

The Sutherland Chronic Care Student Led Clinic Student Orientation Manual

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Section 1

Background Information for the Interprofessional Sutherland Chronic Care Student Led Clinic

Within Australia, clinical placements usually involve placing one or more students within services where training occurs predominately by each profession alone. This traditional placement model has recently been described as inadequate to address the future health workforce requirements and limits the available skill mix of new graduates^{1,2,3}. In 2009, the National Health Workforce Reform report identified there would be a 70% increase in nursing students and a 10% increase in allied health students commencing in 2010 when compared to 2005 leading to increased pressure to find adequate clinical placements for students^{4,5}.

The work readiness of health graduates from a traditional placement model has also been queried with concern centred on the ability of graduates to work within a team environment, communicate professionally and understand the role of their profession within the broader health context¹. In 2010, the World Health Organisation advocated for the implementation of interprofessional education as a means to develop collaborative practice by health care workers². One strategy to increase interprofessional education in health care professionals in the South Eastern Sydney Local Health District (SESLHD) is the development of a student led clinic for clients with chronic conditions. This aligns with the priorities of the SESLHD to develop patient-centred services that are networked, complementary, co-ordinated and multidisciplinary⁶. In order to align with the SESLHD strategic plan, the objectives of this project is to develop a student led clinic with a patient centred model of care with an emphasis on interprofessional training.

Interprofessional Education (IPE)

Interprofessional education refers to students from two or more professions learning together as a part of their professional training to enable collaborative practice in providing client centred health care. The move towards IPE has been viewed as a necessary method to: a) increase students' knowledge about other disciplines; b) improve their ability to work within a team and c) achieve the goal of enhancing patient health outcomes¹. Evidence indicates that IPE enables effective collaborative practice which in turn optimises health services, strengthens health systems and improves health outcomes.¹

¹ The Capricornia Project (2011) <http://www.health.qld.gov.au/clinedq/Documents/capdocall.pdf>

² World Health Organisation - Framework for Action on Interprofessional Education

³ Davidson, M., Dodd, K.J., Smith, R.A., Smith, J.S., O'Loughlan, M.J. (2008) Interprofessional Pre-qualification clinical education: A systematic review. *Health Professional Education*, 32 (1): 111 – 120.

⁴ National Partnership Agreement on Hospital and Health Workforce Reform, Council of Australian Governments, 2010

⁵ Mapping Clinical Placements: Capturing Opportunities for Growth, Demand (University) Study, Health Workforce Australia, 2011

⁶ South Eastern Sydney Local Health District Strategy Plan 2012 – 2017

Student Led Clinics

Student led clinics can provide students with the opportunity to develop skills in communication, leadership and teamwork in a real clinic environment, whilst providing services to the local community within which it operates. Student led clinics have been well established all over the world in under serviced communities and population groups to provide health promotion programs to prevent the need for hospitalised care and increased medication needs⁷. Since the 1960s, there has been an estimated 110 student led clinics over 49 medical schools in the United States of America and the first Canadian Student Led Clinic was set up in 2000⁷. In Australia, student led clinics have been developed in many states. These include the Queensland Interprofessional Student Assisted Allied Health Clinic (The Capricornia Project)¹ and the Victoria Mornington Peninsula Student Led Clinic in 2012⁸.

Selection of Chronic Disease Model of Care

In Australia, chronic disease contributes to more than 70% of the disease burden and this is expected to increase to 80% by 2020⁹. Chronic disease has a significant impact on hospital admission and readmission rates. As the population ages, there will also be an increase in the burden resulting from chronic disease.

In 2008, in response to the Garling report, the NSW Ministry of Health identified five major chronic diseases of interest that are recognised as having a major impact on the burden of disease in NSW¹⁰. These are:

- Diabetes
- Hypertension
- Coronary artery disease
- Congestive heart failure
- Chronic obstructive pulmonary disease.

Chronic Disease Management (CDM) utilises a systematic and co-ordinated approach in the delivery of health care which aims to improve the quality of life and health outcomes of those diagnosed with chronic disease and reduce the progression and complications of their illness¹⁰. The CDM approach is underpinned by several key principals that involve coordinating care through a comprehensive health assessment, the use of multidisciplinary shared care plans, the application of evidence-based treatment protocols and the promotion of person centred care with active self-management support¹⁰.

⁷ Holmqvist, M., Courtney, C. & Meili Ryan (2012) Student-run Clinics: Opportunities for Interprofessional Education and Increasing Social Accountability. *Journal of Research in Interprofessional Practice and Education*, Vol. 2.3, August, pp. 264 – 356.

⁸ Victoria Mornington Peninsula Student Led Clinic (2012) : Victoria State Government

⁹ National Health Priority Action Council (NHPAC) (2006), *National Chronic Disease Strategy*, Australian Government Department of Health and Ageing.

¹⁰ NSW Health Chronic Disease Management website

The Sutherland Chronic Care Student Led Clinic will adopt the Chronic Disease Management approach to health care delivery in order to provide a co-ordinated and multidisciplinary service which will aim to improve the quality of life of clients with chronic disease by increasing their ability to self-manage and reduce the need for in-hospital care.

Section 2

Key Learning Objectives and Outcomes

Students participating in the Student Led Clinics will:

1. Demonstrate appropriate professional behaviour in accordance with relevant legal and regulatory requirements
2. Demonstrate strategies to achieve and extend professional competence and operate within individual and professional strengths and limitations
3. Demonstrate an understanding of the epidemiology of chronic disease and the relationship between socioeconomic status and chronic disease
4. Demonstrate an understanding of the public health issues of chronic disease and universal levels of health care delivery in Australia
5. Demonstrate competency in using evidence based skills in patient care, health education and health promotion
6. Demonstrate the ability to assess the health education needs of patients with chronic disease utilising appropriate forms and screening interviews
7. Demonstrate the ability to deliver interprofessional health education and health promotion interventions
8. Demonstrate the ability to communicate effectively with clients, interprofessional team members and other service providers whilst recognising cultural and linguistic diversity: a.) Oral communication with clients b.) Prepare and deliver presentations to groups and c.) Ensure written documentation is in accordance with legal requirements
9. Demonstrate the ability to work effectively in a team environment and respect the skills of the other disciplines
10. Demonstrate the ability to engage in self-directed learning, peer learning and self-assessment of team performance
11. Demonstrate the ability to evaluate intervention outcomes

Section 3

Professional Rights and Responsibilities of Students

3.1 Rights of Students

Students participating in the Student Led Clinics have the right to:

- 3.1.1 Expect the clinical supervisor to provide balanced, independent and specific feedback
- 3.1.2 Expect the clinical supervisor to be flexible, fair and consistent in values
- 3.1.3 Be briefed about Work Health and Safety policies and patient care procedures

3.2 Responsibilities of Students

Students participating in the Student Led Clinics are responsible for:

- 3.2.1 Following university and hospital guidelines for uniform, appearance, identification and professional standards of behaviour including punctuality and attendance (contact relevant discipline department if unable to attend or will be late for the scheduled clinical placement time)
- 3.2.2 Preparing thoroughly before commencing the clinical placement including revising relevant theoretical knowledge on the management of various chronic conditions
- 3.2.3 Reviewing the orientation package prior to commencing placement in the clinics
- 3.2.4 Completing the Readiness for Interprofessional Learning Scale Questionnaire (RIPLS) before and after the attending the clinics
- 3.2.5 Understanding that both the student and clinical supervisor are ethically and legally responsible for the care and safety of health service clients
- 3.2.6 Understanding university and hospital Work Health and Safety policies and procedures and emergency procedures
- 3.2.7 Seeking guidance from the clinical supervisor if clinical assistance is required
- 3.2.8 Respecting the rights and confidentiality of the clients
- 3.2.9 Maintaining accurate electronic and paper clinical records required by the hospital
- 3.2.10 Participating in quality improvement activities including developing and updating material for the client education classes and evaluation of the clinic's effectiveness
- 3.2.11 Performing relevant administrative duties associated with the Student Led Clinics

Section 4

Professional Rights and Responsibilities of the Clinic Co-ordinator and Clinical Supervisors

4.1 Rights of Clinic Co-ordinator and Clinical Supervisors

Clinic co-ordinator and clinical supervisors participating in the Student Led Clinics have the right to:

- 4.1.1. Be respected as a professional and to expect that students will fulfil their responsibilities

4.2 Responsibilities of Clinic Co-ordinator and Clinical Supervisors

Clinic co-ordinator and clinical supervisors participating in the Student Led Clinics are responsible for:

- 4.2.1 Organising the day to day operation of the Student Led Clinics
- 4.2.2 Providing feedback to students and completing assessments as per University requirements
- 4.2.3 Respecting student privacy and confidentiality
- 4.2.4 Completing Work Health and Safety (WHS) and emergency procedures orientation that meet both LHD and university mandates
- 4.2.5 Liaising with university clinical staff regarding student performance whilst on placement
- 4.2.6 Monitoring the quality of health education students provide to the clients
- 4.2.7 Providing a positive learning environment and to act as a professional role model
- 4.2.8 Completing the Interprofessional Learning Scale Questionnaire (RIPLS) before and after attending the clinic

Section 5

Staffing Requirements

Clinic Co-ordinator

The clinic co-ordinator is responsible for:

- Co-ordinating with all participating Universities and The Sutherland Hospital allied health and nursing Heads of Department for the arrangement of timetables for part-time clinical supervisors and students
- Conducting student orientation to the clinics and verifying student ID before commencing the placement
- Functioning as the contact person for the Universities and students regarding issues pertaining to the student led clinics
- Managing the day to day operation of the student led clinics
- Screening clients in the Patient Discharge Unit (PDU) that are suitable to refer to the Inpatient Student Led Clinic
- Completing the student assessment forms required by the Universities
- Verifying that students comply with the Work Health and Safety and Standards of Practice for both the Universities and LHD
- Providing support for the part-time rotating supervisors
- Providing clinical supervision and feedback to the students
- Organising venues for the student education classes
- Organising external observation experiences
- Collating client data for evaluation of the service effectiveness, including clinical outcomes for the clients, student-related indicators and service related indicators

Clinical Supervisors

Clinical supervisors will be allocated on a rostered basis from disciplines that have students on clinical placement in the Student Led Clinics. They will provide a consultative role and are responsible for:

- Providing discipline specific input to client assessment and care
- Providing supervision and feedback to the students when required
- Providing support to the clinic co-ordinator

Administration Staff (not available under limited Student Led Clinic service)

Where available, the administration will be responsible for:

- Contacting clients for appointment times and re-arrange if clients are unable to attend
- Answering enquiries regarding the clinic from health care professionals/providers and clients

Extra responsibilities for students (for limited Student Led Clinic service)

- Contacting previous clients for follow-up appointments and responsible for collecting data for evaluation of the service effectiveness as per schedule
- Assisting with relevant administrative duties associated with the Student Led Clinics

Section 6

South Eastern Sydney Local Health District Code of Conduct and Work Health & Safety Policies and Procedures

There are a number of Work Health and Safety Policies and Procedures that apply to clinical personnel working within South Eastern Sydney Local Health District. It is important that you familiarise yourself with the following key policies and procedures:

- Ministry of Health Policy directive (Code of Conduct) – Appendix 2
- NSW Health Infection Control Policy
(http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf)
- SESLHD Hand Hygiene and Hand Care procedure
(http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Infection_Control/Documents/SESLHNP120-HandHygiene.pdf)
- SESLHD Incident Management, Investigation and Reporting procedure
(http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Workforce/Workplace_Health_and_Safety/documents/SESLHNP94-IncidentMgtInvestigationReporting.pdf)
- Hand and wrist jewellery, nail polish and fingernail enhancements (infection control policy)
(http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Infection_Control/Documents/SESLHNP119-HandJewellery.pdf)
- SESLHD OH&S Policy statement
(http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Workforce/Workplace_Health_and_Safety/documents/SESLHNP68-OHS-PolicyStatement.pdf)
- Clinic and hospital disaster & fire evacuation plan and procedure
- University Work Health and Safety Checklist – Appendix 3
- Sutherland Hospital Occupational Health and Safety Checklist - Appendix 4

All students must report to their clinical supervisor and nominated university contact any incidents that occur to either the client or themselves.

Section 7

Location and Transport to the Sutherland Chronic Care Student Led Clinic

Inpatient Clinic

Patient Discharge Unit (PDU), Level 1
The Sutherland Hospital
Kareena Road, Caringbah, NSW 2229

Phone: (02) 9540 7570

Fax: (02) 9540 7562

Outpatient Clinic

Killara Unit, Level 1
The Sutherland Hospital
Kareena Road, Caringbah, NSW 2229

Phone number: (02) 9540 8112

Fax number: (02) 9540 7855

Transport to the hospital

By Public Transport:

Train – Caringbah station is the closest to The Sutherland Hospital (approximately 12 minute walk)

Bus – 971 from the city or 969/962 from Sutherland station (stop is across the road from the Hospital, near the corner of Kareena Road and The Kingsway)

By Car:

The Sutherland Hospital is located on the corner of The Kingsway and Kareena Road, Caringbah.

Parking is available at the front of the hospital, entry via Kareena Road with a fee of \$10 per day. Parking is also available in side streets close to the hospital (Please note Kareena Road and The Kingsway have time restrictions).

Section 8

Clinical Pathway for the Inpatient Student Led Clinic

Client Inclusion Criteria

- Clients admitted to the Patient Discharge Unit (PDU) with at least one of the five chronic diseases identified as a national health priority: hypertension, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, diabetes
- Satisfies requirements for admission to the PDU
- Is ready for discharge to home
- Requires health review from the perspective of more than one discipline (nurse, physiotherapist, occupational therapist, social worker, speech pathologist, exercise physiologist, podiatrist, dietitian)
- Client consent to student interview and consent to the possibility of being videotaped for learning purposes

Client Exclusion Criteria

- Living in residential care
- Not medically stable

Client Recruitment

- Clients in the Patient Discharge Unit (PDU) who satisfy the client inclusion criteria

General Information about the PDU

Staffing:

- The PDU is staffed by a registered nurse and an enrolled nurse

Clients:

- Have been discharged from their ward to go home

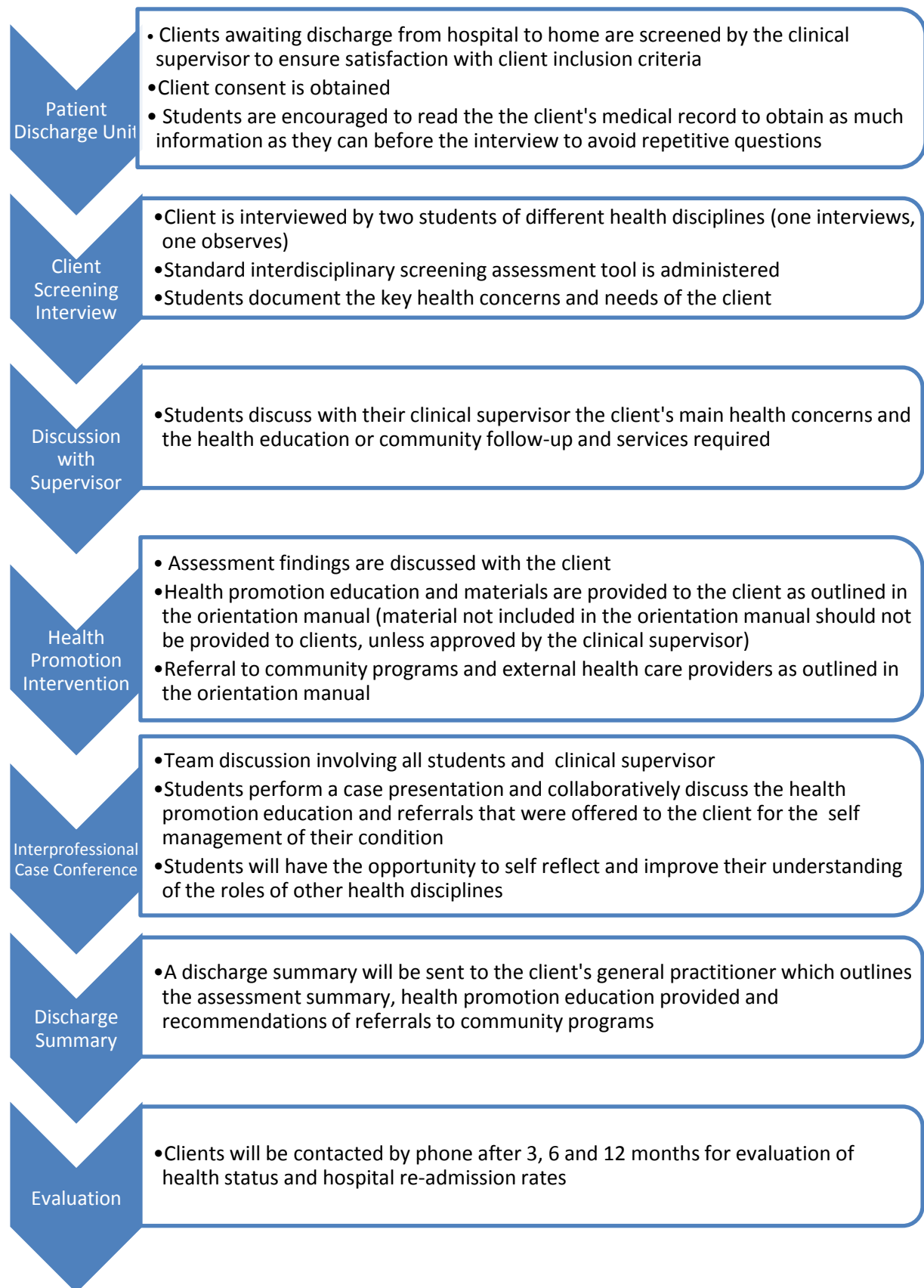
Clients may in be in PDU while:

- Waiting for a discharge summary to be finalised
- Waiting for medication from the hospital pharmacy
- Waiting to be picked up by a family member, friend or transport service

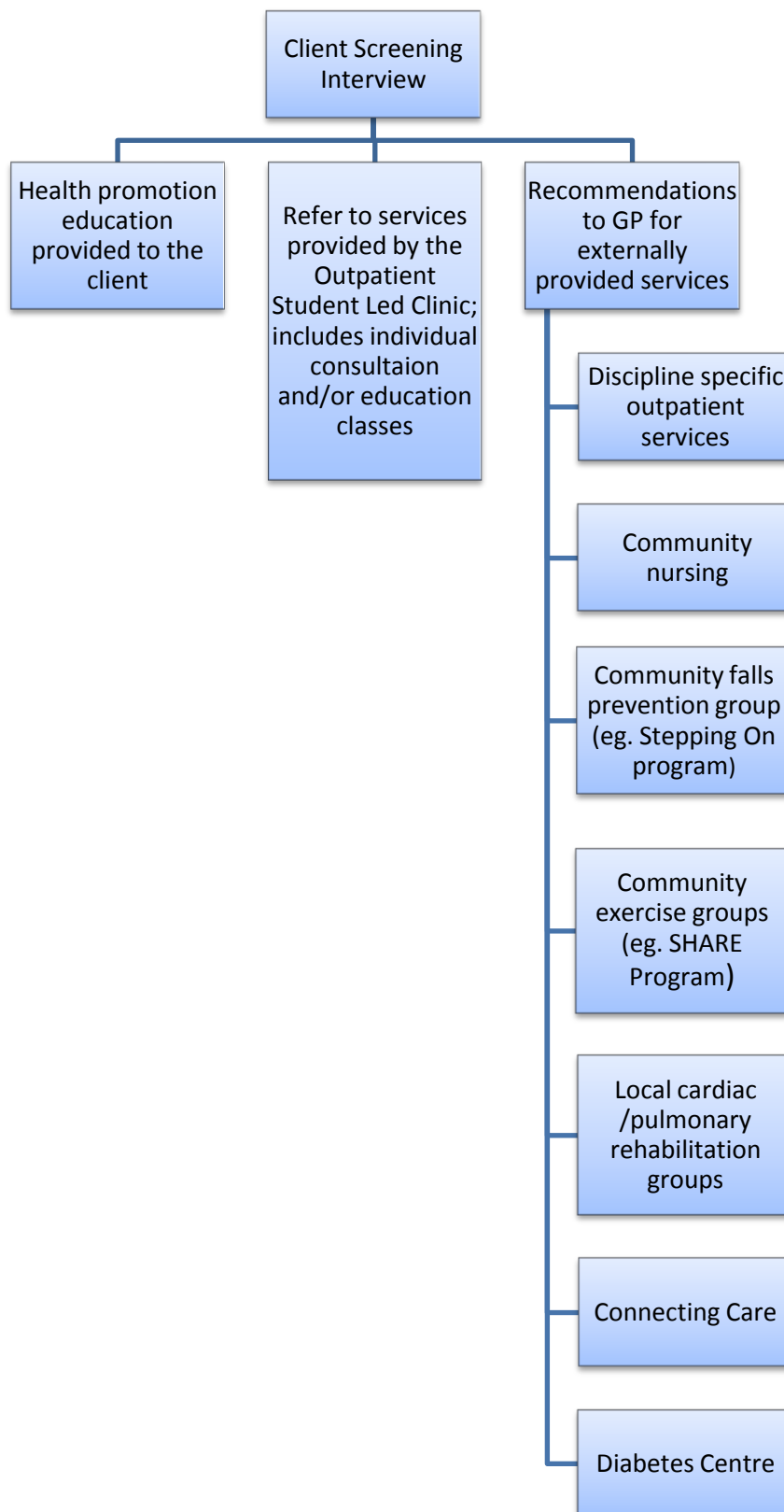
Factors to be considered before initiating an interview with clients in the PDU:

- Clients may be tired from lack of sleep or due to their medical condition
- The concept of home is usually very important emotionally to people, thus some clients may be frustrated and more anxious
- Clients could still be feeling unwell
- Clients may be feeling overwhelmed about finding out they have a chronic disease. They may refuse or decline an interview.

Inpatient Clinical Pathway



Referral Pathway for Inpatient Student Led Clinic



Section 9

Clinical Pathway for the Outpatient Student Led Clinic

Client Inclusion Criteria

- Newly diagnosed diabetes or impaired glucose tolerance (IGT) (according to the WHO classification) within six months
- Newly diagnosed hypertension within six months
- Clients with chronic cardiac (congestive heart failure or cardiovascular disease) and pulmonary disease (COPD) who have been admitted to hospital within the last six months
- Living at home
- Requiring health review from the perspective of more than one discipline (nurse, physiotherapist, occupational therapist, social worker, speech pathologist, exercise physiologist, podiatrist, dietitian)
- Client consent to student interview and consent to the possibility of being videotaped for learning purposes

Client Exclusion Criteria

- Living in residential care
- Clients currently under the care or receiving community cardiac or pulmonary rehabilitation services

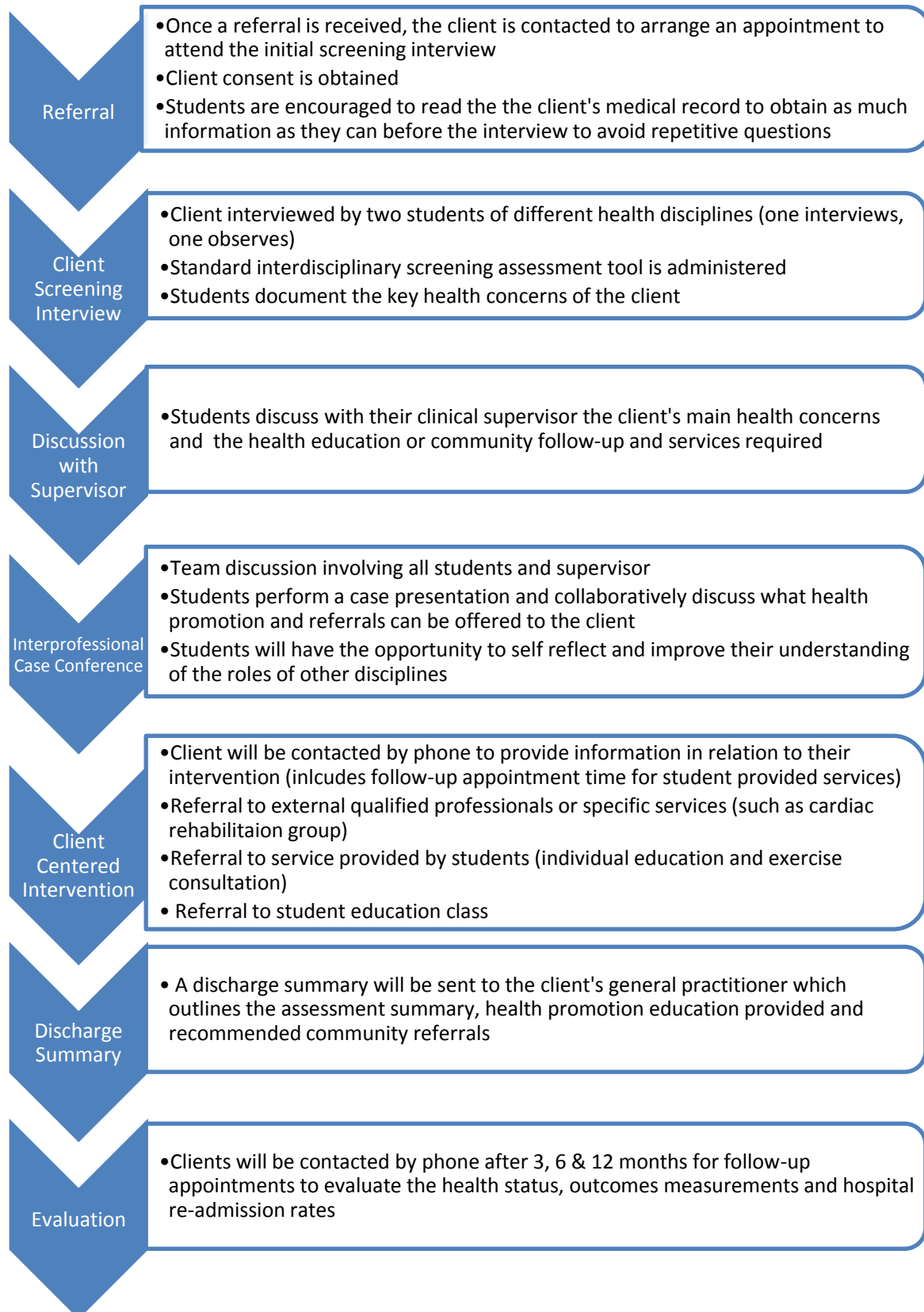
Recruitment of Clients

- Clients living in The Sutherland Hospital catchment area
- Referrals potentially from the Inpatient Student Led Clinic, General Practitioners, Respiratory Co-ordinated Care Program, community healthcare professionals and community nurses

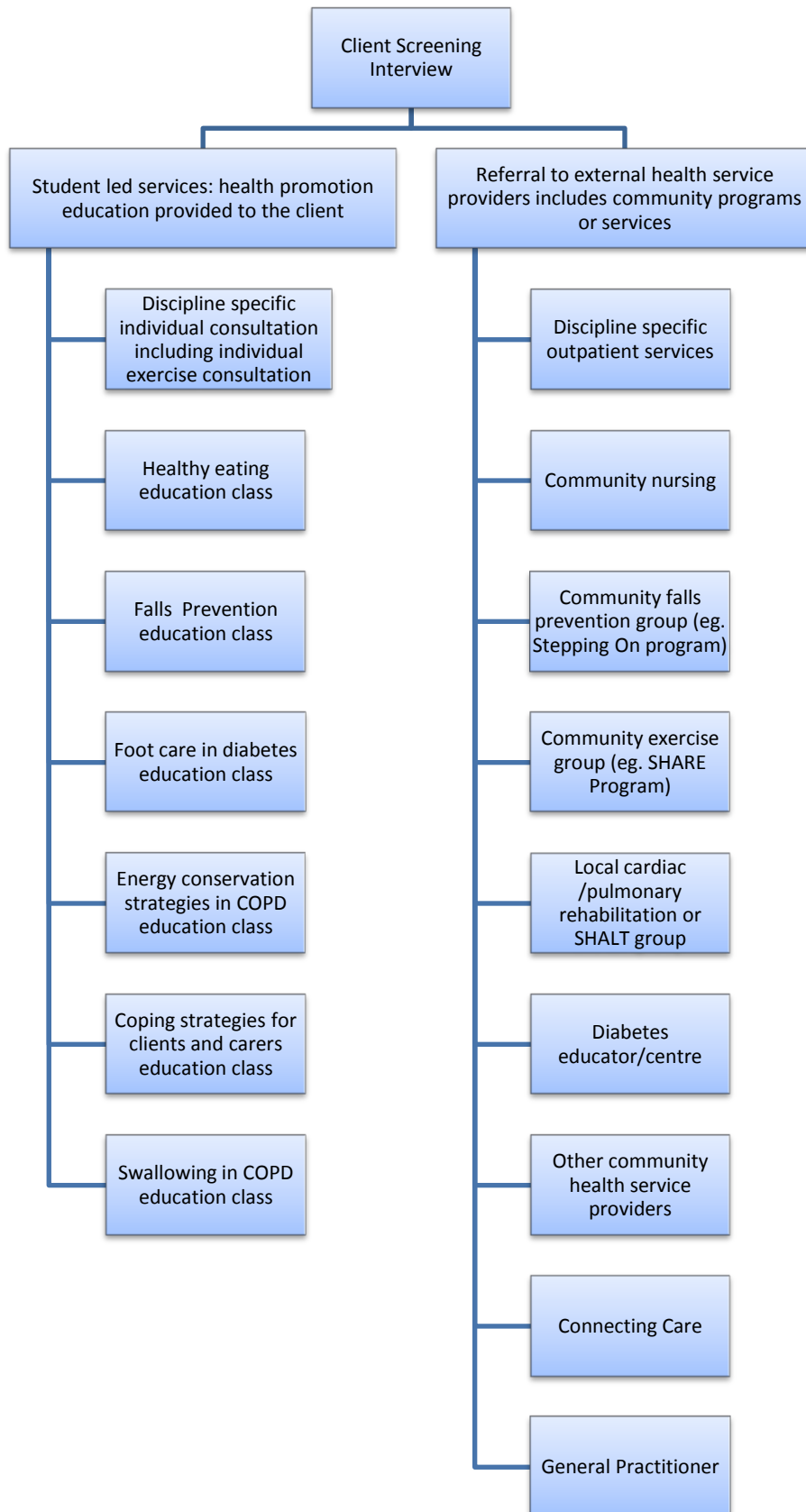
Information about the Killara Unit

The Killara Unit is used by community members that attend other health services such as rehabilitation classes provided by the Sutherland Heart and Lung Team (SHALT). Please be considerate of other community members and health professionals whilst in the Killara Unit.

Outpatient Clinical Pathway



Referral Pathway for Outpatient Student Led Clinic



<i>Client's Health Concern</i>	<i>Student Led Services</i>	<i>External Services</i>
Recent decline in mobility or increase in falls	Physiotherapy/occupational therapy student consultation, falls prevention education class	Outpatient rehabilitation physiotherapy service, community falls prevention program such as Stepping On, community exercise groups such as Share program
Difficulty in swallowing and communication	Speech pathology student consultation, swallowing in COPD education class	Outpatient speech pathology service, local aphasia group
Recent decline in the ability to perform activities of daily living	Occupational therapy student consultation	Outpatient occupational therapy service or Southcare service
Uncontrolled diabetes	Dietetics student consultation, healthy eating education class	Diabetes Centre/ Outpatient dietetic service
Nutrition and diet concerns	Dietetics student consultation, healthy eating education class	Outpatient dietetic service
Diabetes clients with no podiatry review or clients with podiatry concerns	Podiatry student consultation, foot care education class	Outpatient podiatry service
Client or carer expressed concern regarding coping at home	Social work student consultation, coping strategies education class	Community social worker
Cardiac or COPD clients with no previous enrolment in community rehabilitation programs	N/A	Cardiac/pulmonary rehabilitation group, Sutherland Heart and Lung Team (SHALT)
Medication concerns	N/A	Connecting care telephone support services, SouthCare Liaison Pharmacy Service
Presence of foot ulcers	N/A	Outpatient podiatry service, SouthCare podiatry service (non-diabetic pensioners), Diabetes Education Centre High Risk Foot Clinic (diabetic clients), SouthCare generalist community nurse for wound care and management in aged clients
Exercise concerns	Physiotherapy/exercise physiology student consultation, exercise education class	Outpatient exercise physiology service (only for clients with cardiac conditions), outpatient physiotherapy service
Other health concerns such as musculoskeletal or neurological	N/A	Refer to client's general practitioner for further review with recommendation of service required

Student Provided Services

- Individual consultation by different disciplines will depend on the availability of students on clinical placement in the clinics
- Education classes will depend on demand. The class will be conducted by a pair of students, one preferably from the discipline related to the education topic.
- Individual exercise consultation will include specific education in precautions and consideration of exercise for chronic conditions. It will focus on self maintenance of exercise. Baseline measurements of exercise tolerance may be recorded to evaluate exercise progression.
- Cardiac and pulmonary clients will be referred to local community cardiac and pulmonary rehabilitation groups.

Section 10

Initial Interprofessional (IP) Client Screening Tool, Client Referral Checklist and Evaluation Tools

Client Consent and Declaration (see appendix 5)

- Completed before commencing interview

Interprofessional Client Screening Tool (see appendix 6)

- Completed during the initial interview with the client

Client Referral Checklist (see appendix 7)

- Completed by the student after the interview to ensure all referrals have been made

Patient Activation Measure (see appendix 8)

- Completed by the client during the initial interview and at 3, 6 and 12 months post initial interview for evaluation^{11 12}

Client Satisfaction Survey (see appendix 9)

- Completed by the client at the end of the intervention

Evaluation Tool (see appendix 10)

- Completed by the students currently enrolled in the clinic at the time of evaluation (3, 6 and 12 month post initial interview)

Readiness for Interprofessional Learning Scale Questionnaire (RIPLS) (see appendix 11)

- Completed by the clinical supervisors and students before and after attending the clinic^{13 14}

Student satisfaction Survey (see appendix 12)

- Completed by the students after attending clinic

Clinical supervisor satisfaction Survey (see appendix 13)

- Completed by the clinical supervisors after attending the clinic

Handover ISBAR form (see appendix 14)

- Completed by the students if required to handover to other staff/students for follow-up intervention

¹¹ Hibbard, J., Mahoney, ER, Stockard J., and Tusler, M. (2005) Development and testing of a short form of the patient activation measure. *Health Services Research*, 40:6, pp 1918 – 1930)

¹² Hibbard, J.H., Stockard, J., Mahoney, E.R., and Tusler, M. (2004) Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers, *Health Services Research*, 39:4, Part 1, pp. 1005 – 1026.

¹³ Reid, R., Bruce, D., Allstaff, K. & McLernon, D. (2006) Validating the Readiness for Interprofessional Learning Scale (RIPLS) in the Postgraduate Context: are health care professionals ready for IPL? *Medical Education*, 40, pp. 415 – 422.

¹⁴ McFadyen, AK., Webster, VS. & Maclaren, WM. (2006) The test-retest reliability of a revised version of the Readiness for Interprofessional Learning Scale (RIPLS), *Journal of Interprofessional care*, Dec, 20 (6), pp. 633 – 639.

Section 11

Timetable for Activities in the Student Led Clinic

Proposed Timetable: Inpatient Clinic in the morning and Outpatient Clinic in the afternoon

	Monday	Tuesday	Wednesday	Thursday	Friday
08:00	Orientation/ student inservice	Discipline specific placement or external observation experience	Student Inservice	Discipline specific placement or external observation experience	Student Inservice
08:30					
09:00	Inpatient Clinic client Interviews /peer review		Inpatient Clinic client Interviews/peer review/phone contact with clients for follow up evaluation		Inpatient Clinic client Interviews/peer review/phone contact with clients for follow up evaluation
09:30					
10:00					
10:30					
11:00					
11:30	Case Conference	Case Conference	Case Conference		
12:00					
12.30	LUNCH				
1.00	LUNCH				
13:30	Student Inservice or Orientation	Discipline specific placement or external observation experience	Outpatient Clinic Client Interviews, individual consultations, education classes/peer review	Discipline specific placement or external observation experience	Outpatient Clinic Client Interviews, individual consultations, education classes/peer review
14:00					
14:30	Outpatient Clinic client Interviews, individual consultations, education classes/peer review				
15:00					
15:30	Case Conference				
16:00					

Orientation

- Orientation to the roles of the different disciplines in the clinics, information available in the clinics (orientation folder and community services pamphlets), physical environment and equipment of both clinics
- Allocated time for orientation is 2 hours on the first day of the clinic, however can be extended if required.

Student Inservices

- Students from each discipline to present inservices to the whole group, preferably on topics related to interprofessional learning (eg. discipline specific management of chronic conditions)

External Observation Experience

- Observe other discipline's management of client's with chronic conditions in either an inpatient or outpatient setting
- Attend and observe community education and exercise groups such as Stepping On, cardiac/pulmonary rehabilitation

Discipline Specific Placement

- Discipline clinical supervisor will provide supervision and feedback to students during discipline specific placement
- Discipline clinical supervisor will use discipline specific assessment tool to evaluate student's clinical performance

Peer Review

- Informal feedback sessions after each screening interview between the student interviewer and observer
- Formal supervision sessions should be undertaken twice weekly using the Peer Supervision Feedback Form (Appendix 15); one session with a peer from the same discipline and one with a peer from a different discipline. The aim of the review is for students to give appropriate (positive and critical) feedback to their peers

Section 12

University Student Interprofessional Assessment Form

The Interprofessional Capability Assessment Tool (ICAT) developed by Brewer & colleagues from Curtin University, Western Australia (2009)¹⁵ has been selected as the assessment tool to evaluate the student's performance in the clinic. It is the clinic co-ordinator or clinical supervisor's (if co-ordinator not available) responsibility to provide ongoing assessment of the student's clinical performance in the Student Led Clinics.

The ICAT has four domains of assessment:

- Communication
- Professionalism
- Collaborative Practice
- Client-centred service/care

Mid Unit Assessment

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

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

Final Assessment

The co-ordinator will complete the ICAT form as the final assessment and discuss the results with the student to provide feedback on their performance in the clinics.

See appendix 16 for The Interprofessional Capability Assessment Tool (ICAT)

¹⁵ Brewer M, Gribble N, Robinson P, Lloyd A & White S. (2009) Assessment of interprofessional competencies for health professional students in fieldwork education placements. *Australian Technology Network Conference Proceedings*, November 19-21, RMIT, Melbourne

Section 13

Sample Forms

13.1 Sample Interprofessional Screening Tool – see appendix 17

13.2 Sample Discharge Summary to GP – see appendix 18

13.3 Sample ISBAR Handover Summary – see appendix 19

Section 14

Appendices

- Appendix 1: Patient with Acute Condition for Escalation – PACE
- Appendix 2: Ministry of Health Policy directive (Code of Conduct)
- Appendix 3: University Work Health and Safety Checklist
- Appendix 4: The Sutherland Hospital Occupational Health and Safety Checklist
- Appendix 5: Client Consent and Declaration
- Appendix 6: The Sutherland Chronic Care Student Led Clinic Interprofessional Screening Tool
- Appendix 7: The Sutherland Chronic Care Student Led Clinic Client Referral Checklist
- Appendix 8.1: Patient Activation Measure (PAM)
- Appendix 8.2: Guideline to use PAM and Measurement scale
- Appendix 9: The Sutherland Chronic Care Student Led Clinic Client Satisfaction Survey
- Appendix 10: The Sutherland Chronic Care Student Led Clinic Evaluation Tool
- Appendix 11: Readiness for Interprofessional Learning Scale Questionnaire (RIPLS)
- Appendix 12: The Sutherland Chronic Care Student Led Clinic Student Satisfaction and Feedback Survey
- Appendix 13: The Sutherland Chronic Care Student Led Clinic Clinical supervisor Satisfaction and Feedback Survey
- Appendix 14: Handover ISBAR Form
- Appendix 15: Peer Supervision Feedback Form
- Appendix 16: Interprofessional Capability Assessment Tool (ICAT)
- Appendix 17: Sample Interprofessional Screening Tool
- Appendix 18: Sample Discharge Summary to GP
- Appendix 19: Sample ISBAR Handover Summary