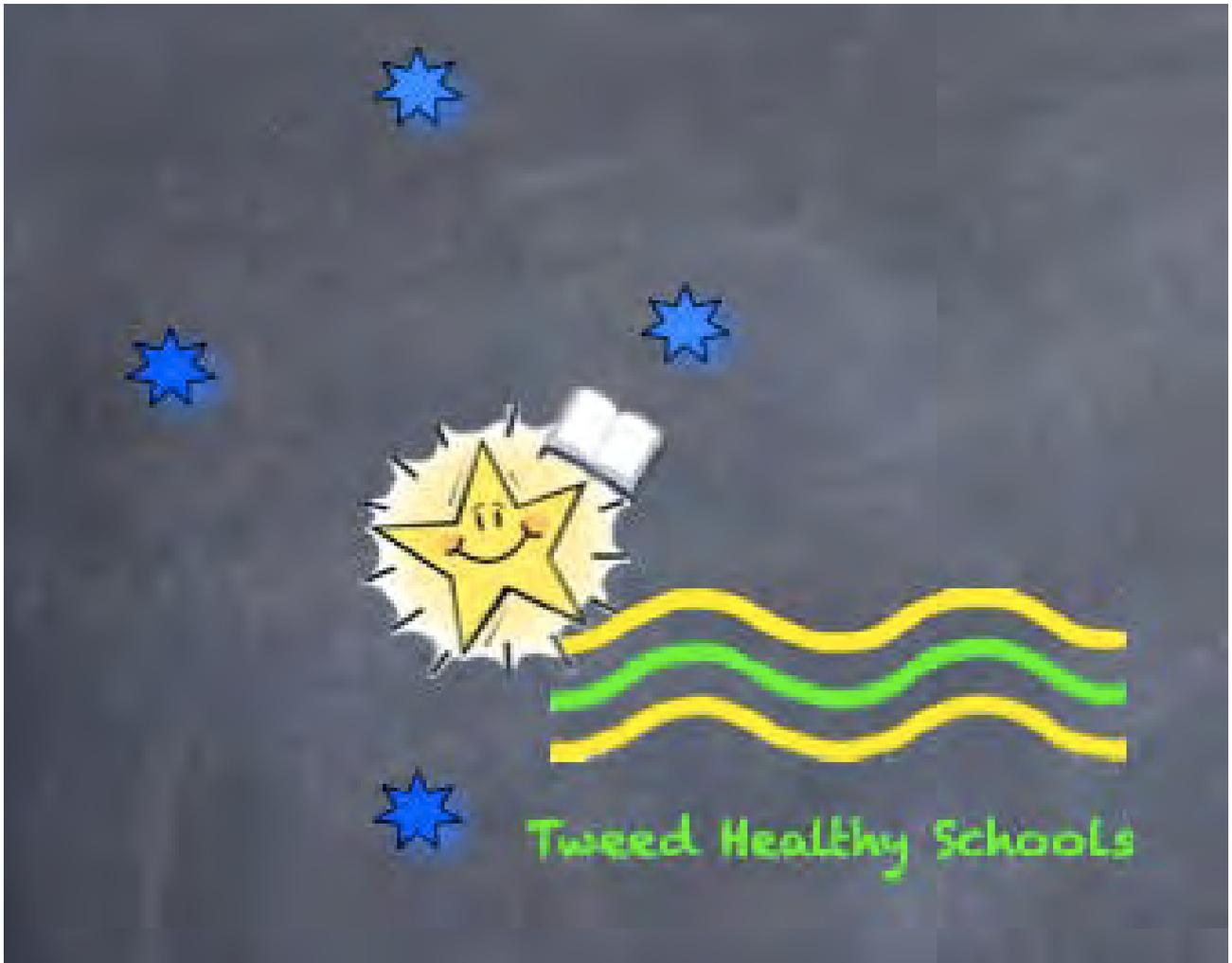
#### Position: Tweed Healthy Schools Secondary Liaison Officer

- This position will start as soon as possible after the close of the EOI. It will involve approximately 14 days during 2014.
- An EOI is to be no longer than one page addressing the criteria listed above.
- Applicants should determine whether they have the support of their supervisor, re being released for 14 days, before applying.
- Please submit EOI to Greg Smith.

**Closing Date:** 4pm Monday 24<sup>th</sup> March 2014

**Copies 18/03/2014:**

- Emailed to all Teachers.
- One on staff Noticeboard.



## Tweed Healthy Schools Project

The Tweed Healthy Schools Project is a collaborative project between the T5 Tweed Group of Schools, Southern Cross, Bond and Griffith Universities.

Students from Occupational Therapy, Physiotherapy, Exercise physiology, Nursing, Nutrition and Speech Pathology will work together in an interprofessional model to provide health care and education to school pupils and the wider school community.

This placement will be run across 2 sites - Centaur Primary School, and Banora Point High School, which are located together in Banora Point.

These schools have been chosen due to the increased needs for health care services that they are unable to access through usual means. These delays in accessing health services impact on the educational and health outcomes, and can have detrimental effects on their future prospects.

The intended short term outcomes of this project are to:

- Develop programs with schools to strengthen student health and wellbeing, and educational access
- Increase clinical placement capacity for university health students
- Increase diversity of experiences for university health students whilst on placement
- Assist schools in meeting the healthcare requirements of general school population (through service provision, case management, and education programs)
- Assist schools in policy development and implementation related to a health promoting school environment

With long term goals:

- Improve health outcomes for school students
- Improve learning outcomes for school students

### **Benefits to University health students**

This placement will provide health students with a rich community based training experience to better prepare them for clinical practice upon graduation. They also have an opportunity to provide a much needed community service, in the provision of health care to this group of schools, who otherwise may not have the same level of access to much needed care as their counterparts from a different background.

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

### **Benefits to schools / community**

University health students will:

- Assist the development of health policies 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 when possible.
- Collaborate with classroom teachers to provide group activities to address any learning needs that are impacted on by existing health issues.

Most interaction will take place within the classroom, however, if a student has been identified as requiring therapeutic intervention or assessment (via parents, guidance councillor or teacher request, or existing referral to community health by GP or paediatrician) then an interprofessional health assessment will be performed and the findings will be reported back to the families and relevant health providers.

School pupils will also benefit by having 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.

A three tiered approach to an interprofessional student health team within these schools will consist of:

- Classroom based initiatives
- Whole of school community programs
- Individual client clinics

### **Classroom based initiatives**

These initiatives would be directed at the whole classroom population aiming to improve their involvement and interaction with the learning environment and each other, as well as providing the school students with education about targeted health issues, and different professions within health. Examples of these initiatives are as follows:

- Collaboration between students, teachers and Classroom assistants to implement Action Based Learning classrooms.
- Education sessions - presentations by health students to teachers and students 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 be targeted using this approach:

- Healthy Schools initiatives to be implemented and reviewed by students, with recommendations for improvement and areas of further development identified.
- After School Activity Programs.
- Educational pamphlets to be developed for students / teachers and families.
- Presentations to parents / attendance at weekly playgroup at Centaur Primary School.
- Health screening.

### **Individual Client assessment and interventions**

Students 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.

- Assessment following ICF framework.
- Health students to take on case management role, and plan appropriate care package with team.
- Discipline specific assessments and treatments provided within classroom setting.
- 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 according to their clinical rotation set out by their university, and will overlap with other students throughout.

Please see below for calendar of attendance.

																						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 Term</b>																						
<b>SCU</b>																						
<b>OT</b>	2	2	2	2	2	2																
<b>EP</b>																	2	2	2	2	2	
<b>Nursing</b>												2	2	2	2	2	2	2	2			
<b>GRIFFITH</b>																						38
<b>Nursing</b>	2	2	2	2	2	2	2	2	2													
<b>Nurtrition</b>	2	2	2										2	2	2	2	2	2				
<b>SP 2days/wk</b>			4	4	4	4	4	4	4	4	4	4	4	4	4	4						
<b>PT</b>												2	2	2	2	2						
<b>EP</b>				2	2	2	2	2														
<b>BOND</b>																						98
<b>PT</b>		2	2	2	2	2											2	2	2	2	2	
<b>EP</b>												2	2	2	2	2						
<b>Total</b>	6	8	12	12	12	12	8	8	4	4	4	10	12	12	12	12	8	8	6	4	4	166
	<b>Evaluation Period</b>								<b>No capacity</b>				<b>Continue Service delivery</b>									
	<b>2 = 2 students per week, per subject</b>																					

All discipline specific interventions will be supervised by a qualified health profession 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 be generally be supervised and assessed within an interprofessional framework (provided by clinic coordinator, non-discipline specific supervisors and teachers), that will count towards their overall discipline specific placement assessment as set out by their university. All clinic documentation will be held online to allow remote access by all students and educators involved. Students will be responsible for completion of weekly clinic diary, and maintenance of documents and databases.



## TWEED HEALTHY SCHOOLS PROJECT 2014

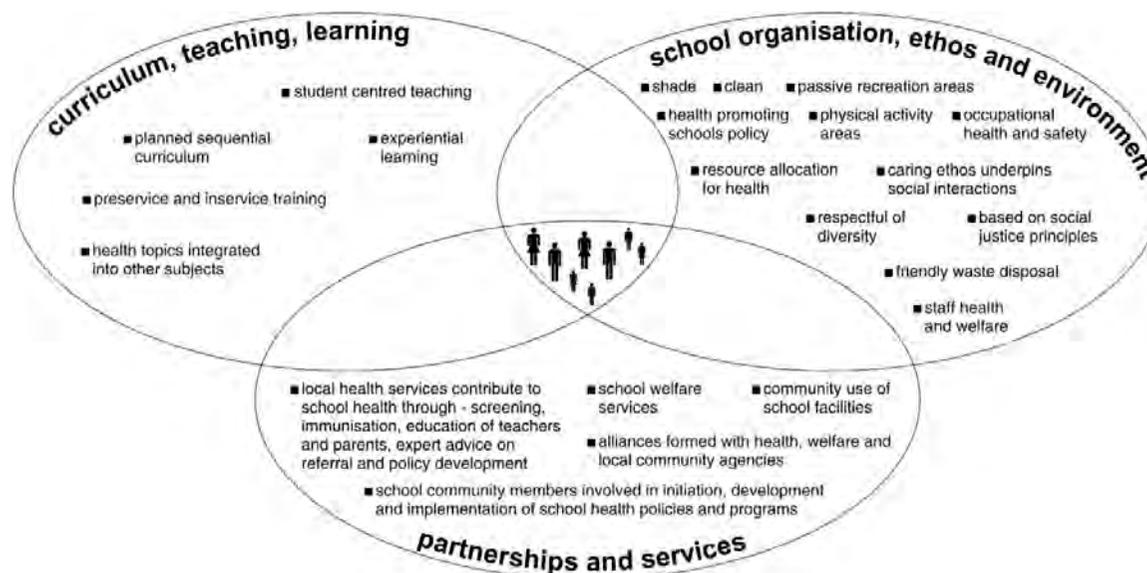
### CENTAUR PRIMARY SCHOOL

*A collaborative approach between health and education professionals*

#### **Centaur Primary School/NSW DEC POLICIES underpinning Health & Wellbeing**

- Core values of State Education (Care – Integrity, excellence, respect, responsibility, cooperation, participation, fairness, democracy)
- Student Health in NSW Public Schools (2013) – including Nutrition in Schools Policy
- Work Health Safety (WHS) Policy
- Student Welfare Policy

#### **HEALTH PROMOTING SCHOOLS FRAMEWORK**





## **A Health-Promoting School**

*'A school which is constantly strengthening its capacity to become a healthy setting for living, learning and working'  
(World Health Organization, 2007)*

### **A Health-Promoting School (WHO, 2007):**

- Fosters health and learning with all the measures at its disposal
- Engages health and education officials, teachers, students, parents and community leaders in efforts to promote health
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion
- Implements policies, practices and other measures that respect an individual's well-being and dignity, provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements
- Strives to improve the health of students, school personnel, families and community members



## TWEED HEALTHY SCHOOLS PROJECT 2014

Centaur Primary School

Healthy  
Workplace  
Initiative for Staff

Year 1 Action Based  
Learning Program

Healthy  
Lunchbox  
Initiative

Health  
Promotion

Health Expo



Activity	Description	Who will be involved	Key Dates
<b>Healthy Workplace Initiative for Staff</b>	<p><i>Aim: To develop a healthy workplace program that supports the health and wellbeing of staff in a primary education setting</i></p> <ul style="list-style-type: none"> <li>- Conduct a needs assessment and obtain feedback from staff via a staff survey</li> <li>- Develop a tailored program (e.g. support with nutrition / physical activity) based on the outcomes of the staff survey</li> <li>- Develop a Staff Healthy Workplace Committee to ensure ongoing sustainability</li> </ul>	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition &amp; Dietetics students</p> <p>Interested staff members</p>	<p>Term 2, Week 4: 19/05/14 Announce at Staff Meeting</p> <p>Term 2, Week 5: Conduct needs assessment with staff</p> <p>Term 2, Week 8: Present tailored workplace nutrition program to staff</p> <p>Term 3, Week 3: 29/07/14 Input from Physiotherapy students</p>
<b>Year 1 Action Based Learning Program</b>  (NB. This program will be evaluated through a research study which has been approved by Bond University Human Research Ethics Committee and NSW DEC Ethics Committee, SERAP)	<p><i>Aim: To enhance numeracy/literacy, motor proficiency and physical activity levels in Year 1 children through the integration of movement and physical activity into the English and Mathematics curriculum</i></p> <ul style="list-style-type: none"> <li>- Over a 16 week period, health science students (in collaboration with Clinical Coordinator and classroom teachers) will develop and deliver pre-planned lessons that include kinaesthetic/movement activities in Maths and English lessons</li> <li>- Parents of Year 1 students involved will be able to attend an information session outlining the program and asking their permission to obtain pre-and post-intervention measures from their child as part of the evaluation process</li> <li>- Pre/Post-Test measures include: WIAT-II (academic achievement), BOT-2 (motor proficiency), physical activity levels (via Sensewear armband), Term 2/4 academic reports</li> <li>- Year 1 classroom teachers will be debriefed about the collective findings of their class' results of the BOT-2 and WIAT-II assessments which may be useful for teachers to deepen their understanding of the capabilities of the students in the class and make decisions about whether additional support is required and to build on students' strengths. Parents will be provided with the details of someone they can contact should they wish to be informed of the collective findings for the whole class</li> </ul>	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Year 1 Classroom Teachers</p> <p>Physiotherapy / Exercise Science / Speech Pathology / Public Health students</p> <p>Parents of Year 1 children</p>	<p>Term 2, Week 8: Hold a parent information session and distribute information sheets and consent forms</p> <p>Term 2, Week 9: Commence collection of baseline measures</p> <p>Term 3: Week 3 Commence 16 week intervention</p>



Activity	Description	Who will be involved	Key Dates
<b>Healthy Lunchbox Initiative</b>	<p><i>Aim: To promote healthy food and drink choices in school lunchboxes at Centaur Primary</i></p> <ul style="list-style-type: none"> <li>- Conduct a survey (e.g. audit tool, tally) to determine the nutritional value of food and drink contents in school lunchboxes</li> <li>- Based on results, identify opportunities to promote/ improve the nutritional value of food and drink contents in school lunchboxes</li> <li>- Develop and implement a program that will help promote/improve the nutritional value of food and drink contents in school lunchboxes (e.g. development of healthy lunchbox resources, information sessions for parents/interested staff members)</li> <li>- The effectiveness of the strategies implemented in this program will be evaluated and recommendations will be made that may help to build a school policy around the promotion of healthy school lunches</li> </ul>	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Nutrition &amp; Dietetics Students</p> <p>Classroom teachers</p>	<p>Term 2, Week 8 Discuss with Classroom teachers who will be involved</p> <p>Term 3, Week 1 Students to conduct survey</p>
<b>Health Promotion</b>	<p><i>Aim: To circulate relevant health information and to present information on health topics to students, staff and parents/carers through a variety of media outlets</i></p> <ul style="list-style-type: none"> <li>- Health promotion messages to be included in school newsletter and on the school website</li> <li>- Opportunity for students to deliver lessons to students, staff and parents/carers on nominated health topics</li> </ul>	<p>Clinical Coordinator</p> <p>Public Health, Nutrition &amp; Dietetics, Physiotherapy, Speech pathology, Exercise science students</p> <p>Admin Support staff</p> <p>IT staff</p>	<p>Commence circulation towards end of Term 2</p>



Activity	Description	Who will be involved	Key Dates
<b>Health Expo</b>	<p><i>Aim: To showcase careers in health science and to promote local leisure activities and health services in the Tweed region</i></p> <ul style="list-style-type: none"> <li>- Invite local health service providers, community health organisations, local sporting/leisure representatives</li> <li>- Students will have the opportunity to showcase projects on health-related topics</li> </ul> <p>For example: "Tweed Health Heroes"</p> <ul style="list-style-type: none"> <li>- This project could encourage Stage 3 students to make contact with health professionals and profile what they do. This could take the form of a competition with a Tweed Health Hero Award where the Schools recognise the contributions of local health champions and award them a certificate. This could be a really nice way of engaging school students with health professionals as it would give the clinicians a feeling that they were valued, and would help encourage students to think about whether they would like to work in health.</li> <li>- This could very easily become an annual event.</li> </ul>	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Universities</p> <p>Local health service providers, community health organisations, local sporting/leisure representatives</p> <p>Stage 3 students</p>	<p>Student project could be completed Term 4 by Stage 3 students</p> <p>Expo held Term 1 or 2 2015</p>

## TWEED HEALTHY SCHOOLS PROJECT 2014

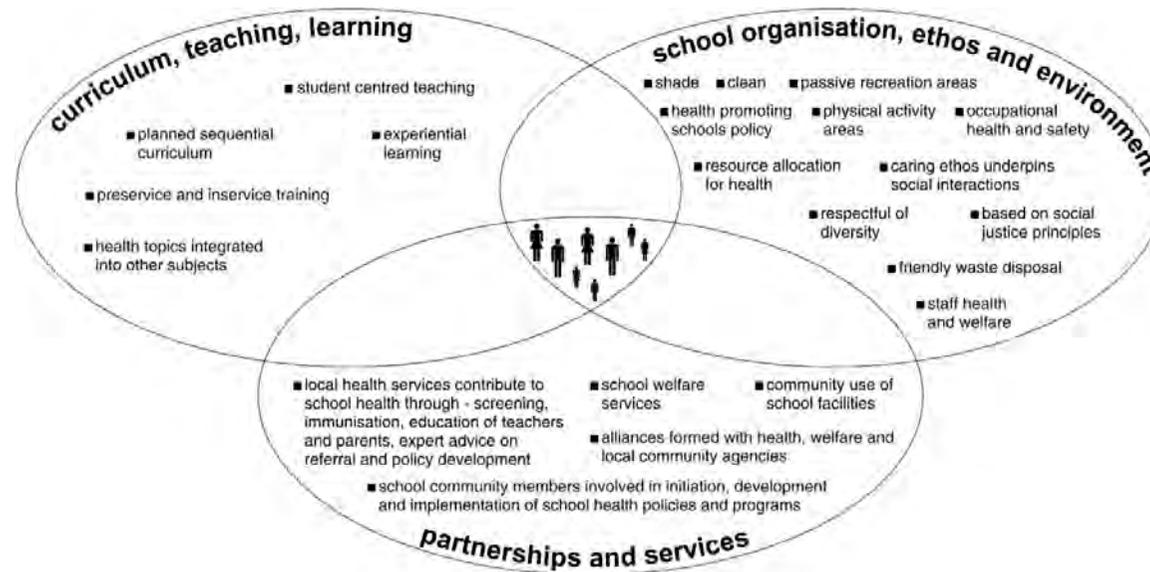
### BANORA POINT HIGH SCHOOL

*A collaborative approach between health and education professionals*

#### BPHS/NSW DEC POLICIES underpinning Health & Wellbeing

- Core values of State Education (Care – Integrity, excellence, respect, responsibility, cooperation, participation, fairness, democracy)
- Student Health in NSW Public Schools (2013) – including Nutrition in Schools Policy
- Work Health Safety (WHS) Policy
- Student Welfare Policy

#### HEALTH PROMOTING SCHOOLS FRAMEWORK





## **A Health-Promoting School**

*'A school which is constantly strengthening its capacity to become a healthy setting for living, learning and working'  
(World Health Organization, 2007)*

### **A Health-Promoting School (WHO, 2007):**

- Fosters health and learning with all the measures at its disposal
- Engages health and education officials, teachers, students, parents and community leaders in efforts to promote health
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion
- Implements policies, practices and other measures that respect an individual's well-being and dignity, provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements
- Strives to improve the health of students, school personnel, families and community members



## TWEED HEALTHY SCHOOLS PROJECT 2014

**Banora Point High School**

**Healthy  
Workplace  
Initiative for Staff**

**Individual  
Assessments for  
Students**

**Specialised  
Classroom  
Activities**

**Year 7 Tailored  
Program**

**'Switch on'**

**Health  
Promotion**

**Health Expo**



Activity	Description	Who will be involved	Key Dates
<b>Individual Assessment for Students</b>	<p><i>Aim: To promote student health and wellbeing</i></p> <ul style="list-style-type: none"> <li>- Staff will be informed on how to identify school students that could benefit from an individual assessment by allied health students</li> <li>- Identification process will involve consultation with the Welfare (Year Advisors) and LaST Teams. Pathways for referral will be established.</li> <li>- Year Advisors and members of the LaST Team to contact parent/carer for consent via phone call and letter. Staff will be provided with a transcript for the phone conversation and template for the letter.</li> <li>- Allied health students will conduct individual assessments with identified schools students (E.g. Physiotherapy students may conduct health &amp; fitness assessments).</li> <li>- Each school student will receive a management plan depending on their individual needs identified in the assessment and parents will receive a report.</li> <li>- Potential for delivery of a 6 week program for school students after school once a week by allied health students. This program may include physical activity and other education sessions on relevant health topics.</li> </ul>	<p>Clinical Coordinator</p> <p>Secondary Liaison Officer</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition &amp; Dietetics students</p> <p>Welfare team (Year advisor) / Learning Support (LaST) team</p>	<p>Term 2, Week 1: 01/05/14 Attend Executive meeting</p> <p>Term 2, Week 2: 07/05/14: Attend Welfare meeting</p> <p>Term 2, Week 6:14/05/14 LaST meeting</p> <p>Term 2, Week 6-10: 04/06/14 Identify students and obtain parental consent</p> <p>Term 3, Week 2: 06/06/14 Commence individual assessments</p> <p>Term 3, Week 3: 31/07/14 Aim for after school program to commence</p>
<b>Healthy Workplace Initiative for Staff</b>	<p><i>Aim: To develop a healthy workplace program that supports the health and wellbeing of staff in a secondary education setting</i></p> <ul style="list-style-type: none"> <li>- Conduct a needs assessment and obtain feedback from staff via a staff survey</li> <li>- Develop a tailored program (e.g. support with nutrition / physical activity) based on the outcomes of the staff survey</li> <li>- Potential for delivery of an after school program over a 6 week period during Term 3 once a week for interested staff</li> </ul>	<p>Clinical Coordinator</p> <p>Secondary Liaison Officer</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition &amp; Dietetics students</p> <p>Interested staff members</p>	<p>Term 2, Week 4: 19/05/14 Announce at Staff Meeting</p> <p>Term 2, Week 5: Conduct needs assessment with staff</p> <p>Term 3, Week 3: 29/07/14 Aim to commence after school physical activity program</p>



Activity	Description	Who will be involved	Key Dates
<b>Specialised classroom activities (available to all KLAs)</b>	<p><i>Aim: To assist with updating staff on current health-related information that may be integrated into the curriculum.</i></p> <ul style="list-style-type: none"> <li>- University students are able to in-service interested faculties</li> <li>- University health students are able to offer support in the classroom when teaching a topic relevant to their health discipline (For example, physiotherapy students may assist with developing an exercise program to improve core strength in dance students)</li> <li>- Head teachers to confer with Clinical Coordinator on relevance and availability</li> </ul>	Clinical Coordinator  Secondary Liaison Officer  University students  Interested faculties	Term 2, Week 1: 01/05/14 Executive meeting  Term 2, Week 3: 12/05/14 Faculty meeting  Term 2, Week 4: Follow up with head teachers
<b>Year 7 Tailored Program</b>	<p><i>Aim: To develop a tailored program educating Stage 4 students towards developing a healthy lifestyle.</i></p> <ul style="list-style-type: none"> <li>- Nutrition &amp; Dietetics / Public Health students to conduct a needs assessment to determine Year 7's current knowledge on health (e.g via a health survey/focus group). Survey results will be collated and health science students will develop suitable lessons.</li> <li>- Program will be delivered once a week to Classes 7C and 7M by health science students over 6-8 weeks</li> <li>- Program will be evaluated to determine feasibility of continuing into Term 4</li> </ul>	Clinical Coordinator  Secondary Liaison Officer  Physiotherapy / Exercise Physiology / Public Health / Nutrition & Dietetics students  Year 7 Advisor  Year 7 Staff from selected KLAs	Announce in executive and staff meetings Term 2.  Term 2, Week 8: 18/06/14 Year 7 assembly  Term 3, Week 2: 24/07/14 Aim to commence program: (7M/7C)
<b>Health Promotion</b>	<p><i>Aim: To circulate relevant health information to students, staff and parents/carers through a variety of media outlets</i></p> <ul style="list-style-type: none"> <li>- Health promotion messages to be included in school newsletter and on the school website</li> </ul>	Clinical Coordinator  Public Health, Nutrition & Dietetics, Physiotherapy, Speech pathology, Exercise science students  Admin Support staff  IT staff	Commence circulation after Staff Meeting in Term 2, Week 4



Activity	Description	Who will be involved	Key Dates
<b>'Switch On'</b>	<p><i>Aim: To include short bursts of physical activity in the classroom in order to switch on the mind and improve student learning</i></p> <p><u>Benefits of integrating physical activity into the classroom:</u>            Current literature has found that a positive relationship exists between physical activity, cognition and academic performance in children. Research studies report numerous benefits to physical activity within the school environment, including increased blood flow and oxygen to the brain which results in increased learning ability. Several studies have found that breaks in classroom work, consisting of physical activity only, resulted in positive changes in classroom behaviour, concentration, and academic performance.</p> <ul style="list-style-type: none"> <li>- This will involve incorporating 5-10 minutes of physical activity at the beginning or during the class</li> <li>- To be delivered by interested teachers to one class of their choice throughout the Term</li> <li>- Teachers to be trained by Clinical Coordinator and Exercise Science/physiotherapy students</li> </ul>	Clinical Coordinator  Physiotherapy, Exercise Science students  Volunteered staff members	Term 2, Week 4: 19/05/14 Announce at Staff Meeting  Term 3/4: Implement in classroom
<b>Health Expo</b>	<p><i>Aim: To showcase careers in health science and to promote local leisure activities and health services in the Tweed region</i></p> <ul style="list-style-type: none"> <li>- Invite local health service providers, community health organisations, local sporting/leisure representatives</li> <li>- Students will have the opportunity to showcase projects on health-related topics (e.g. "Tweed Health Heroes" could encourage Stage 3 students to get in touch with health professionals and profile what they do. This could take the form of a competition with a Tweed Health Hero Award where the Schools recognise the contributions of local health champions and award them a certificate. This could be a really nice way of engaging school students with health professionals as it would give the clinicians a feeling that they were valued, and would help to get the students thinking about whether they would like to work in health. This could very easily become an annual event.)</li> </ul>	Clinical Coordinator  Secondary Liaison Officer  School Principal  Careers advisor  Universities  Local health service providers  Stage 3 students	Student project could be completed Term 4 by Stage 3 students  Expo held Term 1 or 2 2015

Milestones	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Contact schools to assess needs		■													
Contact local health providers			■												
Identify partnering universities			■												
Identify clinical educators to be involved			■												
Develop clinical placement agreement				■											
Identify space in school				■											
Identify school liaison				■											
Develop healthy schools plan (scope/sequence)					■	■									
Pitch healthy schools plan to stakeholders							■								
Develop evaluation plan								■							
Advertise placement to universities									■	■					
Finalise clinical placement calendar											■	■			
Send out student packages													■		
Student orientation														■	