

Student Orientation Pack

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Introduction

Welcome to your clinical placement within the Interprofessional Ambulatory Care (IpAC) Program. This clinical placement is designed to provide you with an opportunity to put theory into practice through clinical placement in an environment that allows you to work interprofessionally. This clinical placement aims to be thought provoking as you reflect and focus on developing your understanding of working in an interprofessional clinical environment. Please read the orientation document thoroughly, as it gives you important information about the general aims of interprofessional learning (IPL) in your clinical placement, including learning outcomes and learning activities.

You are required to read and understand the expectations outlined in this document. Information contained in this orientation document also specifies the requirements for this clinical placement and explains your rights and responsibilities in relation to Edith Cowan University.

What is the IpAC Program and the IpAC Unit?

Mid-2010, Edith Cowan University (ECU) was successful in the application for a grant under the Commonwealth Government's Increased Clinical Training Capacity (ICTC) Program for the establishment of a site offering new clinical placements for undergraduate students from allied health disciplines at Edith Cowan University (ECU) and The University of Western Australia (UWA). The IpAC Program is the result of this grant and offers new clinical placements in an IPL environment, where health education and support is provided to the wider community in the **Interprofessional Ambulatory Care (IpAC) Unit**. In addition to the IpAC Unit, the IpAC Program has also established new external student placements with an IPL focus. IPL resources have also been developed and are available for use.

The IpAC Unit

The IpAC Unit mission statement is:

The IpAC Unit will deliver a world-class Interprofessional learning environment and community clinic that will develop communication and collaboration among health students and optimise chronic disease self-management for all clients.

A range of health disciplines are represented at the IpAC Unit. The IpAC Unit employs a clinical supervisor/clinician from each of the health disciplines for which students are placed at the Unit. This ensures that students receive the appropriate guidance and clients receive the appropriate care.

The IpAC Unit provides clinical placements for the following health disciplines;

- Clinical Psychology
- Exercise Physiology
- Nursing/Midwifery
- Nutrition and Dietetics
- Occupational Therapy
- Paramedicine
- Physiotherapy
- Speech Pathology
- UWA medical students

The aim of a student's clinical placement at the IpAC Unit is to not only increase their clinical abilities but also to enhance their knowledge and skills in interprofessional collaborative practice and support the development of interprofessional communication and collaboration of skills.

A clinical placement at the IpAC Unit aims to be thought provoking, allowing the students to focus on developing their experience and understanding of working in an interprofessional clinical environment.

The programs offered to clients attending the IpAC Unit have been developed from a holistic viewpoint, offering client education and health assessment care packages. The aim of these care packages is to allow the client to better self manage their chronic disease and improve their general wellness. The care packages consist of a set of approximately 12 appointments, over 6 weeks. These appointments will include consults with the wide range of health professionals available at the unit. The exact content of the care package will be decided by the health professionals in collaboration with the clients. The daily timetable of the IpAC Unit is provided in **Attachment 1**.

External placements

The IpAC Program also provides for placements at sites other than the IpAC Unit at ECU in order to support and meet the clinical placement requirements of the student. At all external placements, the clinical supervisors will aim to provide the students with exposure to the practice of a range of health professions and will facilitate discussion and reflection about interprofessional practice in health as well as provide clinical supervision.

The IpAC Unit provides additional opportunities for IPL experiences and education for students through case studies and IPL through simulation challenges.

Project evaluation

For the purpose of evaluation and continuous improvement, each student attending a placement supported through the IpAC Program is asked to complete an evaluation questionnaire.

Essential information

Your first point of contact for your placement is the clinical placement coordinator or unit coordinator of your discipline. Please contact this person if you have a query relating to administrative matters such as:

- Requests for deferment of study
- Difficulties with accessing study materials in Blackboard
- Assessment material/guidelines
- Obtaining assessment results

The person to contact regarding placements at the IpAC Unit is Project Officer - Clinical Placements, Lara Mills on ph: (08) 6304 3425, or via email: ipac.unit@ecu.edu.au

If your placement is at the IpAC Unit on the Joondalup University campus, on the first day of your placement please report to the IpAC Unit Project Room There is a map to the IpAC Unit Project Room in **Attachment 2**.

IpAC Unit Project Room

ECU Joondalup: Building 21, room 242

Please, be aware that this room **cannot** be accessed from the Vario Wellness Clinic.

The daily timetable for placement at the IpAC Unit is available in **Attachment 1**

Your instructions for IpAC clinical placements at external locations will vary, dependent on the location. Please ensure these details are confirmed with your clinical placement coordinator.

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Your preparation

We expect you to prepare for the placement by reading this document. Please print a copy of your assessment tool to have with you during your placement at the IpAC Unit or IpAC Program external placement.

Before you attend your placement, you will need to:

1. Read the student orientation document
2. If you are on a placement of 4 days or less, select 2 learning objectives (see Attachment 3)
3. For any placements of 5 days or longer, each student will be assessed on all 5 learning objectives
4. You are expected to read these learning objectives before placement (see Attachment 4)
5. Wear your uniform (if applicable) during your placement. If your discipline does not have a uniform, neat and tidy dress and enclosed footwear is expected
6. If you have long hair, your hair is to be tied back
7. Turn off your mobile phone during your placement

Please behave in a professional and respectful manner, not only in client contact, but also when arriving or leaving the placement site.

What is Interprofessional Learning?

A well known definition of Interprofessional Education is provided by the Centre for the Advancement of Interprofessional Education (CAIPE) 2002:

'When two or more professions learn with, from and about each other to improve collaboration and the quality of care.'

Interprofessional learning (IPL) then is:

'Learning arising from interaction between members (or students) 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 et al. 2005)

At placements organised through the IpAC Program, health students at ECU will have access to clinical placements which provide hands-on experience for students, combined with sound supervision and the opportunity to collaborate and learn with, from and about other professions.

A student on an IpAC Program placement gets to:

- Learn skills that another profession also needs to learn (**with**)
- Learn from how someone in another discipline does something (**from**)
- Gain an understanding of another discipline's roles and responsibilities (**about**)

Improved collaboration comes from a good understanding of roles, good communication skills and a shared understanding of the end goal of the collaboration: **quality of care for the patient/client**.

The difference between interprofessional and multi-professional learning is that multi-professional learning takes place when two or more professions learn side by side. With interprofessional learning (IPL), the interaction between the professions is crucial, improving knowledge and collaboration, while clarifying the roles and responsibilities of

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the professionals involved. This enables creative solutions, prevents duplication and improves the care the client receives.

IPL is more than observing a student or clinician from another discipline. Engaging in reflection and discussion about similarities and differences between different professions is when learning takes place (Thistlethwaite and Nisbet 2007). This is also when misconceptions and stereotypes come to light and communication skills can be practiced.

The ultimate aim of IPL is to increase communication and collaboration between health professionals in the workplace. This will improve client outcomes and reduce the risk of adverse events arising from professionals working in isolation. An example of such adverse events is the case of the Bristol Royal Infirmary in the UK, where an inquiry into the abnormally high death rate of children undergoing open heart surgery in 2001 highlighted failures of communication and collaboration (Kennedy 2001). One of the recommendations from the inquiry included that no educational course should be designed and delivered for one profession alone.

The University of British Columbia was one of the first universities to significantly support IPL. They created the Office of Interprofessional Education in 1966. From that moment on, the incorporation of IPL in health practice and education has taken flight internationally.

Though IPL is not a new concept, it is a concept which, in practice, is continuously developing. A publication demonstrating the importance of IPL in health education and practice is the World Health Organization (WHO) report '*Framework for Interprofessional Education and Collaborative Care*' (2010). This report was the product of an international WHO Study Group.

IPL is also on the national agenda: the Australian Learning and Teaching Council (ALTC) funded the national project Learning and Teaching for International Practice (L-TIPP), Australia to develop interprofessional learning and practice capabilities in the Australian health workforce. The report of this project was published in 2009.

On a more local level, the Western Australia Department of Health sees IPL as essential in health workforce development (Clinical Senate and Department of Health Western Australia 2010) and work is underway to develop a Health Interprofessional Learning Plan.

For most clients (and people with chronic health issues in particular), health care is provided by a wide range of health professionals. It would be ideal if these health professionals would communicate well with each other. Most health students however, have gone through their course without ever interacting with a student from another discipline (Thistlethwaite and Nisbet 2007), until they attend their clinical placements, where they initially communicate primarily with representatives of their own health profession.

Collaboration, communication and teamwork amongst a health care team can improve client outcomes, but can also prevent adverse events caused by working in isolation or ambiguity in roles and responsibilities. It has been found that interprofessional education can improve collaborative practice, enhance delivery of services and have a positive impact on patient care (Reeves, Goldman et al. 2008).

IpAC Program learning objectives

The IpAC Program has five IPL learning objectives. Each learning objective is represented by a set of support phrases to aid in the assessment of each learning objective. The students will be assessed on these outcomes by the clinical supervisors during their placement. The clinical supervisors will encourage reflection and discussion about the IPL aspects of the students' activities, while they are at an IpAC clinical placement.

The IpAC learning objectives include:

1. Role clarification;
2. Team functioning and collaboration;
3. Interprofessional communication;
4. Client centred care; and
5. Reflective practice.

The IpAC Program clinical supervisors can assess the student as Competent (C); Developing (D); Inadequate performance (I); or No opportunity to observe (N), known as the CDIN scale.

When a student is on a placement of less than five (5) days, the short assessment tool is used. For this assessment tool the student needs to choose two (2) learning objectives prior to the placement. The clinical supervisor will assess the student on the CDIN scale for these two objectives only.

When a student is on a placement for five (5) days or more, a longer assessment tool is used. The student will be assessed on all five objectives and will need to answer one question each for each of the objectives. The clinical supervisor is to give the student written feedback midway through the placement and at the end.

The IpAC Unit is based at Edith Cowan University and adheres to the ECU values:

- **Integrity:** behaving ethically and pursuing rigorous intellectual positions.
- **Respect:** valuing individual differences and diversity.
- **Rational Inquiry:** motivated by evidence and reasoning.
- **Personal Excellence:** striving to realise potential.

Assessment details

During your placement with the IpAC Unit, you will have a clinical supervisor present during clinical activities. This clinical supervisor will assess your clinical skills, while supporting the development of your interprofessional knowledge and skills. To aid in the assessment and development of your IPL, the clinical supervisor will use the student assessment form (**Attachment 3 and 4**). This form is to be signed off by your IpAC clinical supervisor on or before the last day of your placement. The IpAC Unit is to be provided with either the original or a copy of this assessment form, after it has been completed.

The first page of the assessment tool contains a tick list to help you remember what documentation you need to complete as part of your IpAC Unit placement.

We expect you to be aware of the discipline specific clinical skills you are required to achieve competence in, as well as your scope of practice in relation to your chosen discipline or stage of education. For any questions regarding discipline-specific skills assessments, please contact your clinical placement coordinator.

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IpAC Unit placement

We expect you will actively participate in the learning opportunities available to you during this placement. In the IpAC Unit the clinician/clinical supervisor may or may not be of the same discipline as you so you may have the opportunity to either participate or observe depending on the activity. The IpAC Unit recognises that some professional skills are present across a range of disciplines, resulting in you benefiting from any client interaction, whether this is with a representative of your chosen discipline or not. This provides you with opportunities to reflect on the similarities and differences in health disciplines, as well as how you would collaborate with this discipline.

When no client contact is possible, alternative activities may be provided. These may consist of discussion and reflection with a focus on interprofessional practice. You may also have the opportunity to work independently on materials that form part of the placement or course that you are enrolled in.

Student responsibilities

It is the responsibility of every student to be aware of all relevant legislation, policies and procedures relating to their rights and responsibilities as a student. The ECU Occupational Safety and Health (OS&H) Office is responsible for the University's health and safety policies. Information about the ECU OS&H policies is available from:

<http://intranet.ecu.edu.au/student/support/occupational-safety-and-health>

Some key points include:

1. All staff and students are responsible for their own health and safety and for others whose activities they may influence or control. The degree of responsibility a person has will depend on his or her level of influence or control. This is recognised by law in the Occupational Health and Safety Act (1984).

Specific responsibilities include:

- taking reasonable care of their own health and safety and that of co-students, staff members and members of the public;
- cooperating with the implementation and administration of safety policies;
- not interfering with or misusing anything provided in the interests of health and safety;
- using plant and equipment as instructed;
- reporting all accidents and near misses to the staff member in charge;
- reporting all hazards or potential hazards of which they are aware and to assist with the avoidance, elimination or minimization of those hazards or potential hazards;
- wearing protective clothing and use protective equipment provided in the manner properly instructed;
- observing all instructions and rules issued to protect their safety and the safety of others; and
- making proper use of all safeguards, safety devices, personal protective equipment and other appliances for safety purposes.

For further reference to Occupational Safety and Health guidelines, please access this link:

<http://www.hr.ecu.edu.au/osh/html/>

2. All ECU staff and students will deal with personal and health information in a manner that protects the privacy of individuals. Keep patient information confidential. Should you need to use any patient-related information for your studies, first discuss with the clinical supervisor and discipline specific unit co-ordinator. Make certain that personal details are removed. For further reference to the ECU Privacy Policy, please access this link:

http://www.ecu.edu.au/GPPS/policies_db/policies_view.php?rec_id=0000000335

3. Standard infection control precautions that are adhered to in the IpAC Unit include:

- Hand hygiene is required before and after contact with a client. Good hand hygiene is an essential part of reducing the transmission of bacteria and disease between staff and clients.
- Personal hygiene practices – attending the placement in clean uniform, shoes and presenting in a tidy and professional manner.
- Appropriate use of disinfectants and cleaning agents for cleaning equipment and clinical space.

All students and supervisors are expected to use the provided alcohol based hand rubs before and after eating, after going to the toilet and before contact with clients. All equipment is to be cleaned before and after all client and student contact.

In the event of a student, client or staff fall or other serious injury, illness or incident, inform the clinical supervisor and contact ECU campus security on 3333. Emergency Services may need to be contacted.

Clinical placement absence policy

We understand that there may be times when you will not be able to attend due to illness or other personal issues. In case of absence, you will need to contact the **IpAC Program Project Officer - Clinical Placements** as soon as possible and let this person know when you expect to return to your placement. You will **also** need to contact your discipline specific **clinical placement coordinator** with the same information.

Contact details IpAC Unit

The IpAC Unit can be contacted during office hours: Monday to Friday 8.30am to 4pm
Your first point of contact at the IpAC Unit is the **Project Officer - Clinical Placements**.

Lara Mills

Ph: (08) 6304 3425

Email: ipac.unit@ecu.edu.au

Building 21, room 115

References

Centre for the Advancement of Interprofessional Education (CAIPE). (2002). "Defining IPE." Retrieved 29 September 2010, from <http://www.caipe.org.uk/about-us/defining-ipe/>.

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IpAC Unit Glossary

Introduction

Interestingly, within Interprofessional Education, Learning and Collaborative practice, a large amount of terms are used interchangeably, which does not promote clear communication, a key aspect of Interprofessional learning and working.

This glossary has been created to prevent any confusion regarding the terminology used in relation to the development and progress of the IpAC Unit and to ensure consistency in written and verbal communication around the IpAC Unit program.

Acronyms

EPC – Enhanced Primary Care

IpAC Unit – Interprofessional Ambulatory Care Unit

IPCP – Interprofessional Collaborative Practice

IPE – Interprofessional Education

IPL – Interprofessional Learning

MBS – Medicare Benefits Scheme

NFPS – Non-Fee Paying Service

Key terms

Interprofessional Collaborative Practice: when health professionals work collaboratively in a health care setting, through a purposeful interaction with each other and the service users.

Interprofessional Education: When two or more professions learn with, from and about each other to improve collaboration and the quality of care (CAIPE, 2002).

Interprofessional Learning: Learning arising from interaction between members (or students) 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, Koppel, & Barr, 2005).

Multi-professional: Multiple professions working together independently, striving to achieve a common goal.

Trans-professional: Transcending professional and discipline groups. An activity can be trans-professional, such as measuring blood pressure, which is done in multiple disciplines. A team member may also display trans-disciplinary skills by being the “ears, eyes and hands” for another team member if they cannot be present.

Interprofessional Ambulatory Care Program

The overarching program for interprofessional learning through clinical placements. This includes internal placements (at the IpAC Unit), external placements and the development of IPL resources.

IpAC Program roles:

- Project Coordinator
- Project Officer - Clinical Placements
- Centre Officer
- Clinical Supervisors - Facilitate and support student learning for clinical capabilities and IPL outcomes

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Interprofessional Ambulatory Care (IpAC) Unit

Mission statement: The IpAC Unit will deliver a world-class Interprofessional environment and clinic that will develop communication and collaboration among health students and optimise chronic disease self-management for all clients.

IpAC Unit refers to the location, team and/or the work done at the IpAC Unit.

Terminology

Allied health professionals – are health professionals involved with the delivery of health or related services related to the identification, evaluation and prevention of diseases and disorders. Allied health professionals include dental hygienists, diagnostic medical sonographers, dieticians, occupational therapists, physical therapists, radiographers, respiratory therapists, nutritionists and speech pathologists.

Ambulatory Care - Medical care delivered on an outpatient basis. The client (patient) does not need to remain in the care facility, but instead visits the health care facility to obtain the care required, to then return to their regular routine.

Assessment of Interprofessional Learning – During placement at the IpAC Unit, the IpAC Unit Clinical supervisors will assess the students on clinical competencies for their health discipline, but will also assess interprofessional learning (IPL). The IpAC Unit learning objectives are clearly stated in the document 'Student Assessment Form'.

Client - At the IpAC Unit the term 'client' is preferred over 'patient', as the person concerned is an active member of the health care team. Use of the term 'health care consumer' is avoided for similar reasons.

Collaboration- When two or more people or organisations work together to reach common goals, by sharing knowledge, learning and building consensus.

Cross-sectoral Interprofessional learning - The active participation of two or more discrete areas of occupation across different sectors, for instance: healthcare, law, education.

Critical reflection - In a university and professional context, reflection is a looking back on experiences so as to learn from them. Critical reflection is the process of analysing, reconsidering and questioning experiences within a broad context of issues.

Confidentiality - applies to personal patient information (either medical or otherwise) revealed during IpAC Unit activities. IpAC Unit activities are bound by the ECU Privacy Policy:

http://www.ecu.edu.au/GPPS/policies_db/policies_view.php?rec_id=000000335

Enhanced Primary Care Plan - GP Enhanced Primary Care Planning for chronic and/or complex health issues. Medicare removed the GP Enhanced Primary Care (EPC) care planning items from the MBS in 2005 and replaced by the Chronic Disease Management (CDM) items (721-731). The term 'EPC plan' is now formally obsolete, though Medicare forms with the term are still being used.

Health care team - All people involved in the decision making process about how to look after a client's health, which includes: clinical supervisor, health professional, students, client, client's social environment.

Health professional - a qualified person delivering health care in a professional and systematic way to any individual in need of health care. Health professionals are regulated by their professional body and the national and state

health departments. Health professionals are qualified in one or more of these groups: Medical; Nursing; Dentistry; and Allied Health.

The IpAC Unit prefers the term 'health professional', as this term is more specific to health than some alternatives and 'professional' fits with the term Interprofessional (learning, ambulatory care).

Avoid using:

- health worker
- health workforce
- health care provider

Informed consent - a person must be fully-informed about and understand the potential benefits and risks of treatment and has the right to refuse or choose a different treatment.

Interprofessional Education (IPE): 'Learning with, from and about each other'(CAIPE) (Centre for the Advancement of Interprofessional Education (CAIPE) 2002)

Interprofessional Learning (IPL): 'occurs when learners from two or more professions learn *about, from* and *with* each other to enable effective collaboration and improve health outcomes' (World Health Organization Study Group on Interprofessional Education and Collaborative Practice 2008).

'is a philosophical stance, embracing lifelong learning, adult learning principles and an ongoing, active learning process, between different cultures and health care disciplines. IPL philosophy supports health professionals working collaboratively in a health care setting, through a *purposeful interaction* with service users and carers, to produce quality patient centred care. It acknowledges both formal and informal methods of learning which progress to develop service delivery' (Stone 2009).

Learning arising from interaction between members (or students) 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, Koppel, & Barr, 2005).

Interprofessional learning is not being lectured to the students attending IpAC Program placements, it is learning that takes place among supervisors and students alike.

Avoid using:

- common learning - a term initially used for multidisciplinary learning and sometimes used to describe activities that enable IPL.
- transdisciplinary – activities across disciplines, which may relate to an activity performed in multiple disciplines, or one health professional supporting another health professional (such as reinforcing an exercise regime.
- multidisciplinary – multiple disciplines learning or working together. In multidisciplinary learning, different disciplines learn together, but not about nor from each other.

Interprofessional Practice - 'When multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals' (Department of Human Resources for Health 2010).

Medical ethics - a set of moral values and judgments, as they apply to practice of medicine. Six values that commonly apply to discussions around medical ethics are:

- *Autonomy* - the client has the right to refuse or choose their treatment.
- *Beneficence* - a health professional should act in the best interest of the client.
- *Non-maleficence* - "first, do no harm".
- *Justice* – an equal distribution of health resources and treatment.
- *Dignity* - the client (and the person treating the client) have the right to dignity.
- *Truthfulness and honesty* – the health professional should disclose relevant health information to the client.

Teamwork - is the process whereby a group of people with complementary skills and a commitment to a common goal, work together. Often but not necessarily, the group of people aim to increase the efficiency of the task in hand. They see themselves as a team and meet regularly to evaluate and discuss progress towards their goals. Regular communication, coordination, distinctive roles, interdependent tasks, being mutually accountable and shared norms are important features (World Health Organization Study Group on Interprofessional Education and Collaborative Practice 2008).

References

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ATTACHMENTS

Attachment 1: IpAC Unit Daily Timetable

Attachment 2: IpAC Unit Location Maps

Attachment 3: Student assessment form for placements of four (4) days or less

Attachment 4: Student assessment form for placements of five (5) days or more

Attachment 5: Post-placement evaluation survey

Attachment 1: IpAC Unit Daily Timetable

Students attend the IpAC Unit from 8.15 am to 4.45 pm, Monday to Friday.
The first client consult takes place at 9 am.

	Monday - Friday
8.15 – 9.00	* Meet with Clinical Supervisor, preparation for care sessions, orientation
9.00 - 10.15	Consult 1
10.15- 11.30	Consult 2
11.30–12.00	Facilitated IPL Discussion / Documentation of care session / Care team meeting
12.00- 12.30	Lunch
12.30–13.15	* Meet with Clinical Supervisor, preparation for care sessions, orientation
13.15–14.30	Consult 1
14.30-15.45	Consult 2
15.45–16.45	Facilitated IPL Discussion / Documentation of care session / Care team meeting
16.45	Close

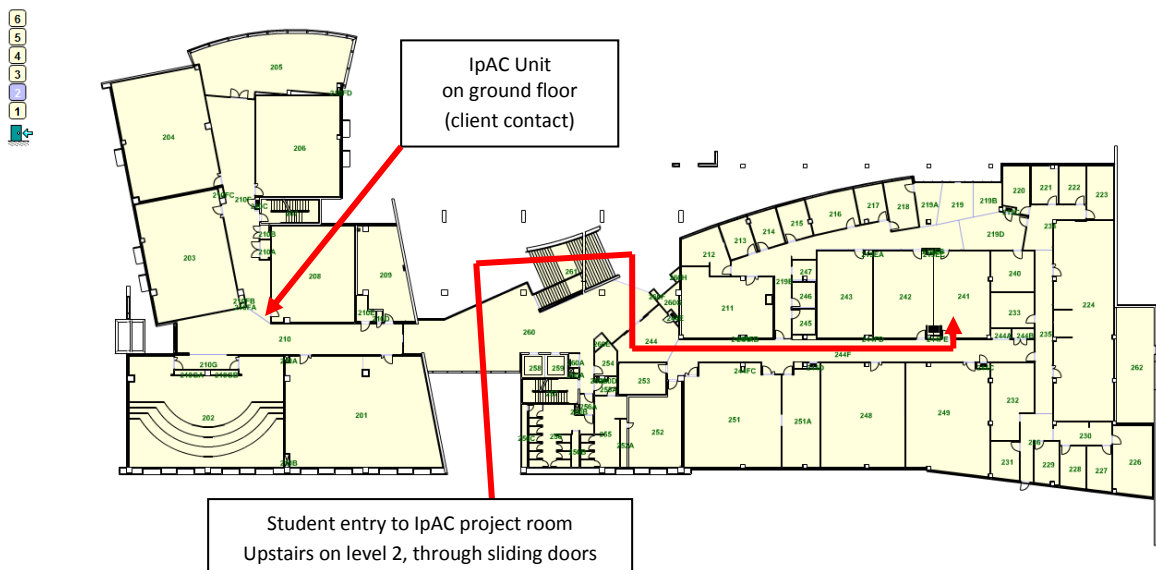
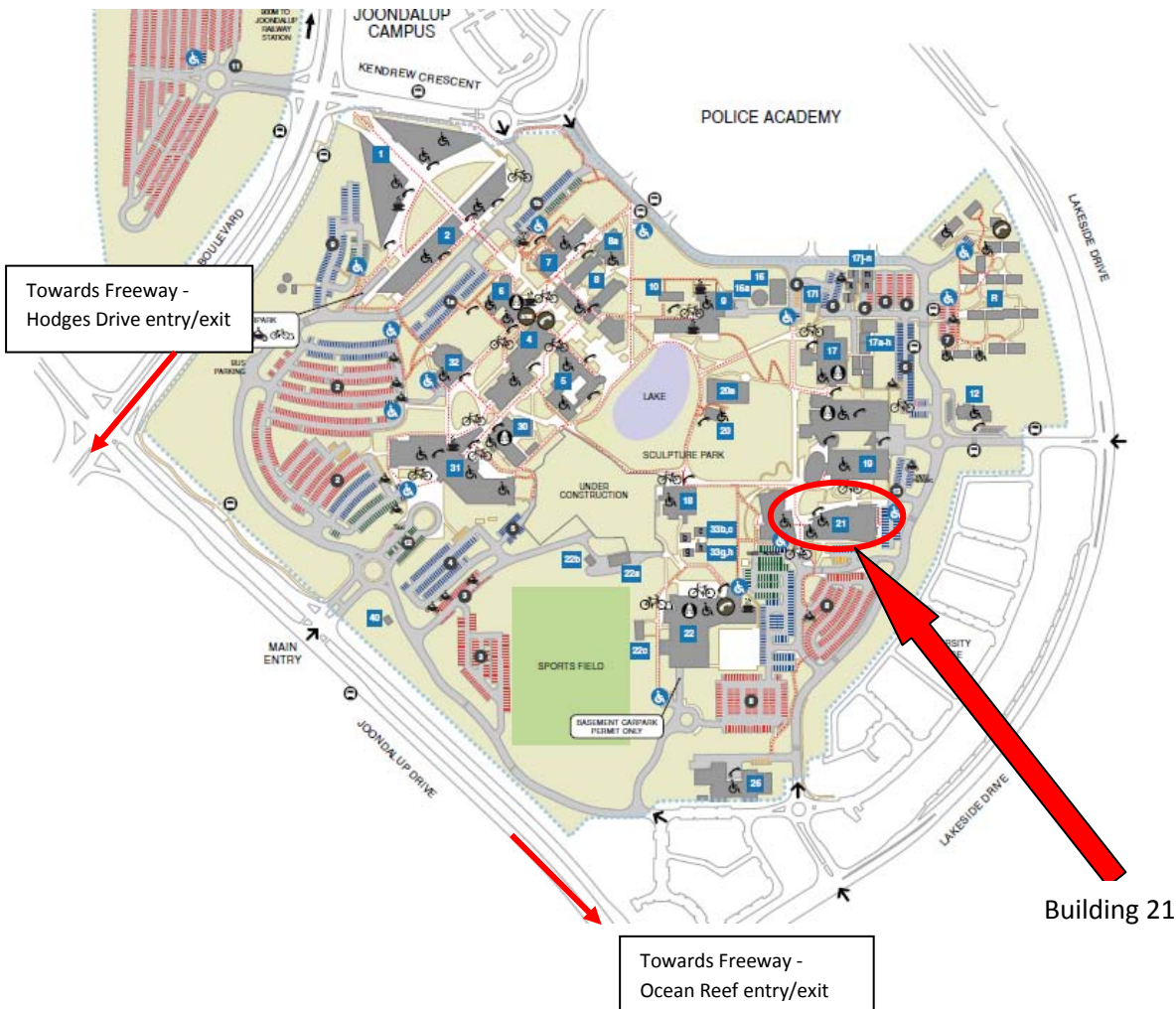
Students will be provided with an orientation session on their first day of placement at the IpAC Unit. The orientation time will take 15 minutes of the preparation time prior to the first clinical contact of the morning or afternoon. Students will be orientated to Occupational Safety and Health requirements of the area, the IPL assessment tool and clinical placement expectations.

Students are allocated to a clinical supervisor and will attend consultations with a client. The clinical supervisor the students are allocated to, will not necessarily be of the same discipline as the student for each of the consults. Should a client not be available for their appointment, the students will be allocated to another clinical supervisor. Should there be no other spaces available; the supervisors will provide a guided IPL learning activity.

Attachment 2: IpAC Unit Location Maps

Information about public transport options is available from this link:

<http://www.ecu.edu.au/fas/EcoECU/publictransport.php>



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Placement of four (4) days or less

Student name: _____

What do you study: _____

Year and semester: _____

Dates of attendance in IpAC: ____/____/____ to the ____/____/____

Total hours of attendance: _____
Example: 16 hrs (4 hrs for 4 weeks)

Location of placement: _____

Assessment tool checklist – items to be completed

- Fill out table above
- Complete pre-placement survey
- Answer one question for each learning objective
- Follow up with IpAC clinical supervisor to make sure this form is completed
- Sign & date the form
- Hand in to IpAC clinical supervisor or IpAC Unit – keep a copy for your education portfolio

Orientation Checklist - Facility

Item	Student Initials	Item	Student Initials
ECU/Facility uniform protocol		Fire/Disaster/Emergency procedures	
Contact procedures with preceptor/CS/ECU		Resuscitation protocol	
Non attendance procedure		Facility OH&S procedures	
Layout of facility/clinical area		Facility/ECU clinical incident & accident procedures	
Staff/student introductions		Telephone enquiries/messages protocol	
Patient allocation method		Facility/ECU medication administration policy	
Visiting hours policy		Access to patient records	

The aim of an IpAC placement

The aim of your IpAC placement is to provide you with an opportunity to gain an understanding of, and experiences in, interprofessional practice through interprofessional learning (IPL). The ultimate aim of IPL is to increase communication and collaboration between health professionals in the workplace in order to improve client outcomes and reduce the risk of adverse events arising from professionals working in isolation.

An IpAC placement will not only increase your clinical abilities but will also enhance your skills in interprofessional collaborative practice and support development of your professional communication and collaboration skills whilst optimising chronic disease self-management strategies for clients.

IpAC placement learning objectives

The five interprofessional learning objectives for an IpAC placement include:

1. Role clarification;
2. Team functioning and collaboration;
3. Interprofessional communication;
4. Client centred care; and
5. Reflective practice

At the end of the IpAC placement, dependent upon the opportunities experienced, students will be able to:

- Describe their role identity within a team (Learning Objective 1);
- Contribute to team orientated delivery of care (Learning Objectives 2, 3 & 4);
- Identify and reflect upon their specific experiences of interprofessional practice (Learning Objectives 1, 2, 3 & 5); and
- Identify and reflect upon their specific experiences of interprofessional client centred care (Learning Objectives 1, 2, 3, 4 & 5).

Each learning objective is represented by a set of key phrases, which will support the assessment provided by the IpAC clinical supervisor during the placement.

Assessment of interprofessional learning - to be completed by an IpAC clinical supervisor

Assessment scale		Description
Competent	C	Able to demonstrate competency for all keywords of the objective, and link interprofessional learning theory to practice in keeping with student's level of experience and education.
Developing	D	Able to demonstrate competency for some keywords of the objective and link interprofessional learning theory to practice in keeping with student's level of experience and education.
Inadequate performance	I	Does not demonstrate competency and ability to link interprofessional learning theory to practice, despite support and prompting.
No opportunity to observe	N	Student has not had the opportunity to demonstrate competency and/or knowledge.

Student - select two (2) objectives to focus on during this placement by placing a cross in front of the chosen objectives

Clinical supervisor to assess the two chosen objectives at the end of the placement		Assessment scale Clinical supervisor to circle				Clinical supervisor to initial
	Objective 1: Role clarification	C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Describes own discipline Describes other disciplines Verbalises skills, knowledge and competencies 	<ul style="list-style-type: none"> Understands responsibilities Identifies overlap between disciplines Values diversity between disciplines Works within scope of practice 				
	Objective 2: Team functioning and collaboration	C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Participates in team activities Fosters positive relationships Appreciates differing personalities within teams 	<ul style="list-style-type: none"> Demonstrates respect and professional behaviours for different disciplines Awareness of role within the team 				
	Objective 3: Client centred care	C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Facilitates decision making with client/family Establishes client centred goals 	<ul style="list-style-type: none"> Recognises and responds to the client's changing needs Provides appropriate evidence based information 				
	Objective 4: Interprofessional communication	C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Maintains client confidentiality Provides and delivers feedback Promotes the role of other disciplines to client/family 	<ul style="list-style-type: none"> Communicates in a clear and concise manner Validates the knowledge of other disciplines Uses and explains discipline specific terminology 				
	Objective 5: Reflective practice	C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Identifies how IPL impacts on client outcomes Reflects on how IPL impacts on own practice 	<ul style="list-style-type: none"> Reflects on feedback and integrates changes into practice Reflects on own attitudes and beliefs impacting on practice Identifies knowledge deficits and seeks clarification 				

Student: Please take the opportunity to provide feedback on your placement in the post-program evaluation survey

Student signature:

Date: ____ / ____ / ____

Supervisor

Comments from IpAC Program clinical supervisor:

Clinical supervisor name:

Signature:

Date: ____ / ____ / ____

Placement of five (5) days or longer

Student name: _____

What do you study: _____

Year and semester: _____

Dates of attendance in IpAC: ____/____/____ to the ____/____/____

Total hours of attendance: _____
Example: 16 hrs (4 hrs for 4 weeks)

Location of placement: _____

Assessment tool checklist – items to be completed

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THIS CLINICAL TRAINING INITIATIVE IS SUPPORTED BY FUNDING FROM THE AUSTRALIAN GOVERNMENT UNDER THE INCREASED CLINICAL TRAINING CAPACITY (ICTC) PROGRAM

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and at the end of an IpAC placement, students will be able to:

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No opportunity to observe	N	Student has not had the opportunity to demonstrate competency and/or knowledge.

Clinical Supervisor: explain and assess each learning objective using the key phrases listed.		Assessment scale Clinical supervisor to circle				Clinical supervisor to initial
Objective 1: Role clarification		C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Describes own discipline Describes other disciplines Verbalises skills, knowledge and competencies 	<ul style="list-style-type: none"> Understands responsibilities Identifies overlap between disciplines Values diversity between disciplines Works within scope of practice 				
Objective 2: Team functioning and collaboration		C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Participates in team activities Fosters positive relationships Appreciates differing personalities within teams 	<ul style="list-style-type: none"> Demonstrates respect and professional behaviours for different disciplines Awareness of role within the team 				
Objective 3: Client centred care		C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Facilitates decision making with client/family Establishes client centred goals 	<ul style="list-style-type: none"> Recognises and responds to the client's changing needs Provides appropriate evidence based information 				
Objective 4: Interprofessional communication		C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Maintains client confidentiality Provides and delivers feedback Promotes the role of other disciplines to client/family 	<ul style="list-style-type: none"> Communicates in a clear and concise manner Validates the knowledge of other disciplines Uses and explains discipline specific terminology 				
Objective 5: Reflective practice		C	D	I	N	
Key Phrases	<ul style="list-style-type: none"> Identifies how IPL impacts on client outcomes Reflects on how IPL impacts on own practice 	<ul style="list-style-type: none"> Reflects on feedback and integrates changes into practice Reflects on own attitudes and beliefs impacting on practice Identifies knowledge deficits and seeks clarification 				

Reflection on interprofessional practice - to be completed by student

Answer **one** question for **each learning objective**, outlining a **situation** during your placement when the objective was addressed. In order to help you to respond to each question you may use the "key phrases" in the table above.

Clinical supervisors to sight and sign each entry and provide verbal feedback to the student

Objective 1: Role clarification (select one question)

Describe the role of a health professional who you have observed.

OR

During this placement, when did you have to describe your own profession to someone else and how did you do this?

OR

Describe a moment when areas of overlap existed between your profession and other professions that you worked with on clinical placement. Describe the overlap.

Supervisor

Objective 2: Team functioning and collaboration *(select one question)*

Describe a moment during your placement when you **observed** collaboration between health professionals.

OR

Describe an occasion where **your** interprofessional skills contributed to positive outcomes within a team environment.

Supervisor

Objective 3: Client centred care (select one question)

Give an example of when the client/client's family/carers were involved in decision making?

OR

Reflect on a situation where the client's plan of care was altered to accommodate their changing needs.

	Supervisor

Objective 4: Interprofessional communication (select one question)

Describe an example of when either your active listening skills improved collaboration with a client or another health professional.

OR

Describe when a health professional has demonstrated clear and concise communication skills, improving collaboration with a client or other health professional.

	Supervisor

Objective 5: Reflective practice *(select one question)*

Describe an example of where feedback has made you change or question your professional practice.

OR

Think about a client you have seen, what would you have done differently in the session and why?

Supervisor

Student - Please take the opportunity to provide feedback on your placement in the post-program evaluation survey.

Student signature:

Date: ___/___/___

Clinical supervisor feedback

Clinical supervisor name:

Signature:

Date: ___/___/___

IpAC Unit Student Post-Program Evaluation

Date:

We are seeking information from you about the IpAC unit and its teaching. We value your feedback and will use it to improve the quality of the placement and its teaching. Your participation is voluntary and the information that you provide **will be treated with complete confidentiality**. Thank you for your feedback.

What is your field of study: (please tick)

- Clin Psychology Occupational Therapy Nursing Midwifery
 Paramedicine Exercise Physiology Speech Pathology Other
 Physiotherapy Dietetics Medicine

Number of placement days you were at the IpAC unit: ½ day or less 1 day 2-5 days 6-10 days 11-20 days 21 days or greater

Have you participated in any placements at the IpAC unit before this one that you are finishing today? Yes No Unsure

Please tick which program/s you have participated in during your placement:

- General Wellness/Healthy Ageing with Chronic Disease Program Communication for Everyday Living
 Weight Control Program Cardiac Rehabilitation
 Stress Management Program Other
 Diabetes Program

FOR EACH STATEMENT BELOW, CIRCLE THE NUMBER TO THE RIGHT THAT BEST FITS YOUR LEVEL OF AGREEMENT.

1 = Strongly Disagree 4 = Agree
 2 = Disagree 5 = Strongly Agree
 3 = Undecided n/a = Not Applicable

1. Learning with other students will help me become a more effective member of a health care team ¹	1	2	3	4	5	n/a
2. Patients would ultimately benefit if health care students worked together to solve patient problems	1	2	3	4	5	n/a
3. Shared learning with other health care students will increase my ability to understand clinical problems	1	2	3	4	5	n/a
4. Shared learning with other health care students will help me to communicate better with patients and other professionals	1	2	3	4	5	n/a
5. It is important to know about the roles and responsibilities of other health professionals	1	2	3	4	5	n/a
6. It is important to value each professions distinctive role and the potential contribution each profession can make	1	2	3	4	5	n/a
7. When I am in the workplace, it is my intention to value and embrace an interprofessional philosophy	1	2	3	4	5	n/a
8. I am aware of the issues that may arise in developing and maintaining interprofessional relationships	1	2	3	4	5	n/a
9. I am satisfied with my knowledge of other professionals' respective roles and duties	1	2	3	4	5	n/a
10. I am confident in my ability to work as part of an interprofessional team	1	2	3	4	5	n/a
11. As a consequence of this placement I have gained confidence in my ability to work interprofessionally	1	2	3	4	5	n/a

¹ Questions 1-10 adapted from Readiness for Interprofessional Learning Scale (RIPLS) (Parsell & Bligh, 1999)

FOR EACH STATEMENT BELOW, CIRCLE THE NUMBER TO THE RIGHT THAT BEST FITS YOUR LEVEL OF SATISFACTION.

1 = Strongly Dissatisfied 4 = Satisfied
 2 = Dissatisfied 5 = Strongly Satisfied
 3 = Undecided n/a = Not Applicable

12. How satisfied were you with the orientation you received in the IpAC unit?	1	2	3	4	5	n/a
13. How satisfied were you with the level of clinical supervision you received while at the IpAC unit?	1	2	3	4	5	n/a
14. How satisfied are you with the IpAC unit as a learning environment?	1	2	3	4	5	n/a
15. How satisfied are you that you have achieved the learning outcomes required of your unit?	1	2	3	4	5	n/a
16. How satisfied are you that you have achieved the learning outcomes required of the IpAC unit?	1	2	3	4	5	n/a
17. How satisfied are you that the placement increased your understanding of the importance of an interprofessional approach to patient care?	1	2	3	4	5	n/a
18. How satisfied are you that the placement increased your understanding of the importance of self management of chronic disease?	1	2	3	4	5	n/a
19. How satisfied are you that the IpAC unit provides community based interprofessional care for clients whilst providing an interprofessional learning experience for students in which they can learn with, from and about other disciplines?	1	2	3	4	5	n/a
20. Overall, how satisfied were you with the IpAC unit placement?	1	2	3	4	5	n/a
21. Would you recommend the IpAC unit as a clinical placement to other students?	Yes		No		Unsure	

