

Interprofessional learning through simulation

Role clarification: *who makes the multidisciplinary team?*



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Foreword

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Australia's health workforce is facing unprecedented challenges. Supply won't meet demand, and the safety and quality of care remain key issues. The national health workforce agency, Health Workforce Australia (HWA), an initiative of the Council of Australian Governments (COAG), has been established to address the challenges of providing a workforce that meets the needs of our community – now and in the future.

Accordingly, ECU has set a priority on meeting these challenges, with a focus on the national health workforce reform agenda set out in the 2008 National Partnership Agreement (NPA) on Hospital and Health Workforce Reform.

In June 2010, ECU was awarded \$4.6M from the Australian Government through a nationally competitive process under the ICTC Program, an initiative which aims to develop interprofessional learning and practice capabilities in the Australian health workforce.

The IpAC Program aims to complement traditional clinical placement activities with high quality interprofessional learning competency development and assessment, so that at the earliest point students gain exposure to best work practices within multidisciplinary teams that have the patient's individual needs as the focus.

Additionally, the IpAC Program has developed interprofessional learning resources and interprofessional health simulation challenges in collaboration with the ECU Health Simulation Centre. The ECU Health Simulation Centre is recognised internationally as a

specialist centre in providing human factors based sequential simulation programs using professional actors. Most simulated learning interactions revolve around a single moment, such as a patient's admission to the emergency department. What we provide at the ECU Health Simulation Centre is a sequential simulated learning event that follows the patient and carer's journey through the healthcare system, for example, from the accident site following a motor vehicle accident, to the emergency department, to a hospital ward, to their home and into the community for GP and allied health follow-up.

Human factors in health care are the non-technical factors that impact on patient care, including communication, teamwork and leadership. Awareness of and attention to the negative aspects of clinical human factors improves patient care.

ECU's involvement in national health workforce reform is all about playing a role that enables the health workforce to better respond to the evolving care needs of the Australian community in accordance with the NPA's agenda. The IpAC Program is an example of how we can work across sectors, nationally and internationally, to determine better ways of addressing the pressing issue of how best to prepare students for the workplace and thus assuring that health systems have safe, high quality health services.

Interprofessional Ambulatory Care Program

ECU's IpAC Program was established with support from the Australian Federal Government through funding from the ICTC Program. The IpAC Program aims to deliver a world-class interprofessional learning environment and community clinic that develops collaborative practice among health professionals and optimises chronic disease self-management for clients.

This is achieved through the provision of clinical placements within the multidisciplinary team at the IpAC Unit, a community clinic that develops communication and collaboration among health professionals and optimises chronic disease self-management for clients.

Additionally, a range of clinical placements are offered at existing health facilities, where trained IpAC Program clinical supervisors provide clinical support and ensure the integration of interprofessional learning into each clinical placement.

The IpAC Unit, in collaboration with the ECU Health Simulation Centre, has developed a range of interprofessional learning through simulation resources. These learning resources are packages consisting of an audiovisual resource and a facilitator's manual, and aim to facilitate interprofessional learning and to support the participants in the development of interprofessional skills.

The interprofessional learning through simulation resources developed by the IpAC Program aim to provide health students and health professionals with the opportunity to learn with, from and about one another by engaging them in interactive live simulation events. These simulations encourage students and professionals to challenge themselves and each other in a safe learning environment.

ECU Health Simulation Centre

ECU houses the only fully functioning Health Simulation Centre of its kind in Western Australia, specifically designed and equipped to address the interprofessional learning needs of the health workforce and implementation of both state and national safety and quality frameworks.

The ECU Health Simulation Centre offers health workforce training and development specialising in clinical skills, human factors, and patient safety training for multidisciplinary health teams. Using a variety of educational techniques, including a broad range of simulation mannequins, professional actors and task trainers, ECU specialises in immersive simulation and observational learning. Supporting the ECU Health Simulation Centre are nursing, medical, paramedic and psychology academic and technical staff whose aim is to cultivate the development of competent and confident health professionals centred on enhancing patient safety.

Interprofessional learning

Interprofessional education occurs when two or more professions learn with, from and about each other in order to improve collaboration and quality of care (Centre for the Advancement of Interprofessional Education, 2002).

Interprofessional learning is the learning arising from interaction between students or members of two or more professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings (Freeth, Hammick, Reeves, Barr, & Koppel, 2005). It has been found that interprofessional education can improve collaborative practice, enhance delivery of services and have a positive impact on patient care (Canadian Interprofessional Health Collaborative (CIHC), 2008).

The World Health Organization (WHO) has recognised the importance of interprofessional education and collaborative practice in developing a health workforce that is able to meet the complex health challenges facing the world and assist in the achievement of the health-related Millennium Development Goals (World Health Organization, 2010). In developing its framework for action, the WHO have recognised that models of interprofessional collaboration are most effective when they consider the regional issues and priority areas (including areas of unmet need) in the local population (World Health Organization, 2010). In doing so, interprofessional education and collaborative practice can best maximise local health resources, reduce service duplication, advance coordinated and integrated patient care, ensure patient safety and increase health professional's job satisfaction (World Health Organization, 2010).

The end goal of interprofessional education is to create a health workforce with improved levels of teamwork, collaboration, knowledge-sharing and problem-solving, eventually leading to better patient and client outcomes in health settings (Braithwaite et al., 2007).

Interprofessional learning through simulation

Simulation in education refers to the re-creation of an event that is as closely linked to reality as possible. Gaba (2004) defined simulation as a technique, rather than a technology, to replace or amplify real life experiences with guided experiences often immersive in nature to evoke or replicate aspects of the real world, in a fully interactive pattern. Simulation provides a safe learning environment for students to practice, where they are free to make mistakes, correct them and improve the processes of care (Kenaszchuk, MacMillan, van Soeren, & Reeves, 2011). Simulation is the bridge between classroom learning and the real life clinical experience, allowing students to put theory into practice.

Interprofessional learning through simulation combines the principles of interprofessional learning and the use of simulation as an educational methodology. Interprofessional learning through simulation provides students with the opportunity to practice working with other health professionals and allows participants to explore collaborative ways of improving communication aspects of clinical care (Kenaszchuk, et al., 2011).

Many of the interdisciplinary team core competencies, such as problem solving, respect, communication, shared knowledge and skills, patient-centred practice, and the ability to work collaboratively (Canadian Interprofessional Health Collaborative, 2010) can all be developed by interprofessional learning through simulation.

Teamwork and interprofessional practice and learning are being recognised as central to improving client care and outcomes and enhancing client safety (Sargent, 2008). Promoting patient safety through team efforts is one of the five core competencies identified by the Institute of Medicine (2003).

In today's healthcare setting, no one health professional can meet all of the client's needs and therefore a healthcare team approach is required. Interprofessional learning through simulation provides learning opportunities to prepare future healthcare professionals for the collaborative models of healthcare being developed internationally (Baker et al., 2008).

How to use this resource package

This interprofessional learning through simulation resource package has been designed to support the facilitation of interprofessional learning among students and practitioners with an interest in developing their skills and knowledge of interprofessional practice.

The package consists of two components: an audiovisual resource and a supporting manual. In order to optimise the learning opportunities from this package it is recommended that participants are firstly introduced to the concepts of interprofessional learning and human factors in health care.

The audiovisual resource consists of interviews with ten healthcare professionals. The healthcare professionals interviewed are: Registered Midwife, Dietitian, Social Worker,

Orthopaedic Surgeon, Exercise Physiologist, Physiotherapist, Occupational Therapist, Speech Pathologist, Clinical Psychologist and a Paramedic.

Each healthcare professional answers the questions:

- How would you describe your profession?
- What do people with your profession do?
- Who do you work with?
- What education do people with your profession need to complete?
- Where do people with your profession work?

This resource can be used as a standalone package for individuals to gain information about a range of healthcare professionals, as well as an understanding of their role in the healthcare setting. The package can be viewed in its entirety or specific sections (professions) can be viewed.

As each interview contains a substantial amount of information, it is recommended that the audience first brainstorm on the abovementioned questions for one of the professions, after which watching the interview will confirm, contradict and/or elaborate on previous knowledge. This may be followed by discussions of how the audience expects to collaborate with the interviewed health professional.

The resource can also be used in conjunction with other resources in this suite. It can be used to identify individual skills and knowledge that each specific healthcare professional possesses and how they can best contribute to client centered care.

The *Background* section of this manual contains a referenced description of a similar list of professions as is included in the audiovisual resource.

List of characters

- Clinical Psychologist
- Dietitian
- Exercise Physiologist
- Occupational Therapist
- Orthopaedic Surgeon
- Paramedic
- Physiotherapist
- Registered Midwife
- Social Worker
- Speech Pathologist

Key learning competencies

The key learning competency for this scenario is based on the IpAC Program learning objectives as well as the Canadian Interprofessional Health Collaborative (CIHC) Competency Framework (Canadian Interprofessional Health Collaborative, 2010). The specific competency area for this scenario is Role clarification.

Role clarification

Expectations, conception and performance have been identified as the three important factors needed to define a specific role.

- Be clear in what each of the team member's roles and responsibilities are
- Be able to verbalise skills, knowledge, competencies, scope of practice of own and colleagues' disciplines
- Aware of overlap in responsibilities
- Have the correct information to carry out the job assigned
- Know what other members of the team expect from each other
- Know what responsibility is expected from each role
- Value diversity between disciplines

Background

Role clarification refers to gaining the knowledge, information, and cues needed for an individual to perform a role. Role clarification also refers to gaining an understanding of all roles assumed by members of a disciplinary group and the expertise in exercising these roles. To be effective within a team it is important to have an understanding of each member's unique knowledge and skills.

Role clarification is one of the key competencies for collaborative practice, as it assists individuals in understanding differences and similarities of team members, enhances working relationships and increases cooperation and effectiveness.

Health care professionals learn about their role through their professional education but when faced with working as part of a team they often have a poor understanding of their colleagues roles (Hall & Weaver, 2001). Lack of knowledge of each other's role is one of the major barriers to effective team work among health professionals (Byrne & Pettigrew, 2010).

Healthcare students and practitioners need to clearly articulate their roles, knowledge and skills within the context of their clinical work. Each must have the ability to listen to other professionals to identify where unique knowledge and skills are held and where shared knowledge and skills occur. Gaining an understanding of another health professional's skills, knowledge and competencies will increase appreciation of the diversity and overlap between disciplines. Interprofessional learning opportunities among healthcare professionals can enhance understanding of the roles of other team members and positively influence their ability to work together (Byrne & Pettigrew, 2010).

Good interprofessional practice starts with an understanding and appreciation of the role of each health professional involved in the care of the client. Role clarification allows practitioners to understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient /client/family and community goals. The patient gets the best care available from the healthcare team, the client's individual needs are assessed and the appropriate care delivered. Resources are used efficiently and cost effectively, the doubling up of healthcare workers doing the same task/care is reduced and the workload spread among the team (Canadian Interprofessional Health Collaborative, 2010).

Nursing

What is a nurse?

Nurses use clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with and understand their health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death (The Royal College of Nursing, 2003).

Nursing is a regulated profession and as such, nurses must be registered or enrolled by the Nursing and Midwifery Board of Australia (NMBA), before they are permitted to practise. The four titles protected by legislation are: 'registered nurse', 'enrolled nurse', 'registered midwife' and 'nurse practitioner' (Australian Nursing Federation, 2011).

Registered Nurse

A registered nurse (RN) has completed a three year bachelor degree at university, followed by a period (usually 12 months) of postgraduate support working in a health or aged-care setting. RNs provide advanced nursing care and are responsible for supervising enrolled nurses. RNs may specialise in a variety of clinical areas and may undergo further study to become registered midwives, child health nurses or nurse practitioners (Australian Nursing Federation, 2011).

Enrolled Nurse

An enrolled nurse (EN) has completed 12 -18 months of training at TAFE to achieve a diploma in enrolled nursing. ENs provide basic nursing care, such as wound care and assistance with activities of daily living (ADLs). ENs with the diploma qualification are able to administer some medications to patients, and may apply for advanced skills status, allowing them to undertake more complex procedures (Department of Health, 2010).

Registered Midwife

A midwife has completed a three year bachelor degree at university, or is a RN who has undertaken postgraduate study in midwifery. Midwives work in partnership with women to provide support, care and advice during pregnancy, childbirth and early parenting. Midwives may work in clinics, hospitals, birthing centres or the home (Department of Health, 2010).

Nurse Practitioner

A nurse practitioner is a RN who has completed a masters degree and is authorised to

function autonomously and collaboratively in an advanced and extended clinical role. In addition to applying specialist nursing knowledge and skills to patient care, the nurse practitioner may directly refer patients to other health professionals, prescribe medications and order diagnostic tests, responsibilities that are generally outside of the scope of general nursing practise (Australian Nursing and Midwifery Council, 2006). Nurse practitioners may work in acute, primary care or aged care settings and must be employed within their 'Designated Nurse Practitioner Area', or area of expertise (Department of Health WA, 2011). Within the IpAC Unit, RNs are employed as members of the interprofessional team. Thus, the remainder of this section will discuss the role of the RN.

What does a registered nurse do?

Most RNs work in clinical practice, with responsibilities ranging from direct patient care to coordination of care delivery. RNs may specialise in a range of clinical areas, including, but not limited to aged care, cardiac care, community health, emergency, general medical, general surgical, intensive care, mental health, paediatrics, oncology and women's health (Department of Health WA, 2011). In addition, RNs may work in non-clinical areas, such as management and administration, policy development, health promotion, research and education (Australian Nursing Federation, 2011). As well as providing clinical care, nurses act as patient advocates, helping them to cope with and understand their own health or illness.

Nurses are completely accountable and responsible for their own decisions and actions; they do not simply carry out doctors orders. The responsibilities of the RN are also much greater than washing patients, cleaning up bodily fluids and making patients' beds.

Who do registered nurses work with?

RNs provide nursing care throughout the entire life cycle, from antenatal to palliative care. They may work with individuals, groups or communities of varying health status. This may include working with healthy people in the area of health promotion for prevention of disease, people with chronic diseases to support self-management, or acutely ill patients who rely on the RN for more intensive health care.

Where do registered nurses work?

Many RNs work in hospitals and are involved in inpatient care. However, RNs also work in a wide range of other settings including rural and remote nursing posts, indigenous

communities, schools, prisons, residential aged care facilities, the armed forces, universities, TAFE colleges, mental health facilities, statutory authorities, general practice offices, businesses, professional organisations and people's homes (Australian Nursing Federation, 2011).

Diabetes Education

What is a diabetes educator?

Diabetes Educators (DE) are health professionals who have expertise and experience in diabetes education and care. They are qualified to practise as one of the following health care professionals – registered nurse, dietitian, registered pharmacist, podiatrist or registered medical practitioner – and have completed a postgraduate certificate in diabetes education. Credentialed Diabetes Educators (CDE) are recognised by the Australian Diabetes Educators Association (ADEA) for their specialist skills, experience and ongoing commitment to professional development in the area of diabetes education and care (Australian Diabetes Educators Association, 2011a).

What does a diabetes educator do?

A DE assists people with, or at risk of, diabetes to gain the necessary knowledge, skills, motivation and confidence to optimally self-manage their condition. DEs provide a combination of client-centred clinical care, education and support to help people with diabetes to adapt to life with diabetes, set goals and learn how to make and implement appropriate treatment and lifestyle decisions to manage their diabetes (Australian Diabetes Educators Association, 2011b).

DEs do not simply tell people with diabetes what to do or make decisions for them. Instead they work on the principle that their clients are experts in their own life, supporting and empowering them to self-manage their diabetes.

Who do diabetes educators work with?

A DE works with people of all ages with, or at risk of developing, diabetes. This includes children or adults diagnosed with type 1 diabetes, type 2 diabetes, gestational diabetes, impaired glucose intolerance, or impaired fasting glucose. They may also work closely with the family members or carers of the person with diabetes to provide them with the information, education and skills to assist the person with diabetes.

Where do diabetes educators work?

A DE may provide diabetes education and clinical care to inpatients or outpatients in the hospital setting, within general practice clinics, community centres, private practice, or through organisations such as Diabetes Australia (Australian Diabetes Educators Association, 2011b).

Paramedicine

What is a paramedic?

A paramedic is a specialist health care professional who responds to requests for assistance and attends to people suffering acute health crises of any nature (Australasian Council of Paramedicine, 2008). Paramedics are university trained, usually to the level of a Bachelor of science, or postgraduate diploma in paramedicine (or equivalent). Paramedics in Australia are generally educated to advanced life support level and are also required to complete an annual professional development program to paramedic certification level (Paramedics Australasia, 2011).

What does a paramedic do?

Paramedics provide front-line medical care to the community. They provide a health assessment and initial diagnosis, design a treatment plan and manage the patient's crisis in the out-of-hospital environment. The paramedic may provide adequate treatment that may resolve the crisis, or they may continue treatment and transport the patient to an appropriate healthcare facility for ongoing referral and medical care (Australasian Council of Paramedicine, 2008).

The scope of the paramedic's role is continually changing and expanding. Depending on the level of certification of the individual paramedic, their specific duties may include physical assessment, basic and advanced life support, interpreting electrocardiograms, intravenous cannulation, administering medications, fluid resuscitation and surgical airway management (Emergency Services Registry Australasia, 2010).

Who do paramedics work with?

Paramedics respond to emergency requests for assistance for anyone in the community. Their patients range from infants to the elderly, who are suffering from an acute or life-

threatening health crisis of any nature. This may include motor vehicle accidents or other trauma, heart attack, diabetic coma, allergic reactions, drug overdose, attempted suicide, choking, burns, drowning and many other scenarios.

Where do paramedics work?

Paramedics can work in a wide range of clinical settings such as:

- Ambulance services, including private ambulance and non-emergency transport services
- Private practice
- Aeromedical services
- Adult, paediatric and neonatal retrieval services
- Medical clinics
- Hospitals, particularly the emergency department and critical care units
- Onsite paramedical provision (e.g. major public or sporting events)
- Industry, such as mining and resource industry and construction sites
- Rural and remote practices such as isolated communities, islands, game parks, cruise tourism and transport shipping sectors
- Emergency management, disaster emergency response and repatriation
- Homeland defence, counter terrorism support and urban search and rescue teams

(Australasian Council of Paramedicine, 2008).

Medicine

What is a medical practitioner?

A medical practitioner is a healthcare provider who practises the profession of medicine, which is concerned with promoting, maintaining or restoring human health through the study, diagnosis, and treatment of disease, injury and other physical and mental impairments (World Health Organisation, 2010).

There are two pathways to studying medicine in Australia – a five to six year bachelor of medicine and bachelor of surgery (MBBS) degree, or a four year graduate entry medical degree following completion of a bachelor degree in any discipline. After graduating from medical school, a 12-month internship (usually in a public hospital) must be completed before full medical registration can be granted.

Before being able to practise medicine independently, doctors must also complete a program of postgraduate medical training and achieve a fellowship of a specialist medical college. This postgraduate training includes at least one more year working in the public hospital system as a resident medical officer (RMO), followed by three to eight years of specialist training as a registrar (Australian Medical Association, 2007).

What does a medical practitioner do?

Medical practitioners assess their patients' health by taking patient histories and conducting physical examinations. They may also order, perform and analyse laboratory tests, x-rays and other diagnostic investigations to form a clinical diagnosis. This allows the medical practitioner to recommend the appropriate treatment plans for their patients, which may include rehabilitation, surgical intervention, prescribing and administering medications, providing advice and information, admitting a patient to hospital or referring on to another healthcare professional (Health Careers in the Bush, 2010).

Medical practitioners specialise in one of the many specialist disciplines recognised in Australia. These are anaesthesia, dermatology, emergency medicine, general practice, intensive care and paediatric intensive care medicine, internal medicine, medical administration, obstetrics and gynaecology, occupational medicine, ophthalmology, paediatrics and child health, palliative medicine, pathology, psychiatry, public health medicine, radiology, rehabilitation medicine and surgery. There are further sub-specialties within these specialties. Medical graduates may also choose to specialise in medical administration and become medical administrators in hospitals or government agencies. Other career options include becoming a medical academic and researcher involved with teaching or medical research (Australian Medical Association, 2007).

Who do medical practitioners work with?

Medical practitioners work with individuals, families, communities and populations to promote, maintain or restore health. Anyone, of any age, requiring assistance for any type of health condition may be seen by a medical practitioner who specialises in the relevant medical discipline.

Where do medical practitioners work?

Medical practitioners may work in private practices, hospitals, rehabilitation centres, mental

health services, community and public health services, universities, research facilities, aid organisations, for sporting teams, the defence force and commonly a combination of these areas (Health Careers in the Bush, 2010).

Clinical Psychology

What is a clinical psychologist?

Psychologists are experts in the scientific study of the human mind and behaviour. They study the brain, memory, learning, human development and the processes determining how people think, feel, behave and react.

Clinical psychologists are specialists in the assessment, diagnosis and treatment of psychological and mental health problems. They have completed a minimum of six years full-time university training, which includes postgraduate study in a recognised clinical psychology training program, a substantial research thesis, and supervised practise in health and mental health settings. All psychologists are required by law to register with the Psychologist Registration Board in their state or territory and the Psychology Board of Australia, to help ensure competent and ethical practise (Australian Psychological Society, 2011a).

What does a clinical psychologist do?

Clinical psychologists have specialist training and skills in assessing, diagnosing and treating major mental illnesses and psychological problems. During a consultation with a client, a clinical psychologist will identify the client's concerns, assess their emotional, intellectual and behavioural functioning, and explore the origins of their thoughts, emotions and behaviours. Clinical psychologists use a range of scientifically proven techniques and therapies (e.g. cognitive behavioural therapy) to help alleviate the client's presenting problems. They assist the client to develop strategies to control and cope with their problems, and implement changes (with regards to their thoughts, feelings or behaviours) to enhance awareness and wellbeing. They may explore a person's thinking style and how that is impacting on achieving their goals. Fear or lack of motivation can be significant issues that a psychologist may also work with in a clinical setting.

Clinical psychologists may also be involved in the design and implementation of mental health promotion and prevention programs and public policy. Ongoing research, teaching

and evaluation of treatment outcomes are also integral to their role (Australian Psychological Society, 2011b).

A common misconception about psychologists is that they only see people who are “crazy” or “mentally disturbed”, when in reality people who are generally mentally healthy may present to a psychologist looking to improve a certain area of their life, such as relationships, social anxiety, health, assertiveness skills or work life balance. Other misconceptions are that psychologists are able to read people’s minds, that they constantly ask “how do you feel?”, and that they are synonymous with psychiatrists.

Who do clinical psychologists work with?

Clinical psychologists work with individuals throughout the lifespan, including infants, children, adolescents, adults and older adults. They see people with mental health conditions that range from mild to severe and complex. They may also work with families, groups, organisations and communities (Australian Psychological Society, 2011b).

Where do clinical psychologists work?

Clinical psychologists work in a variety of settings, including private practice, hospitals, universities, general medical practices, community health centres and mental health services (Australian Psychological Society, 2011b).

What is the difference between a psychologist and psychiatrist?

The main differences between a psychologist and psychiatrist are in their qualifications, services provided and ability to prescribe medications. Unlike psychologists, psychiatrists have a medical degree, and then undertake further study in order to specialise in the diagnosis and treatment of mental illness and emotional problems.

While clinical psychologists specialise in treating people with mental illness, many psychologists help mentally healthy people to cope with everyday problems such as stress and relationship issues, exploring strategies to help them function better. Psychiatrists work with mentally ill people and treat the effects of psychological disorders on the body, and the effects of physical conditions on the mind.

As psychiatrists hold a medical degree, they are able to prescribe medications to assist in the treatment of psychological disturbances. Psychologists are not permitted to prescribe

medications (Australian Psychological Society, 2011a).

What is the difference between a psychologist and counselor?

The role of the counsellor is to provide general counselling and therapy services, whereas a psychologist has additional training to enable them to diagnose and treat mental health disorders. Unlike psychologists, counsellors are not currently a legally regulated profession and as such are not required to be registered with a professional body.

Dietetics

What is a dietitian?

Dietitians are health professionals who apply the art and science of human nutrition to help people understand the relationship between food and health. They aim to optimise the nutrition of individuals and communities by helping people to make dietary choices to attain or maintain health and to prevent or treat diet-related disease (Dietitians Association of Australia, 2011a). A dietitian has completed a minimum of four years study at university, usually to graduate diploma or masters level. An Accredited Practising Dietitian (APD) is recognised by the Dietitians Association of Australia (DAA) for their expertise in nutrition and dietetics and their ongoing commitment to professional development.

What does a dietitian do?

The role of the dietitian includes assessing people's health and nutritional status and providing advice and education on diet for good health or for special needs such as medical conditions or sport. This may include educating people on ways to access and prepare appropriate food, and supporting dietary behaviour change through goal setting.

Dietitians plan, implement and evaluate nutrition programs to positively influence the eating behaviours of groups or communities. They may also manage food service systems by planning nutritionally appropriate menus, or design and implement nutrition policies. They may undertake nutrition research or teach students studying nutrition and dietetics, or be involved in public relations and marketing (Dietitians Association of Australia, 2011c).

Dietitians do not simply prescribe diets or meal plans for people. They work holistically with clients to enhance their knowledge, skills, motivation and confidence to make sustainable dietary behaviour changes.

Who do dietitians work with?

Dietitians may work with individuals or groups, or at the community or population level.

Dietitians work with clients of all ages and common client groups include people with:

- Weight issues (obesity, underweight, malnutrition, eating disorders)
- Chronic disease (diabetes, cardiovascular disease, arthritis, osteoporosis and cancer)
- Food allergies or intolerances
- Vitamin and mineral deficiencies and
- Gastrointestinal disorders (reflux, irritable bowel syndrome, inflammatory bowel disease, coeliac disease, diverticulosis).

Dietitians may also advise athletes and sporting teams on eating for peak performance, advise pregnant women (including pre and post pregnancy advice) for optimal maternal and child health outcomes, or communicate nutrition promotion messages to the general population for disease prevention and good health.

Where do dietitians work?

Dietitians may work in a variety of clinical and non-clinical settings. These include hospitals, aged care facilities, community or public health services, non-government organisations, food industry, private practice (which may include consulting to the media), universities and research facilities (Dietitians Association of Australia, 2011c).

What is the difference between a dietitian and nutritionist?

The key difference between a dietitian and nutritionist is that, as part of their university qualifications, a dietitian has undertaken substantial study in the field of human nutrition and completed supervised and assessed professional practise in clinical dietetics, medical nutrition therapy and food service management. Before they are permitted to practise as a dietitian, they must demonstrate that they meet the competency standards set by DAA.

In Australia there is no such regulation for assessing the qualifications of nutritionists who are not dietitians. Thus, all dietitians are considered to be nutritionists, however nutritionists without a dietetics qualification are not permitted to undertake the specialist role of a dietitian (Dietitians Association of Australia, 2011b).

Exercise Physiology

What is an exercise physiologist?

An exercise physiologist (EP) is a health professional who specialises in the provision of clinical exercise interventions to help prevent or manage disease or injury. EPs aim to attain or restore their client's optimal physical function, health and wellbeing.

EPs study at university for a minimum of four years to bachelor degree level and must complete at least 500 hours of varied, supervised clinical practise before being permitted to apply for accredited exercise physiologist (AEP) status from Exercise and Sports Science Australia (ESSA). To remain accredited they must undergo an annual re-accreditation process with ESSA and demonstrate ongoing commitment to a range of professional development and accountability activities (Exercise and Sports Science Australia, 2011).

What does an exercise physiologist do?

EPs assess a person's movement capacity and provide screening, point of care testing and risk stratification to ensure the development of a safe, effective individualised exercise intervention. They can prescribe a course of exercises for general fitness, prevention of chronic disease or injury, rehabilitation (following acute injury or surgery) or management of chronic and complex medical conditions. They also provide education, advice and support on health and physical activity, and deliver lifestyle and behavioural modification programs. The scope of practice of an EP generally does not include providing invasive services, diagnostic tests or procedures, performing joint manipulation, massage or ultrasound therapy, or prescribing medications (Exercise and Sports Science Australia, 2011).

Who do exercise physiologists work with?

EPs work with clients of all ages and varying fitness levels and functional capabilities. Specific client groups may include the fit and healthy, people at risk of chronic disease, and individuals with existing medical problems, such as neurological, neuromuscular, musculoskeletal, metabolic or cardiopulmonary conditions. Exercise interventions and advice may be provided to individuals or groups, or at the community or population level (Exercise and Sports Science Australia, 2011).

Where do exercise physiologists work?

EPs may be employed in a variety of health, exercise or sports science settings. These include public or private hospitals, private practice, primary healthcare clinics, community

and population health organisations, universities, workplace health and rehabilitation, and aged care (Exercise and Sports Science Australia, 2011).

What is the difference between an exercise physiologist and personal trainer?

EPs and personal trainers have different training requirements and scope of practice. An EP holds a university bachelor degree, whereas a personal trainer has usually studied at TAFE. EPs have been clinically trained to develop and prescribe exercise programs for people at high-risk of, or with existing chronic medical conditions or injuries. Personal trainers are not qualified to work with these “high-risk” client groups, but instead train people without serious medical conditions or injuries to help them achieve their fitness goals. Personal trainers often work in fitness centres or gyms (Merendi Health and Wellness, 2011).

Physiotherapy

What is a physiotherapist?

Physiotherapy is a healthcare profession with a holistic approach to the prevention, diagnosis and therapeutic management of disorders of movement, or optimisation of physical function to enhance health and wellbeing (Australian Physiotherapy Council, 2006). Physiotherapists have completed a minimum of four years study at university to bachelor degree or masters level and must be registered with the Physiotherapy Board of Australia in order to legally practise physiotherapy (Australian Physiotherapy Association, 2010b).

What does a physiotherapist do?

Physiotherapists provide assessment, diagnosis and treatment plans to maximise the function of their clients’ muscles and joints and reduce pain and stiffness. Physiotherapy encompasses a diverse range of clinical specialties in order to meet the needs of different client groups. Physiotherapists undergo additional training in order to specialise in a particular area of physiotherapy, such as cardiopulmonary, neurology, aged care, women’s health or sports physiotherapy (Australian Physiotherapy Association, 2011).

Physiotherapists use a variety of treatment options, which may include exercise programs, advice and information, massage, joint manipulation and mobilisation, muscle re-education, hot and cold packs, airway clearance techniques and breathing exercises, and assistance with the use of aids (e.g. splints, crutches). They may be involved in rehabilitation, health promotion, research and teaching (Australian Physiotherapy Association, 2008).

Some misconceptions about physiotherapists include that they mainly prescribe exercises (this is only one compartment of the treatment they provide), that physiotherapy hurts (any soreness is generally considered a normal and temporary part of the healing process), and that physiotherapy is the same as massage therapy (massage is just one of several therapies incorporated into physiotherapy) (Krohn, 2009).

Who do physiotherapists work with?

Physiotherapists work with clients of all ages throughout the lifespan. They may work with individuals or groups of clients, or at the community or population level. Physiotherapists treat people with conditions affecting their muscles, joints or nerves, which may include:

- Back and neck pain
- Arthritis
- Sports injuries
- Repetitive strain injuries
- Asthma
- Incontinence
- Cerebral palsy; and
- Neurological disorders (e.g. stroke, Parkinson's disease)

(Australian Physiotherapy Association, 2008)

Where do physiotherapists work?

Physiotherapists may work in a variety of settings, including private practice, hospitals, rehabilitation centres, community health centres, aged care facilities, industry, workplace health settings, sports clubs, universities and client's homes (Australian Physiotherapy Association, 2010a).

Occupational Therapy

What is an occupational therapist?

Occupational therapy is a profession concerned with promoting health and wellbeing through occupation, with the primary goal of enabling people to participate in the activities of everyday life. Occupational therapists (OTs) achieve this outcome by providing intervention towards the person, modifying the activity or modifying the environment to better support participation (World Federation of Occupational Therapists, 2004). OTs believe that being

actively involved in meaningful activities is essential to health.

Most OTs have completed a four year university degree to bachelor level, however postgraduate courses to masters or doctorate levels are also available. To practise occupational therapy in Western Australia, OTs must be registered with the Occupational Therapists Board of Western Australia (Occupational Therapy Australia, 2011).

What does an occupational therapist do?

OTs offer skills and advice aiming to increase a person's independence in all areas of daily living, including work, self-care, meal preparation, recreation, social interaction, community access and mobility. OTs take a holistic approach to the needs of their clients, first assessing the abilities of the client in the context of work, school, home, leisure, general lifestyle and family situation. Following this assessment, the OT will develop a treatment program, in consultation with the client, family members or other professionals.

Many OTs specialise in particular areas including adult physical disabilities, paediatrics, independent living, mental health, aged care or vocational rehabilitation. Depending on their area of specialisation, services provided by an OT may include:

- Assessment of capabilities in self-care, home duties, performance at work or school, driving ability and social skills
- Training in self-care and home management skills to increase independence
- Assessment and modification of the home environment to improve safety and independence
- Prescription of, and education in the use of, adapted equipment to assist function
- Provision of work-site visits for ergonomic assessments
- Teaching work simplification techniques to maintain independence
- Advising carers/family on lifting and transferring techniques
- Hand therapy and splinting
- Cognitive and memory assessment and retraining
- Stress management and relaxation (Occupational Therapy Australia, 2011).

Some common misconceptions about the role of an OT include that they are solely involved in helping people get back to work, that they provide craft activities to prevent patients getting bored or that they are there to pick up the bits and pieces of work that none of the other specialists deal with. When the modern profession of occupational therapy began at

the start of the twentieth century, one of the main focuses was on the use of craft activities, however now the profession works with all activities of daily living including leisure activities, self care, domestic chores and community activities.

Who do occupational therapists work with?

OTs work with people of all ages with a wide variety of disabilities resulting from disease, injury, the ageing process or conditions from birth. This may include people with arthritis, hand injuries, hip replacements, amputations, back/neck/spinal injuries, neurological disorders, cerebral palsy, low vision/hearing, heart attacks, strokes, cancer and head injuries. Consultations may also involve members of the client's family or their carers (Occupational Therapy Australia, 2011).

Where do occupational therapists work?

OTs may be found working in a wide range of settings, including hospitals, rehabilitation units, community health centres, home care services, aged care facilities, psychiatric facilities, vocational rehabilitation centres, schools and education facilities, independent living and respite centres and private practice (Occupational Therapy Australia, 2011).

Speech Pathology

What is a speech pathologist?

Speech pathology, previously called speech therapy, is a health profession that falls under the area of Human Communication Sciences. A speech pathologist is trained in the diagnosis, management and treatment of individuals who are unable to communicate effectively or who have difficulty with feeding and swallowing. Speech pathologists have completed a four year bachelor degree or masters degree at university (Speech Pathology Australia, 2011a, 2011b).

What does a speech pathologist do?

Speech pathologists provide individual or group therapy for people with communication disorders, encompassing all aspects of communication. This includes speech, writing, signs, symbols and gestures. Speech pathologists provide advice and strategies to clients to help them communicate effectively, i.e. to understand others and be understood. Their role also includes advocating for appropriate care and services for people with communication disabilities, and providing resources and information to other health professionals, teachers

or carers (Speech Pathology Australia, 2011a).

Speech pathologists also assess and treat people with swallowing disorders. This may include providing advice and prescribing texture-modified food and fluids to allow people to eat and drink safely.

A common misunderstanding related to speech pathology is that there is a difference between this and speech therapy, when in fact they can be used interchangeably. The term “pathology” was adopted by the profession in Australia about 15 years ago to reflect the significant diagnostic aspect of a speech pathologist’s work. Another misconception is that speech pathologists work mainly on pronunciation, as in the oft quoted “how now brown cow”. While they may work with accent modification, the aesthetics of communication is generally not a focus of the speech pathologist’s role.

Who do speech pathologists work with?

Speech pathologists work with a broad range of clients of all ages, which may include children who fail to develop normal communication, or people who acquire communication or swallowing disorders as a result of disease or injury. More specifically, speech pathologists may work with people with:

- Cleft palate
- Cerebral palsy
- Autism
- Stuttering or stammering
- Hearing impairments
- Acquired brain injury or stroke
- Progressive neurological disorders (e.g. Parkinson’s disease, multiple sclerosis or dementia)
- Intellectual disabilities, cognitive or learning difficulties
- Voice, language or motor speech disorders
- Head, neck or throat cancer

(The Royal College of Speech and Language Therapists, 2011).

Where do speech pathologists work?

Speech pathologists work in a variety of settings, including:

- Kindergartens, primary and secondary schools

- Nursing homes
- Hospitals
- Universities
- Rehabilitation services
- Mental health services
- Community health centres
- Private practice
- Specialist services for those with complex communication needs, arising from disorders such as autism, cerebral palsy and intellectual disability

(Speech Pathology Australia, 2011a).

Medical glossary and acronyms

Interdisciplinary teams A team that is collaboration-oriented. The team meets regularly to discuss and collaboratively set treatment goals and carry out treatment plans. There is a high level of communication and cooperation among team members (Korner, 2008, p. 2).

Multidisciplinary teams A team that is discipline-oriented. Each professional works in parallel, with clear role definitions, specified asks and hierarchical lines of authority (Korner, 2008, p. 2).

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