

Student Placements within a Joint Case Management & Discipline Specific service delivery model in Brain Injury Rehabilitation Programs

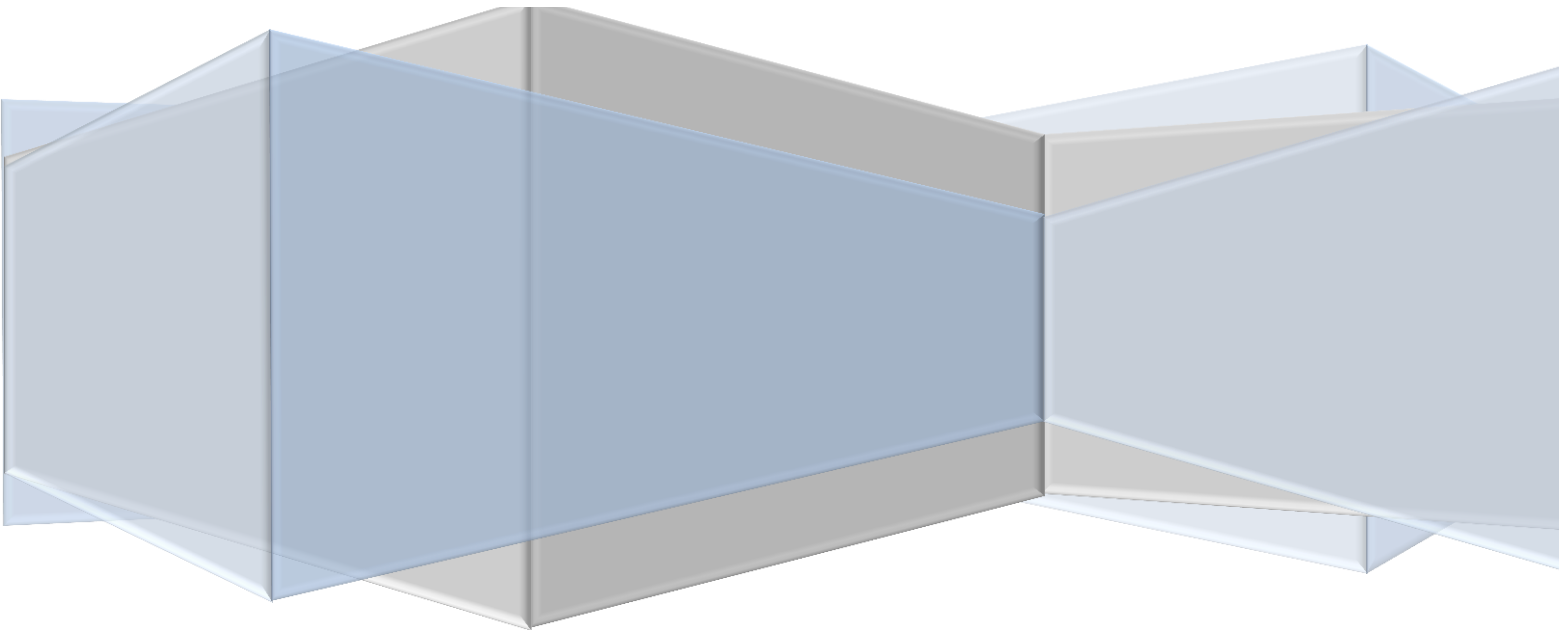


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Literature

There is limited evidence available to support or repudiate allied health students participating in a placement where the supervisor works within a Joint Case Management & Discipline Specific service delivery model. Most allied health students have historically participated in placements where they have been involved in predominately discipline specific experiences. Additionally their main interactions have been with qualified health professionals of the same discipline. There are similarities between these historical experiences and those that a Joint Case Management & Discipline Specific Service placement could offer. The obvious difference is the case management component that the Joint Case Management & Discipline Specific Service model provides. Hence the literature that was examined highlights the benefits, issues and factors that need to be considered when supervising allied health and nursing students to participate in a case management placement (without any discipline specific experiences), since there was no evidence available surrounding a Joint Case Management & Discipline Specific Service experience.

There is evidence of social work students successfully participating in case management. Baldwin and Fisher (2005) demonstrated the benefits for both students and clients via a case study. The case concerned a 26 year old man who was diagnosed with schizophrenia. He was referred for case management services because he had become isolated and withdrawn. Students were able to successfully set client centred goals, for example securing supervised housing, learning the bus system and increasing opportunities for socialisation. By meeting with the client once per week, building rapport, meeting with the client's psychiatrist, facilitating groups that the client attended and catching the bus together with the client, the client was able to achieve his goals. The students gained specific skills in and knowledge of community resources and how to liaise with these services. They were supervised by the social worker.

Furthermore, 24 nursing students participated in a community based case management practicum working with children with special healthcare needs. From analysis of pictorial essays students learnt about clients interacting with their environment, differences in perceptions between the student and faculty members and the demands placed on families (Lehna and Tholcken 2000).

For students to successfully participate in case management they require training. In the aforementioned case the importance of training the students was emphasised. In this case, students received formal training about community resources, treatment of chronic mental illness and psychosocial assessment skills (Billig and Levinson 1989).

Gallagher and Truglio-Londrigan (2004) proposed a framework to assist with training and education within this area. The use of this framework has not been evaluated. It suggests that students are provided with education about the awareness of community services and agencies, how to access and liaise with these services, financial resources and how to gain feedback from the client about service use. The framework also provides guidance about what tasks students require assistance with in a placement that provides case management experiences. These include determining whether the client's needs are being met and advocating for clients, analysing whether the service is meeting the holistic needs of the client and participating in lobbying efforts for needed services.

Again, examination of the literature regarding clinical supervision of social work students shows that the traditional social work role is different to a case management role. Hence students require different supervision.

Kanter and Vogt (2012) have provided a model of supervision that may assist with the supervision of social workers participating in case management. This model could indicate where students may require supervision. It has not been evaluated in practice. The model includes:

- identifying case management as a modality of social work practice requiring training and skill development
- integrating case management into a treatment plan
- recognising the components of case management outlined in the model
- stimulating excitement in the student about case management
- linking case management to theory that students see as relevant, such as psychotherapy
- developing specific case management practice skills including how to assess material and environmental needs of clients, familiarising students with community resources, developing consultative and advocacy skills and understanding the interplay between individual and the social and physical environment
- helping the student to determine when to intervene and when to listen in accordance with the organisation's missions
- caseload management
- assisting the student during client crisis by managing their need to "rescue"

Again this highlights the need for supervision that is tailored to case management, for student participation in case management tasks to be successful (Kanter and Vogt 2012).

The literature suggests it is also essential for case management knowledge and skills to be included in the tertiary curriculum. This has been supported by survey results. Ninety-four (94) occupational therapy program directors in the United States were surveyed. The majority of respondents believed that case management was an entry level occupational therapy skill. Over half of the programs indicated that case management content was presented to entry level occupational therapy students. Ninety-four percent (94%) of respondents indicated that there were staff that were able to teach case management subject matter (Baldwin and Fisher 2005).

In summary, there is preliminary support in the literature for the proposition that students can effectively participate in case management placements. At this point, there is evidence of individual case studies being effective, as well as models and theories to assist with supervising the students on these placements. There is insufficient evidence evaluating the effectiveness of case management placements. The question still remains as to whether a combination of case management and discipline specific roles in one placement can also be effective.

The Project

Research Question

Can Brain Injury Rehabilitation Programs (Brain Injury Rehabilitation Programs) whose staff work in a joint case management and discipline specific service delivery model provide allied health students with adequate clinical experiences?

Joint case management and discipline specific refers to a service delivery model where supervisors are employed in a discipline specific role (e.g. occupational therapist or speech pathologist) as well as a case manager. Hence, when supervising students, the student will be required to complete both discipline specific tasks as well as tasks relevant to case management.

Participants

Two types of participants were invited to take part in focus groups or semi-structured interviews.

Inclusion criteria for each focus group:

1. An occupational therapist or speech pathologist from a university in NSW that offered speech pathology and occupational therapy degrees and had an understanding of, or worked directly in, the area of co-ordinating student placements.
2. Occupational therapists and speech pathologists from Brain Injury Rehabilitation Programs that worked within a Joint Case Management & Discipline Specific service delivery model in NSW.

Contact details for representatives from university programs were sought using the internet, by accessing university websites. Depending on the university's website it was appropriate to contact either the Head of School or a representative that was identified as being responsible for student placements. There were occasions when Heads of School referred to another contact person who was responsible for co-ordinating student placements. Initial contact was made via phone; further follow up regarding logistics was completed via email. Representatives from the following universities chose to participate in the study:

- University of Sydney – Occupational Therapy
- Charles Sturt University – Occupational Therapy
- University of Newcastle – Speech Pathology
- University of Western Sydney – Occupational Therapy

Correspondence regarding this project was discussed with managers of the rural Brain Injury Rehabilitation Programs during a Managers' meeting. Managers agreed that staff could participate in the project. Background information regarding the project was sent to managers via email. They were requested to disseminate this to occupational therapists and speech pathologists who worked both as case managers as well as within their discipline. Interested occupational therapists and speech pathologists then contacted the project manager to express interest and liaise regarding logistics.

Due to insufficient numbers, the first focus group with Brain Injury Rehabilitation Program participants was postponed and further recruitment was undertaken. At this point inclusion criteria were expanded to include speech pathologists and occupational therapists who worked solely as a paediatric case manager. Speech pathology representation was particularly lacking. Hence contact was made with a speech pathologist who had recently resigned from a Brain Injury Rehabilitation Program where she worked within a Joint Case Management & Discipline Specific service delivery model.

Occupational therapists and speech pathologists were chosen as the two professions to investigate in this study. Across both professions the focus is on students achieving outcomes that are clearly defined, rather than obtaining a set number of clinical hours. This overcomes a potential barrier of a Joint Case Management & Discipline specific placement (i.e. the possibility of less face-to-face clinical hours being available).

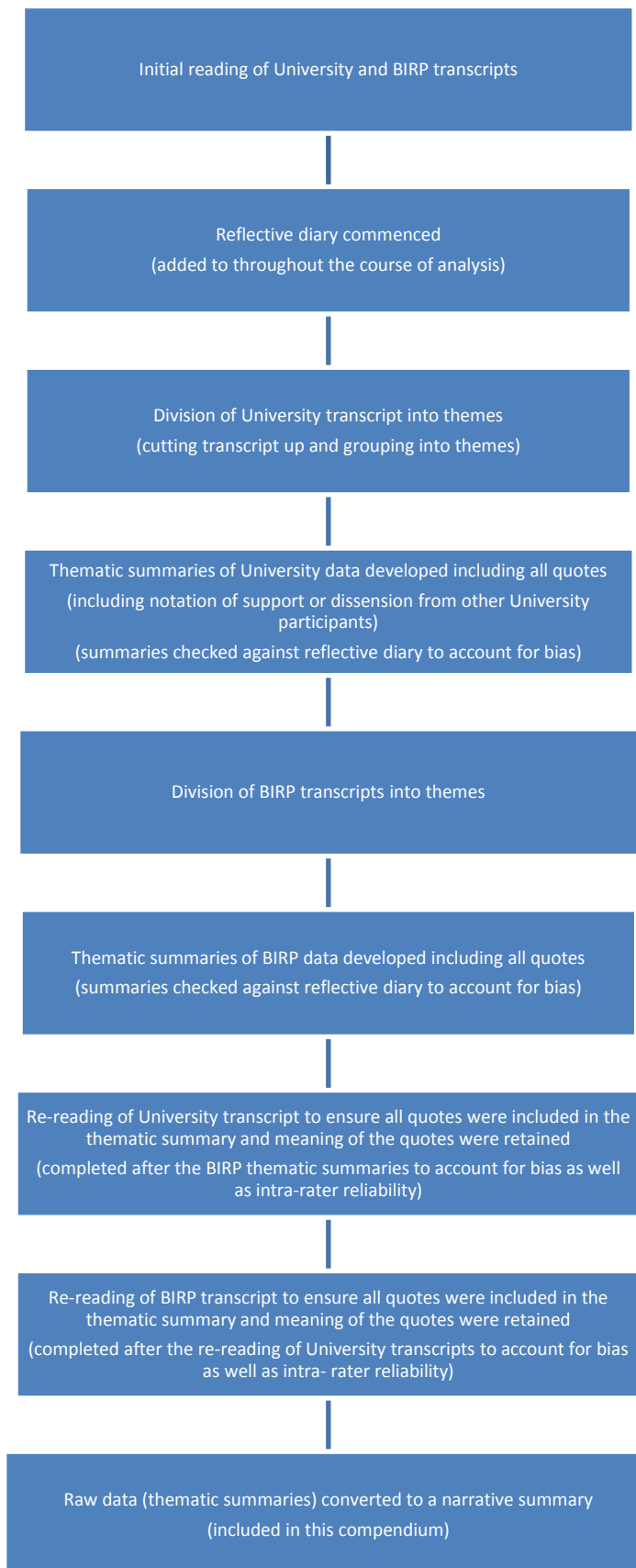
While it would have been beneficial to investigate other professions, such as social work or physiotherapy, given the time constraints imposed of the funding body, this was not possible.

Methodology

A combination of focus groups and semi-structured interviews were conducted to provide greater flexibility for participants.

Responses were transcribed in full.

Qualitative analysis of the data was completed using thematic analysis. The process is outlined below:



Results

Key: *Red – quotes from Brain Injury Rehabilitation Program workers*
Blue – quotes from university representatives

THEME 1: THE JOINT CASE MANAGEMENT & DISCIPLINE SPECIFIC SERVICE EXPERIENCE

Integrating students into the Joint Case Management & Discipline Specific service delivery model can pose idiosyncratic opportunities and issues for both students and supervisors. Some of these opportunities and issues are directly related to the Joint Case Management & Discipline Specific service delivery model, for example learning opportunities that this specific model provides, which will be discussed shortly. On the other hand, some are opportunities and issues that often coincide with this service delivery model, for example, the pros and cons of regional and remote placements.

The Joint Case Management & Discipline Specific service delivery model provides specific learning opportunities to students. Students gain a *“broad perspective of what it’s like working not just with the child and their family, but with the whole context of where a child’s functioning”*. This is encouraged through student’s interactions with a variety of different stakeholders including family members, schools, external health care providers and funding bodies. It was thought that the *“breadth (of experience) is going to be really good for their (the students) practice, but also too for them to work in regional rural areas they need to be aware that that’s (Joint Case Management & Discipline Specific Service) not an uncommon way of practising, that that’s a case management approach and so being exposed to it as students, I think it can demystify it a little bit more”*. It was also highlighted that the breadth of experience improves work readiness across a variety of sectors. *“If the clinical schools are looking at preparing students for private practice as well as public health and rehab then case management skills are really valuable ones for students to learn”*.

Students participating in these placements have an exceptional opportunity to learn about multi/interdisciplinary practice, as well as translate this knowledge into practice. *“I think their (student) capacity to actually be a member of an interdisciplinary team is better. I think often in a brain injury unit you get a lot more opportunities to work with disciplines that you may not see like the clinical psychologist or disciplines that perhaps you might not get a chance to work with unless you’re working within that type of chain. Well you might think you’re working with them, but ... You’ll see them, but you don’t actually work with them.”* This could be further improved by increasing the interactions that students of different disciplines have with one another. *“The other thing I just noticed from observing is all the different discipline students seem to come together and don’t interact in the clinic with each other, but they’re all here at different times and that sort of thing”*.

In addition to these specific skills that students can attain, the Joint Case Management & Discipline Specific service delivery model provides an opportunity to practise *“generic skills that perhaps a*

purely clinical placement doesn't give you, and I often think it's a shame that they just get no exposure whatsoever".

Brain injury rehabilitation itself provides an opportunity to build specific skillsets and awareness of client needs. *"I don't know if it's a specific issue about the dual role, but I think that students that are doing a placement in any of the brain injury units, well with the adult ones, because they're interacting with young males the same age, that are often lonely and wondering about relationships and those sorts of things, I've had to provide a fair bit of support to students about how the clients are likely to react to them. You know, a nice, same age young female that's going to give them the time to have a chat. Pay attention to them. I suppose for me it's being aware of how clients are feeling, and supporting the students, but also making them aware that they need to be aware about their interactions with those clients. I think it just adds another layer that the supervisors have to be aware of in a brain injury unit because of the nature of the age range of the general population".*

Again Joint Case Management & Discipline Specific service delivery models often occur in regional and rural settings. Similarly this offers opportunities to develop specific skills. *"I think being a specialist service in a rural centre is quite unique as well and I think that is a huge benefit for a student to have that experience because that's quite unusual".* This can also add to the complexity of the placement for a student, *"because they're isolated in our rural area, it's tougher for them and they do become ill, they do kind of have stress related symptoms, I guess. It's tough to kind of be isolated in a place that they don't know anyone, that they're just a student and they may not have other students around them, or they might, but they end up with this placement that they have no idea and no real interest in".*

The nature of a Joint Case Management & Discipline Specific service delivery model also provides students with a means of experiencing case management, whilst still developing their specific discipline skills. *"One of the other advantages of the mixed uni-disciplinary and case management model is that students are generally more comfortable initially in the uni-disciplinary focused service delivery and so they can use that as their security base while they...put their toe in the water at something that may be something completely new for them and very challenging".*

There was acknowledgement that *"it's (Joint Case Management & Discipline Specific Service) different and offers an excuse to say no (to taking students)".* Therefore, integrating students into the Joint Case Management & Discipline Specific service delivery model also leads to concerns including:

Involving students in case management tasks is challenging *"I find that you've sort of built that rapport with the clients or their families and sometimes it's hard to hand over some of those case management type roles and work a way for the student to be involved in that process".* In addition it takes more time to orientate students to the case management component of the service delivery model as well as the complexity of the caseload, *"because it is complex and a lot of students would come into the workplace really not having a concept of what case management involves ... it just requires more time to go through that, that it would just be something that's just very specific".*

Reduced predictability when case managing also leads to difficulties finding time to supervise students, however, this can be a beneficial learning experience for students, e.g. *"if one of my case*

management clients, everything goes wrong, that has to take priority and that gets a bit hard at times, but in some ways it's positive, because that's real life." Other factors contribute to the additional time required when supervising students; however, these were not pertinent to the Joint Case Management & Discipline Specific service delivery model.

Managing time constraints is possible by reducing the time that supervisors need to spend face-to-face with the student. This can be achieved through a variety of ways:

"They do projects and some of them have done really good projects while I've been here, so that occupies their time, which then gives me time for case management and the projects that, are like valid, they're not projects just for the sake of projects".

"We also do a little bit of night work for presentations and stuff like that. For like the driving education. They go along and do that and it's not always with me, it's often with a colleague. So, of course, they get time in lieu for that, and we travel, we might not get home till nine o'clock at night. But they've got time in lieu, a chunk of that. So then they might put that all together and have an extra day off or something so that, in turn, gives me more time".

If the student is participating in case management, it is questionable whether they will have sufficient opportunities for discipline specific work.

" We often accept these placements quite a long way ahead of time or you put in your willingness to take students a fair way ahead, and I guess, nearer the time if you haven't got quite the client group or mix or opportunities that you would have hoped for a student".

"It's very difficult, particularly with case management when you're doing a lot of just admin stuff and paperwork and I'm very conscious of them getting that basic OT because sometimes it's their neuro placement".

"It can be difficult to get enough face-to-face time".

The main solution to this appeared to be aiming for a balance.

"If they're (doing) four days case management and one day discipline specific, that might not be the best balance. So, I think it would depend on the balance. I'd like to think of it at least a 50/50 balance but, I think a lot of that's going to be dictated by staff availability".

Suggestions of how this balance can be achieved are discussed within other themes.

It appears that the integration of students into this model is achievable and realistic. *"A lot of placements that occupational therapy students go to where there is a mix of case management, in with, the clinical areas of the units, so we don't see that it's anything special or specific, or very different to what they're doing in a lot of mental health placements or, a lot of other areas".* For this to happen, *"it's getting those placements offered. We get very few".* Generic variations across sites were mentioned in relation to this issue, however they were not pertinent to the Joint Case Management & Discipline Specific service delivery model.

THEME 2: COMMUNICATION

Communication channels between Universities, Brain Injury Rehabilitation Programs and students are essential. Dialogue between the stakeholders listed below, covering the following topics is necessary for the provision of adequate clinical experiences.

Universities ↔ Brain Injury Rehabilitation Programs

Communication about the appropriateness of individual students is necessary. These discussions can be driven by either the supervisors within the Brain Injury Rehabilitation Program or staff from the Universities.

“I’ve just contacted the allocation person at each uni and said look these are our criteria. For me that was the easiest way and then I just followed-up with an e-mail with dot points of the types of students that we will take”.

“I really am dependent on the universities about who they propose to do the placements with us.”

Collaborative communication to assist with informing students about these placements could also be useful. Participants from both the Brain Injury Rehabilitation Programs and universities thought it worthwhile to sell these placements to students. To determine how best to do this, communication between Universities and Brain Injury Rehabilitation Programs would be beneficial.

“I wonder whether the next step is actually to get Brain Injury Rehabilitation Program people and people like me into the same teleconference and to do a bit of pre-planning, so we can sell it as a really worthwhile placement”.

Areas were identified where Brain Injury Rehabilitation Programs and Universities would benefit from further communication, to both provide and receive education, e.g. placement allocation, current professional competency standards.

“I’m actually not familiar with how any of the universities allocate placements at the moment, so if I was more confident that the students were in fourth year and that they chosen their placement with sufficient amount of information...if someone comes as a student, then they know what they’re in for and this has been the process, that that would be helpful”.

“I would have hoped that they would have been familiar with the current competency based occupational standards in their professions, which would have highlighted that this (skills that can be developed via case management) is now a requirement that this goes with practice, but if they’re not, then I presume that the universities will have an educator’s role for them”.

“As an academic and as someone who does a lot of workplace learning for our students, I have a vague idea of case management, but I don’t have a clear idea of what it’s all about and how it all fits in and key work models so we probably need some education as well”.

“Find out what the barriers are for them (Brain Injury Rehabilitation Programs) not offering placements and if they don’t feel competent or don’t feel they’ve got the skills, we can make those

links and see if we can assist them in those sort of needs, if they wanted to come to any education workshops or things that we are providing about supervision and supervision models to help them work around their barriers if that would help.”

Communication was thought to be important for developing relationships, to assist with providing allied health students with adequate clinical experiences within a Joint Case Management & Discipline Specific service delivery model.

“It’s the usual thing of, yeah we should collaborate more and talk more, but we have a good relationship with our local brain injury unit, but that doesn’t necessarily equate into more placements at all. Look, I don’t have anything that’s magical that’s going to make a difference. I do feel there has to be better communication between the universities and the brain injury units, but, of course a few universities have to communicate with lots of different agencies for placements, so it’s not viable, I suppose, just to sort of focus on one”

Brain Injury Rehabilitation Programs → Students

Increasing transparency about the nature of Joint Case Management & Discipline Specific Service placement was thought to be key in increasing the success of these placements for students. This could be achieved via discussions with an individual student, groups of students or via the provision of written material. Ideally this would allow for students to determine whether this was a placement that they wanted to invest in.

“I think it’s about being clear when they start the placement, what the placement involves, so it’s not face-to-face therapy or seeing people even about case management because there is administration, that there is a lot of that other stuff that’s involved. So maybe it is awareness. There’s also the document that the BIRD put out about the, um, brain injury model of case management.”

“I’ve wondered if it would be worthwhile actually speaking to perhaps even a group of students who are interested in doing a placement and doing a bit of a verbal, having a bit of to and fro verbal discussion with them. I’ve talked to the supervisors before about my expectations and about the service and ages ago I provided a written thing about what our service does, so the students have a look at that, but I wonder if that’s quite dynamic enough.”

“I’m wondering if the students find out so far in advance, whether they could ring us within those couple of weeks that they find out, so then if, if it’s not going to be a nice match for them or for us, they have time to look elsewhere or be relocated elsewhere to another placement”.

Universities → Students

Increasing the transparency about these placements would be useful when driven by the universities as well as the Brain Injury Rehabilitation Programs.

“There’s a couple of things the universities have to do and to sell these placements a little bit more. I don’t see that as a big issue because I also think it’s up to placements to sell the experience as well, cause people have got to remember what it was like when they were students ... and then make sure that the placement is valuable.”

THEME 3: PERCEPTIONS OF A CLINICAL PLACEMENT

There is a need to alter the perception of what constitutes an adequate clinical placement.

Students can be focused on seeing clients and practising discipline specific skills. It is important that students understand that clinical placements offer other opportunities and place value and worth on these. This can be amplified when students are on placement and comparing their experience with that of another student who is not practising under a Joint Case Management & Discipline Specific service delivery model.

“I suppose particularly because we have got sort of revised competency based occupational standards and obviously case management and those sorts of things are quite strongly articulated in our new competencies, so I suppose we’re doing a lot more talking about it and obviously encouraging the students that this is something that they need to do as part of their clinical practice and obviously valuing that experience. I suppose that’s one thing that we’ve been doing probably say in the last 12 months, is actually more dialogue with the students about the value of that sort of placement, so if they do get that type of placement, that they’re not so, stressed by the fact that they’re not getting quite as much direct clinical experience.”

“Often they come in blocks of, so I’ll have a student, there’ll be two students in the main speech pathology department. I feel quite comfortable with the clinical time, but of course if they’ve got two other students who are running around the wards crazily, that often psychs them out. So we often have problems and I always tell them very clearly, look you have adequate things to satisfy COMPASS, you’ve just got to think about it in a different way”.

It would also be worthwhile deciphering and guiding supervisor’s perceptions of clinical placements, to reassure that the experiences offered on a Joint Case Management & Discipline Specific Service placement are adequate. Practical guidance about how to structure such a placement would also be beneficial.

“So, we were at a point where there were a lot of the arguments that the kind of work they (the Joint Case Management & Discipline Specific Service Brain Injury Rehabilitation Programs) were doing didn’t fit with the student placement and that’s because of that mixed service delivery model, mixed disciplinary and case management work and they thought it was either the case management work was too hard for a student to participate in or not relevant for their clinical training. And we’ve moved through that very well.”

THEME 4: SUPERVISION

A variety of ways of supervising students to accommodate them within this service delivery model were raised.

While the challenges for part-time staff supervising students were raised, *“being part-time and having part-time workers throughout the service, it makes it so much harder to ensure that you have that continuity of a supervisor available across the week”*, there are ways of overcoming these difficulties, including utilising multiple supervisors for one student. *“I think in some of the Brain Injury Rehabilitation Programs there is quite a few part time staff and so it may be that there’s two part timers involved in placement supervision, one doing the uni-disciplinary part and one doing the case management. I actually see that as a real asset for the students because, again, exposure to two different people’s knowledge and skill sets, but I think it’s a tremendous advantage for the supervisors because it may mean they don’t have to be full time with a student all the time and it allows them to engage in supervision even if they’re not full time. It’s often seen as a bit of a barrier by staff on the ground ... Oh, I’m only part time, I can’t take a student. Whereas that sort of mixed model of service delivery could lead to a mixed model of supervision.”*

The use of multiple supervisors per student also arises in other contexts, including sharing students across departments, as well as using health professionals to supervise students that are not necessarily of the same discipline as the student. These supervisors could be utilised as a consistent supervisor for the student or as a one off supervisor, allowing the student to participant in a one off experience. These options are also viewed as a means to providing students with adequate clinical experiences within this service delivery model.

“I think when I had a student we shared with the rehab ward too and it really did make it a lot easier, as it’s often, it’s the sole therapist, it’s quite difficult to have a student as well as manage all the other things that go with it”.

“Some of my students will also get to be at clinics with the other speech pathologists. And will do other little nuggets of clinical time. Like if a gentleman with laryngectomy comes in they’ll go on and observe with the other students. So it’s quite flexible, which is good. So you’re sort of utilising the other speech pathologists at the hospital. Often when I don’t have a student I might take their students for an assessment or something. So it sort of all evens out”.

“If you’re doing case management you’re not always going to be supervised by someone from your discipline. I think that’s a really good thing for students too. I feel that there is some merit in being exposed to other disciplines’ ways of working and thinking. I know as a case manager you still have your discipline hat on to some degree ... I think ultimately you’re training to be a particular discipline therapist and it helps to be supervised by that therapist and that’s because you have to meet the competencies for that practice ... I’m less enamoured of someone from a different discipline completely supervising students without any input from the discipline, if you like. For our students I feel like you do need to get pushed from a distance to make the connections and to make sense of it all. So, I feel the advantage of having some supervision from people outside your discipline is so

much about understanding how the whole rehab process works and how different people think, and also demystifying a little bit what speechies or physios or whoever they are, psychologists, that they all share some of the same issues as well as the discipline specific things. I feel it's a positive thing, but I wouldn't see it as a positive if it was the whole placement."

Other ways of altering student supervision to allow for adequate clinical experiences for students within a Joint Case Management & Discipline Specific service delivery model include:

- Having at least one day during the week when students are not onsite. *"I've found over time it's easy if I don't have them five days a week. Instead of five days a week for five weeks, I take them four days a week for six weeks. That just buys you a bit more time, to do that case management stuff".*
- Providing students with more 'down time'. *"I know when I look back when I was working in mainstream speech pathology, I probably gave students too much to do. They didn't have enough time to reflect or learn. When I first started my theory, well it's, the more patients they saw the better that is ... So I guess now I'm trying to get quality rather than quantity".*
- Supervising from a distance. *"Why don't we run a group when we've all got a student, so your student can be at the other end of the technology with the client, I can be in Tamworth, I can supervise your students for that portion of their placement" and "I give them adequate supervision but I'm not hovering maybe like I used to. The Transitional Living Unit's an excellent place for that because you can still hear everything".*
- Establish a routine surrounding student supervision, *"if you actually develop some routines around having a student and have relationships, have a way of doing it then it's not quite so daunting ... probably the easiest experience I ever had with students was when I just had them back to back, it was in an acute mental health unit, we all knew that OK, we have basically permanent OT students and the whole team all just ran on that model, and it worked".*
- Consider whether there will be sufficient experiences if taking multiple students at one time, *"I think some of the unis are placing the students, two or three of them together, which I think is a really good idea, but for a small team like ours, then the issue is how do you find enough clinical work for them when they come".*

Hands on support from the universities can also make the provision of adequate experiences within this model more achievable. *"We've got the university department of rural health here from Newcastle ... they do all the orientation, immunisation and all that sort of stuff. So that frees you up a lot, which is good, and also they do take students for tutes, so they'll do like a medical records tute, they might do a neuro tute, stuff like that. That's nice too because in a nice way it takes the student away from you for a few hours a week."*

THEME 5: PREPRATORY LEARNING NEEDS

Students who are going to participate in a Joint Case Management & Discipline Specific Service placement require specific preparatory learning and skill development. *“Students who are lucky enough to get a case management placement, I think require additional preparation to students that do more normal placements so that they can recognise what they’re getting out of it as well and they’ll need a slightly expanded skill set as well. Case management is demanding and it requires special skills and I think we (universities) need to help students develop some of the generic skills for that before they go and then the rest, obviously, can only be developed at the site”.*

In terms of the content of the learning needs, it’s about assisting students to identify discipline specific skills that will be utilised in a Joint Case Management & Discipline Specific service delivery model. *“All these professions do bring something very specific from their profession to that case management role. It’s a matter of identifying those things ... but if the students can be helped to identify what they are bringing to that case management role. I’ve worked in case management in mental health for a long time, so if you can identify that for students what OT roles, or OT skills they’re actually using in this case management role and I think it would be the same for each of the other professions, to help them identify that link”.*

A number of modalities could be utilised to provide students with these learning needs:

- Utilising technology, such as online modules *“We’ve got two professional issue courses now that we run online here and case management is one of the topics”.*
- Covering the theory of case management at university. *“If we made a request as brain injury programs that this is something that would be good for them (students) to at least have some exposure to the theory or whatever before they’ve walked in the door”.*
- Via reading lists *“We need to have a bit of a reading list that we say, you know, could you just read these articles by Ylvisaker you know, by this or that, so that you get a bit of an idea of what cognitive rehab is and what case management is, or can be like.”*
- Completing projects, *“we get some of the students to do some projects for our department. I also think it’s a nice way to introduce upcoming allied health into the neuro world, into the brain injury world, so further on down the track we may have more people wanting to actually join us”*

THEME 6: STUDENT COHORT

There is no consensus on whether a particular student year group is more appropriate for the Joint Case Management & Discipline Specific Service placement. There are a variety of schools of thought on this matter.

Final year students were one group where concerns were raised, particularly about their ability to work independently within a Joint Case Management & Discipline Specific service delivery model. *“It’s their final placement, I mean, you almost sort of think about whether we expect them to be acting as new graduate therapists by the time they’re finished and it’s really not, with us a new graduate position, we actually require people to have more experience before they take their position, so that’s a bit ironic”*. Students may also be concerned about this, *“for an OT student, I mean if you’re doing case management in your last year, for your last placement, you’d feel a little bit like, oh I’m wanting to get my core skills down pat because I’m going to be graduating soon and this is not helping me, whereas if we did it as a last placement in third year, they’ve still got two more placements to go in their head and so they’re not really so worried”*. On the other hand, students further along in the degree may have a better understanding of the dynamic nature of a Joint Case Management & Discipline Specific Service placement, *“we’ve kind of had a fifty/fifty success rate really. I guess more the younger, younger students are wanting to do the clinical, the older ones seem to be more able to kind of take on the holistic approach in the case management approach.”* Despite all of this they are still able to meet necessary competencies, *“Our fourth year placements in terms of meeting competency and there’ll be teacher discussions around that obviously they can still reach competencies for some of those particular skillsets, and still require support. You know, they may not be totally independent ... I just hope ... as well and how that can build the student’s skills even though it’s a complex placement”*.

The requirements for novice placements are also thought to be better suited to a Joint Case Management & Discipline Specific Service placement, particularly in relation to the duration of the placement, *“I tend to only take second year students because there’s a very short two week placement ... and I find that the most useful, just not having a student here for too long, that they’re not going to get anything from it, yet they’ll be here long enough to learn something from the clients and they can structure that two weeks well enough to make sure that they’re able to gain a good experience from being here at the brain injury unit”*.

A student’s overall clinical experiences also affect their ability to gain from a Joint Case Management & Discipline Specific Service placement. This is particularly in relation to their job readiness. *“I think there’s an issue when students are coming through, and they haven’t had a good acute placement, but they come to me and they’re going to get very little swallowing or that sort of stuff. But they’ve had two rehab specific placements ... So I’m just mindful that we’re putting people out into the work, to try and compete when it’s more competitive now and the unis are pushing out so many students. Are we actually giving them equal footing? ... I think the unis, instead of just filling places need to have a think about the placements as a whole, which I’m sure they’re trying to do and it’s hard to do, but we’ve just said now with brain injury, the student has to have had a hospital-based placement”*

THEME 7: THE BENEFITS OF HAVING STUDENTS

When students are valued as being beneficial there is greater commitment to offering student placements, *“there’s always the issue for staff that students are a commitment and part of the growing amount of anecdotal evidence and some quantitative evidence that students are a real value add for organisations, there is still a belief and fear that students take away more than they can contribute to patient service”*.

Fortunately, students are valued within Brain Injury Rehabilitation Programs that work within a Joint Case Management & Discipline Specific service delivery model. They value add in the following ways:

- Students enable professional development of supervisors. *“Teaching somebody else to do something is a really good way of reflecting on your own skills and identifying things that need updating, changing or whatever. I think there’s a gap when you’re not teaching”*.
- Students can assist with managing supervisors’ workloads. *“It’s really minor, but we deliver a lot of community education programs, but occasionally we have a speech student or an OT student who might deliver part of that presentation and it just kind of takes a bit of a load off having to present all the time”*.
- Increasing supervisors’ conscious clinical reasoning. *“I suppose in preparing things for the student and being aware of evidence based practice, I probably think a little bit more consciously, which I should do all the time, I know, but I try to stop myself being in that little rut and say am I doing this for the right reasons”*.

THEME 8: ASSESSMENT CRITERIA

There is consensus that the Joint Case Management & Discipline Specific service delivery model provides adequate opportunities for students to meet competencies.

“It (case management) sits across our competencies very well. There’s nothing really to highlight there.”

“I think that there are bits in there (the marking scheme) that talk about a student’s capacity to interact with other health care providers and recognise the client as a whole and all of those sorts of things that, when you do take a creative slant on it, do actually give you an opportunity to recognise skills beyond their ability to do a specific speech pathology assessment or a specific OT type assessment. So I think it is about slanting things slightly. But I think there’s scope there.”

THEME 9: STUDENT INTEREST

For staff working within a Joint Case Management & Discipline Specific service delivery model to provide adequate experiences for students, the students themselves need to be interested in these experiences, *“unless they’ve got a high level of interest, I don’t really don’t want them as a student because, I think it’s going to be a disaster”*. This is closely related to the themes of communication and perceptions of a clinical placement.

Since students may have a different perception of what a clinical placement should offer, it is possible that they won’t be interested in a Joint Case Management & Discipline Specific Service placement. *“I was just thinking from a student’s perspective I think that when you’re at uni obviously the main thing you’re after is discipline specific type experience and I think possibly some of the students aren’t thinking about case management or even realising it might be part of some of their roles in the future, so I’m wondering how interesting some of this case management stuff would be for them”*.

THEME 10: COMPENSABLE CLIENTS

With increased likelihood of working with compensable clients within a Joint Case Management & Discipline Specific service delivery model, this poses both opportunities and issues for offering students adequate clinical experiences.

Exposing students to the case management work by *“talking to them (students) about Lifetime Care and Support and CTP and all that sort of thing ... would be a good skill to at least have a bit of experience in”*. This also prepares students for work in the private sector. *“If someone went into private practice now, like a speech pathologist or an OT, they could become an approved provider with Lifetime Care and Support and that could really enhance their business.”*

Conversely the administration requirements of case managing a compensable client affects the ability to provide adequate clinical experiences. *“I also find, like when I have a Community Living Plan, as is currently, that just takes up so many hours of my time that I wonder how available I would be to be supervising a student and providing that level of support that the student needs”*. Including students in these processes can also be difficult, *“I sort of never really get to case management stuff (with students), because with Lifetime Care and FIMs and Care Needs it’s just a bit too technical”*.

There is also uncertainty about whether students are able to be involved in the treatment of compensable clients. *“I haven’t had a direct problem yet, but it was something that hit me the other day, sort of all of a sudden, oh my goodness, I’ve got three or four that are Lifetime Care (clients) and I don’t actually know that they’re (Life time Care and Support) going to let the students see them.”*

Limitations

As with any research, recommendations need to be considered in light of the following limitations:

- There were not representatives from every relevant discipline and program. This is particularly applicable to this study as there was variation between practices in accommodating students between Brain Injury Rehabilitation Programs. Increasing the number of participants would allow for more reliable results.
- When the inclusion criteria for the Brain Injury Rehabilitation Programs was expanded to include paediatric case managers, an invitation to participate was not sent to all paediatric case managers, secondary to time constraints. Including all willing participants would have increased the reliability of the results.
- Students' perspectives were not included in this data set; however, they are key stakeholders in achieving successful Joint Case Management & Discipline Specific Service placements.
- This study answers the research question from the perspectives of supervisors and interested university stakeholders. It does not evaluate whether, in practice, students gain adequate experiences from Joint Case Management & Discipline Specific Service placements.
- The term Joint Case Management & Discipline Specific Service has been used in this research to reflect the way in which some Brain Injury Rehabilitation Program staff practice. This is not a well-defined or widely used term. A definition of this term was provided at the beginning of each focus group or semi-structured interview; however, participants may not have interpreted this consistently.

Recommendations

From examining the literature, as well as analysis of this data it is clearly evident that further research is needed in this area. This study could provide a platform for this. Initially, it is necessary to identify key and interested stakeholders from the University programs as well as Brain Injury Rehabilitation Programs. An opportunity for these two groups to liaise with one another in light of the current findings will be provided. This discussion will enable the development of a proposal, with the aim of outlining practicalities, logistics and thoughts about how to accommodate students within a Joint Case Management & Discipline Specific service delivery model.

Given the themes that have surfaced from the data, the following barriers and strategies could be addressed in the proposal:

- How to sell Joint Case Management & Discipline Specific Service placements to students
- In what Case Management tasks students can be included
- What students can be doing when the supervisor is completing Case Management related work
- What is sufficient clinical supervision if a supervisor is time constrained
- What is considered enough face-to-face clinical time
- How to increase communication between Brain Injury Rehabilitation Programs, universities and students
- What makes a student appropriate for a Joint Case Management & Discipline Specific Service placement
- How to increase the transparency of what these placements entail
- Aligning perceptions of what a clinical placement is between Universities, Brain Injury Rehabilitation Programs and students
- Developing practical supervisory models and plans to accommodate students within this model
- Determining specific preparatory learning needs for students who participate in Joint Case Management & Discipline Specific Service placements
- How to deliver these learning needs and who should be involved
- Determining whether there is a particular student cohort that is more suited to a Joint Case Management & Discipline Specific Service placement

By including representatives from universities as well as Brain Injury Rehabilitation Programs, a common understanding of what an adequate clinical experience is in a Joint Case Management & Discipline Specific Service will be established.

Thereafter, any student who completes a placement in a Brain Injury Rehabilitation Program where their supervisor works within a Joint Case Management & Discipline Specific Service model, can complete the placement in accordance with recommendations made in this proposal. These placements can be evaluated from the perspective of the universities, Brain Injury Rehabilitation Programs and students. This proposed research will assist in determining whether Brain Injury Rehabilitation Programs whose staff work within a Joint Case Management & Discipline Specific service delivery model can provide adequate clinical experiences for students in practice. The

current research assists with answering this question in accordance with the opinions of professionals within the area.

This research could also be replicated including other allied health disciplines.

While a number of the regional and rural Brain Injury Rehabilitation Programs work within a Joint Case Management & Discipline Specific service delivery model, some do not. Others provide placements where the student only participates in the discipline specific component of the work (e.g. the student only participates in occupational therapy tasks, even though the supervisor is employed as case manager as well as an occupational therapist). Paediatric Rehabilitation Co-ordinators (case managers) are often trained in a specific discipline, but work solely as a case manager.

Finally, the metropolitan Brain Injury Rehabilitation Programs employ case managers; however, it is not uncommon that these employees are qualified allied health professionals. Hence it raises the question about whether it would be feasible for students to be jointly supervised by a speech pathology or occupational therapist as well as a case manager. The current research as well as the aforementioned proposed research could be expanded to include all of these groups. This would ensure that all relevant groups are considered when answering the question of whether a Joint Case Management & Discipline Specific service delivery model within Brain Injury Rehabilitation Programs offer adequate clinical experiences for allied health students.

Theme 10: Compensable clients, highlights opportunities and barriers for students working with compensable clients. There was a level of uncertainty about whether students are able to care for this client group. It would be beneficial to compile discussions and documentation from funding bodies such as Lifetime Care and Support as well as Insurance companies to address any uncertainty.

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