



People in Health Summit and Awards

Melbourne Cricket Ground
and Melbourne Museum

22–23 May 2014

ABSTRACTS

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May 2014 (1401013)

Abstract sessions – timetable

ABSTRACT SESSION 1, Thursday 22 May, 1.45–3.15pm

Olympic Room A <i>Using simulation to enhance learning and development</i>	Olympic Room B <i>Models of health workforce education, training and development</i>	Yarra Park Room <i>The training continuum: transition to practice</i>	Jim Stynes A <i>Workforce planning and process improvement</i>	Jim Stynes B <i>Approaches to clinical supervision</i>
<p>Using 3D simulation to enhance student communication learning across multiple healthcare disciplines in Victoria Charlotte Sale, Marian Dobos – 15 mins</p> <p>Virtual simulated patients and non-technical skills Monica Peddle – 30 mins</p> <p>The development of a web-based simulated learning resource for occupational therapy students Kelli Nicola-Richmond, Valerie Watchorn – 15 mins</p> <p>The STRIPE Project – a collaborative inter-professional simulation-based training program Janet Beer, Louise McKinlay, Deborah Kerr – 30 mins</p>	<p>One hundred medical students in primary care clinical placement 2011–13 Lou Sanderson – 30 mins</p> <p>The RMH Outpatient Neuropsychology Clinic: a novel approach to student training James Campbell, Deborah Leighton – 15 mins</p> <p>East Grampians Health Service Learning, Education, Training and Sustainability (LETS) Program – Dental Rachael Cooper, Kalyan Nalluri – 15 mins</p> <p>Embracing flexibility in clinical education to meet increased capacity demands: a paediatric clinical elective initiative Geraldine Rebeiro, Mary Huynh, Mandy El Ali – 30 mins</p>	<p>From student to professional – supporting graduate transition in allied health with a state-wide, inter-professional program Robyn Smith, Anne Hastie, Stacey Baldac – 30 mins</p> <p>Assisting pre-interns with their transition to clinical practice Elena Pascoe, Sue Garner, Heather Crook, Rob Gazzard – 15 mins</p> <p>An inter-professional graduate program in mental health: learning with, from and about one another Leonora Coolhaas, Jodie Johnston – 15 mins</p> <p>Thinking globally, acting locally: working collaboratively to achieve local workforce goals Sue Wilson, Katie Higgs, Amanda Vasey, Leonie McLaughlin, Margaret McKenzie, Filipa Withers, Jenny Bickerdike – 30 mins</p>	<p>An innovative allied health workforce blueprint to plan tomorrow's workforce and ensure best patient care Natasha Toohey, Gabriela Veliz, Claire Moody – 15 mins</p> <p>Addressing the health care gap through an Aboriginal nursing and midwifery workforce strategy Alyssha Fooks, Edwyna Wilson, Fleur Llewelyn – 15 mins</p> <p>Right person, right task: integrating the allied health assistant workforce Lisa Somerville, Andrea Elliott – 15 mins</p> <p>Raise the bar; in relationships, advanced practice, innovation, skill sets and expectations Jane Williams, Catherine Stolp – 30 mins</p> <p>Advanced practice for medical radiation science professionals: a model for workforce professionalisation, innovation and engagement Charlotte Sale, Sharon Maresse, Jillian Harris – 15 mins</p>	<p>Clinical supervision and support program: building capability in our regional workforce Denielle Beardmore – 15 mins</p> <p>A best practice supervision model for postgraduate clinical neuropsychology trainees at Western Health Diana Perre, Tracy Henderson, Anita Panayiotou – 25 mins</p> <p>Registered nurses' support requirements to foster learning and clinical supervision of nursing students Suzanne Metcalf, Rebecca Vanderheide, Rosalind Lau, Cheryle Moss – 25 mins</p> <p>Clinical supervision – a framework for workforce development, quality and safety in healthcare Robyn Smith, Sandie Chapman – 25 mins</p>

ABSTRACT SESSION 2, Thursday 22 May, 3.45–4.45pm

Olympic Room A <i>Using simulation to enhance learning and development</i>	Olympic Room B <i>Models of health workforce education, training and development</i>	Yarra Park Room <i>The training continuum: pathways in rural</i>	Jim Stynes A <i>Using data effectively for capacity planning and quality monitoring</i>	Jim Stynes B <i>Expanding training opportunities</i>
<p>Junior physiotherapists' perception of a critical care patient management course using immersive simulation Cindy Joffe, Daniel Seller, Belinda Cary, Kate Woodhead, Claire Jacobs, Robert O'Brien, Julian Van Dijk – 30 mins</p> <p>Simulation education in the rural sector: can we make a difference? Laurea Atkinson, Marnie Connolly, Eleanor Mitchell, David Campbell, Ka Chun TSE – 15 mins</p> <p>Camp simulation – a rural initiative Terry Houge, Scott Fyfe, Laurea Atkinson, Marnie Connolly – 15 mins</p>	<p>Connecting students to under-serviced clients to increase capacity for high quality aged care clinical experiences Sam Pilling, Karen Teshuva – 15 mins</p> <p>Maternity Connect Program-enhancing the sustainability and development of Victoria's public rural maternity services Sue Sweeney – 15 mins</p> <p>Creating a culturally responsive, workplace based, training model for Aboriginal allied health assistants Cindy Mathers – 30 mins</p>	<p>Opportunities for medical training pathways in rural areas Robyn Burley – 30 mins</p> <p>A regional enrolled nurse traineeship program – growing our own work ready graduates Denielle Beardmore, Gay Corbett – 15 mins</p> <p>Trainees transform practice in South West Victoria's emergency departments Tim Baker – 15 mins</p>	<p>Modelling professional-entry student clinical placement capacity in public health settings Anita Wallace – 20 mins</p> <p>Where did you say I'm going? Understanding clinical placement capacity in regional and rural Victoria John Carey, Jeanette Dyason, Lauren Newman, Sue Wilson – 20 mins</p> <p>Best Practice Clinical Learning Environment (BPCLE) Framework – measuring quality Donna Cohen – 20 mins</p>	<p>Evaluation of conjoint public-private registrar posts across eight Melbourne hospitals Cate Kelly, Wilma Beswick, Bill Kelly, Colin Feekery, Peter Lowthian, Liz Morton, John Ferguson, Anjali Dhulia – 30 mins</p> <p>Dr Global: local doctors broadening horizons Jenny Tran – 15 mins</p> <p>Making training in general practice and family medicine more accessible Heather Grusauskas – 15 mins</p>

ABSTRACT SESSION 3, Friday 23 May, 1.30–2.30pm

Olympic Room A <i>Using simulation to enhance learning and development</i>	Olympic Room B <i>Models of health workforce education, training and development</i>	Yarra Park Room <i>Training continuum: induction to the workplace</i>	Jim Stynes A <i>Changing learning environments and cultures</i>	Jim Stynes B <i>Inter-professional learning: across disciplines and professions</i>
<p>Developing an inter-professional, simulation-based programme for students placed at rural hospitals: an exercise in teamwork Lesley McKarney, Janine Smith – 15 mins</p> <p>SimVan – Grampians Regional Mobile Simulated Learning Environment Denielle Beardmore, Pete Timms, Kate Henessay – 15 mins</p> <p>Effective distribution of simulation training activities in rural areas using a collaborative approach Sandi Elliott, Anne-Marie Murray, Sarah Boyd, James A Dunbar – 15 mins</p>	<p>Identifying the applicability of practice curriculum, pedagogies and learners' engagement to healthcare education Professor Stephen Billett – 60 mins</p>	<p>Student orientation space learning management system Deborah Mellor, Natalia Smith, Karen Riley, Amanda Kenny – 20 mins</p> <p>Reorientating student orientation Scott Readett – 20 mins</p> <p>Valuing the enrolled nurse – a flexible induction model Joanne Mapes – 20 mins</p>	<p>Principles, people and process: timely quality care in a subacute environment Lisa Somerville – 30 mins</p> <p>Supporting emergency departments in providing care for mental health consumers – Trauma Informed Care Training Pilot Andrea Hall, Rosemary Charleston, Vikki Dearie – 30 mins</p>	<p>Integrating a sustainable, inter-disciplinary approach to education in trauma informed care and sensory modulation Julie Blackburn, Maggie Clarke, Joanne Switzerloot – 20 mins</p> <p>Everyday inter-professional education – capitalising on practice environments to foster learning Robyn Smith, Stacey Baldac, Kathy Gould, Anne Hastie – 20 mins</p> <p>Beginning the journey of collaboration – inter-professional education; practice strategies in a regional health service Debbie Stockton, Isabel Paton, Hellen Wiaczek – 20 mins</p>

ABSTRACT SESSION 4, Friday 23 May, 3.00–4.00pm

Olympic Room A <i>Using technology to enhance learning and development</i>	Olympic Room B <i>Models of health workforce education, training and development</i>	Yarra Park Room <i>The training continuum: lifelong learning</i>	Jim Stynes A <i>Sustainability, productivity and efficiency in health education, training and development</i>	Jim Stynes B <i>Inter-professional learning: across disciplines and professions</i>
<p>Developing mobile web apps for course delivery Martine Calache – 15 mins</p> <p>Taking the heavy lifting out of allied health – Smart Moves training Scott Readett – 15 mins</p> <p>Greater Green Triangle University Department of Rural Health Student Support Program Amanda Urquhart, Sandi Elliott, James Dunbar – 15 mins</p> <p>Embedding the use of manipulation software technology to enhance radiographic image interpretation education and training Imelda Williams – 15 mins</p>	<p>Health system effectiveness through skilled nursing intervention Maree Cameron, Brett Morris – 20 mins</p> <p>Care coordination training across community settings: a partnership for workforce development Sue Harrison, Mabrooka Singh – 20 mins</p> <p>Building capacity: Indigenous inter-professional facilitators deliver the Indigenous Cultural Safety Coaching Program Jenny Moloney, Katie Yeomans, Mollie Burley – 20 mins</p>	<p>A ReHSeN-able choice for regional training Sue Wilson, Allan Donnelly – 20 mins</p> <p>Team-based learning improves student learning and accelerates acquisition of professional and graduate attributes Judy Currey, Elizabeth Oldland, Julie Considine, Josh Allen, Gabby Burdeu – 20 mins</p> <p>Improving care for people with Parkinson's in residential facilities: resident outcomes following staff education Margarita Makoutonina – 20 mins</p>	<p>The evolution of workplace learning cultures during the establishment of a dedicated education unit Suzanne Metcalf, Rosalind Lau, Rebecca Vanderheide, Cheryle Moss – 20 mins</p> <p>Centres of excellence in simulation-based education and training Monica Peddle, Robyn Smith, Julian VanDijk, Tony McGillion, Stephen Guinea, Annette McLeod – 20 mins</p> <p>Partnership: traversing the clinical training terrain Sam Pilling, Joan Leo – 20 mins</p>	<p>Changing student placement experiences: integrating inter-professional collaboration, simulation, education in community health Jane Taylor, Mollie Burley – 15 mins</p> <p>Gippsland Regional Inter-professional Partnership in Simulation: changing the face of inter-professional collaboration across Gippsland Jenny Moloney, Jane Taylor, Mollie Burley – 15 mins</p> <p>Wish it ... dream it ... do it! Building a sustainable, inter-professional education service Sue Wilson, Helen Haines, Rebecca Weir, Karrie Long, Jacqui Verdon – 30 mins</p>

22 May 2014 Abstract Session 1

Olympic Room A

Using simulation to enhance learning and development

Using 3D simulation to enhance student communication learning across multiple healthcare disciplines in Victoria

Charlotte Sale, Marian Dobos

Background: Healthcare practitioners often struggle in the area of patient communication. Student exposure to clinical settings is limited, ad-hoc and variable. While it is appropriate for practitioners to manage difficult communication situations, this further limits student learning. The traditional mode of face-to-face role play remains in use at some institutions for developing student communication skills, an alternative mode of simulated learning presents multiple advantages.

This project aims to engage students and practitioners in the use of simulation learning by extending collaborations between universities and clinical centres across Victoria. It aims to enhance the communication skills of undergraduates in radiation science, chiropractic and nursing.

Method: This project uses a mixed method approach for implementing and researching the use of a simulated learning platform for enhancing communication skills via virtual role play. The project will develop communication scenarios, a 3D virtual clinic, an interdisciplinary element, an indigenous and cultural consideration component, pre- and post-surveys including both quantitative and qualitative data to measure its success.

Results: At the time of abstract submission, the project was in the implementation phase. As part of this paper, a report on preliminary findings of this project will be presented at the conference.

Conclusions: In previous research, Sim et al. (2010; 2011) and Sale and Sim (2012) found participants use of 3D simulated learning to be fun, engaging, interactive and stimulating – enhancing their learning. As part of this paper, preliminary data will be presented on the current project progress, as well as discussing future developments for this project.

Virtual simulated patients and non-technical skills

Monica Peddle

Non-technical skills (NTS) are defined as the cognitive, social and personal skills that complement technical skills and contribute to safe and efficient patient care (Flin et al., 2010, p 38). Traditionally undergraduate health professional education programs tend to focus on the discipline and technical expertise, clinical decision making and communication skills. Other non-technical skills that are required for competent practice in the clinical setting such as team work, task management, leadership, organisation and situational awareness are left to be attained through 'on the job' learning experiences. This workshop will explore the application of a virtual resource to develop NTS in undergraduate health professionals.

VSPR project: The VSPR project involved the development of an education resource for health professionals which addresses the core competencies of NTS (Flin et al 2010, Flin et al 2005., Fletcher et al., 2003). This resource, funded by Health Workforce Australia in conjunction with the Department of Health Victoria, utilises a variety of online learning approaches including:

1. A series of learning modules accessed via a password protected website www.vspr.net.au,
2. A Virtual Simulation Resource,
3. Selected learning through simulation scenarios to enable hands on application of the information presented in the resource

Learning outcomes: At completion of this workshop participants will be able to:

- ★ Explore the role of virtual simulation to develop non-technical skills in health professionals
- ★ Design educational activities in simulated and clinical learning environments employing virtual simulation resources in to develop non-technical skills
- ★ Educate other members of the interdisciplinary healthcare team regarding non-technical skills.

The Development of a Web-based Simulated Learning Resource for Occupational Therapy Students

Kelli Nicola-Richmond, Valerie Watchorn

Aim: In the current health workforce environment there is growing emphasis on graduates being work-ready at the conclusion of their University studies. Work readiness refers to the degree to which graduates possess attributes that prepare them for success in the workplace. Simulated learning activities are educational activities that recreate all or part of a clinical experience. Research has shown that simulated learning experiences can assist meaningful and authentic student learning. The aim of this project was to develop an authentic, and engaging simulation resource that would facilitate the work-readiness of occupational therapy (OT) students.

Approach: The OT teaching team were invited to identify case studies and scenarios that could be filmed and stored on a website. Scripts for each scenario were developed, actors recruited and filming and editing undertaken. An interactive web platform was created to store scenarios.

Outcomes: The Occupational Therapy Simulations for Learning resource was designed to support student learning activities across all four years of the OT course. The resource comprises 17 filmed case studies and practice scenarios. Case studies depict people with a range of health conditions, mock graduate interviews, simulated occupational therapy assessments and mock case files. Website development was completed in December 2013. In 2014 students from all four years of the course will use this resource and evaluation will be undertaken.

Conclusion: It is envisaged that the authenticity of this OT simulated learning resource will enhance student engagement, stimulate greater empathy and understanding and assist in ensuring that students are work-ready at graduation.

The STRIPE Project – A collaborative inter-professional simulation-based training program

Janet Beer, Louise McKinlay, Deborah Kerr

Aims: The primary aim of this study was to explore the opinions of inter-disciplinary undergraduate students regarding the ‘STRIPE Simulation Based Education Program’ in relation to inter-professional participation, simulation for work preparation and patient safety.

Background: Globally healthcare is faced with workforce shortages, an ageing and growing population and rapidly evolving technology. The STRIPE program was developed as a multi-faceted inter-professional program to prepare undergraduate students from different health disciplines for practice, using simulation learning approaches.

Evaluation: A mixed method approach was used involving two focus groups and a short survey. Focus groups included undergraduate students (medical, nursing, physiotherapy, social work) who had participated in the STRIPE program.

Results: Overall the participants were very positive about the inter-professional simulation training program. Three main themes were identified. Firstly, participation in the STRIPE program enhanced self-awareness about response to real life situations. Secondly, students appreciated the opportunity to practice with interdisciplinary health team members. Thirdly, the program was viewed as an effective learning strategy which increased their confidence to practice after graduation.

Conclusion: The inter-professional simulation training program provided an educational experience where outcomes of enhanced teamwork, communication and awareness of interdisciplinary roles may translate to collaborative practice in the workforce. The presentation will provide a broad overview of the project implementation as well as the findings from the evaluations and explore ways to improve the use of technology in education and learning.

Olympic Room B

Models of health workforce education, training and development

100 Medical students in primary care clinical placement 2011–13

Lou Sanderson

Background: Kardinia Health is a GP Super Clinic in Geelong, Australia which was opened in August 2010. Since January 2011, 100 final year Deakin University medical students have undertaken their five or six-week clinical placement in general practice here. Students form part of the multidisciplinary team and experience vertical integration of training with a GP registrar and a Prevocational General Practice Placement program (PGY2) trainee. Thirteen GPs supervise with two consulting rooms dedicated to students for parallel (wave model) consulting.

Summary of work: To report on the experiences of Kardinia Health in training 100 students in relation to:

- ★ Student, patient and GP experience
- ★ Models of student supervision
- ★ Impact on GP income.

Summary of results: Satisfaction is high amongst the students and the patients regarding the participation of the students. GPs identify GP fatigue, reduced income and slower throughput as issues; however GPs find students contribute to GP education and to the consultations. The impact on GP patient numbers and income varies between different GPs. Vertical integration of training has been well accepted. GPs have different methods of student supervision utilising:

- ★ Student observation of GP
- ★ GP observing student
- ★ Parallel consulting 1 student

Parallel consulting 2 students (each with their own patients).

Conclusions: The essential ingredients for having large numbers of final year medical students on clinical placement are:

- ★ Established GPs with a strong patient base
- ★ Consulting rooms for students
- ★ Excellent process for patient consent
- ★ Training and support for GPs
- ★ Thorough orientation
- ★ Good evaluation, feedback and response mechanisms

The RMH Outpatient Neuropsychology Clinic: A novel approach to student training

James Campbell, Deborah Leighton

The Royal Melbourne Hospital neuropsychology outpatient clinic provides neuropsychological services to patients for both diagnostic and rehabilitation purposes. In response to an increase in student placement days, the clinic was restructured such that all patients were reviewed by postgraduate students on clinical placements under the direct supervision of experienced clinicians. This represented a shift from past practice, in which clinicians would review the majority of patients and students would periodically review patients at various stages through the year (depending on timing of placement). It is our understating that formalising this structure has not been previously attempted in neuropsychology services in Victoria and represented a unique innovation to address health workforce training and clinical supervision of students. Benefits of this innovation included positive feedback collected from students on placement and the investment of time from clinicians was favourable compared to the previous clinic model. Challenges included managing the clinic waitlist and workload during times in which students were not available and ensuring that students of appropriate skill level were involved in the provision of neuropsychological services. Data outlining these benefits and challenges will be presented and recommendations for the ongoing sustainability of this innovation will be outlined.

East Grampians Health Service Learning, Education, Training and Sustainability (LETS) Program – Dental

Rachael Cooper, Kalyan Nalluri

East Grampians Health Service established its award winning Learning, Education, Training and Sustainability Program (LETS) to overcome issues of future viability and service delivery associated with workforce shortages at rural health services.

As part of the LETS program, EGHS Dental Service partnered with La Trobe University Bendigo in 2012 to provide extended clinical placements for final year dental students. The partnership has been beneficial for EGHS, the dental students and community members through:

- ★ Advanced training for supervision staff – building capacity of staff
- ★ Increased productivity of the dental service – 50% of all treatments are completed by dental students
- ★ Numerous compliments from clients receiving dental care
- ★ Confidence and skills building for dental students and positive feedback about the placement
- ★ Improved recruitment capability directly from the program
- ★ The purchase of additional and advanced instruments

In 2013, the program partnered with Dental Health Services Victoria (DHSV) in a project examining the teaching/supervision models employed in the program, student learning experiences and productivity measures. The outcomes of this project were presented to the DHSV Innovations Workshop and the most effective model has been implemented at EGHS.

The program will be expanded further through a planned research project looking at the impact of Ararat's non-fluoridated water supply on the dental health of the Ararat Community.

The EGHS Learning, Education, Training and Sustainability (LETS) Dental Program has achieved a sustainable, productive and efficient model which will continue to provide benefits to the Ararat community and provide an effective model for other rural health services to employ.

Embracing flexibility in clinical education to meet increased capacity demands – A paediatric clinical elective initiative

Geraldine Rebeiro, Mary Huynh, Mandy El Ali

Clinical partnerships today which are established between Universities and Clinical Facilities are aimed at providing quality facilitated student learning in a variety of clinical settings.

To accommodate the need for increased placements, a more flexible approach is required to meet these demands. To facilitate this, Australian Catholic University (ACU) in conjunction with nominated clinical partners negotiated an innovative less traditional model of clinical supervision.

ACU 3rd year Bachelor of Nursing students were given the opportunity to undertake a paediatric clinical elective using a flexible theory practice approach.

This presentation aims to provide an overview of how flexibility was achieved through theory delivery and its application to practice. This was implemented using a less traditional clinical supervision model to meet increased capacity demands and maintain quality.

This involved:

- ★ Close collaboration between theory and clinical lecturers of the elective unit, for alignment of theory and practice, thus promoting an EBP approach;
- ★ Change of theory delivery to a blended learning mode to allow for greater flexibility to maximise clinical placements;
- ★ Initiation, development and conduct of briefing for Clinical Educator's (CE) at the participating clinical facilities;
- ★ Ongoing interaction with CE's and students throughout the clinical placement to ensure support and avoid perceptions of isolation.

The feedback received demonstrated that this approach has had a positive outcome for:

- ★ Developing successful relationships with clinical educators;
- ★ Developing clinician skills in supervision and assessment to support student learning;
- ★ Demonstrating the benefits of flexibility in meeting clinical capacity requirements and maintaining quality in a clinical education program.

Yarra Park Room

The training continuum: transition to practice

From student to professional - supporting graduate transition in allied health with a state-wide, interprofessional program

Robyn Smith, Anne Hastie, Stacey Baldac

The transition from student to health care professional is an exciting and challenging experience. The published literature highlights a number of common themes for graduates: “transition shock”, where perception and reality collide; emotional, intellectual and physical demands; the need to establish professional and role identity; the organisational challenges of communication and teamwork; and a change in focus from self (student view) to the patient/client and organisation/system (health professional view). Structured graduate support programs are common in nursing and medicine but are not common in allied health practice, particularly integrating across disciplines.

An evidence based, Interprofessional Allied Health Graduate Program was developed and successfully implemented at one metropolitan health service and refined over a number of years. The purpose of the Program is to support new clinicians through their early transition phase. The Program offers facilitated learning, peer support and critical reflection opportunities and adds value by complementing routine organisational orientation, discipline specific induction and supervision programs. In 2013–14 the Department of Health, Victoria, commissioned the team that developed the initial program to write a resource guide and Facilitator Training program. The Facilitator Training program has been implemented with 42 staff from 30 different organisations across Victoria. The training is supported by mentoring and a developing community of practice forum for those leading graduate transition activities. This has enhanced graduate support programs state-wide.

This presentation will briefly describe the Statewide Interprofessional Allied Health Graduate Program and reflect on the key success factors needed to embed effective graduate support across multiple professions.

Assisting Pre-Interns with their Transition to Clinical Practice

Elena Pascoe, Sue Garner, Heather Crook, Rob Gazzard

Problem: Previous medical students of Deakin University’s Ballarat Clinical School (BCS) have raised concerns regarding their preparedness to practice during the initial stages of their intern year, which is consistent with the wider literature (Morrow et al. 2012, Watmough, Cherry & O’Sullivan, 2012).

Aim: This six-week intensive simulation program aims to bridge the gap of theory to practice for medical students during their pre-internship rotation in their final year of medicine.

Initiative: Six workshops were piloted as part of BCS’s Pre-Internship Program. These workshops utilised a variety of simulations fidelities to expose the pre-interns to a collection of patients. Each workshop is founded on a technical theme and a non-technical theme related to being a doctor. The technical objectives focus on the students’ ability to assess, investigate,

interpret, plan and manage the patient, based on the differential diagnoses available. The non-technical theme is used to promote the cognitive and interpersonal skills (Flin, O'Connor & Critchton, 2008) necessary for day-to-day interactions. These themes are further embedded as part of the simulation experience, using examples of individuals' behaviour to emphasise positive and critical feedback.

Lessons learnt and recommendations: This program was carried out three times during the year with each workshop engaging more in simulated activities and discussion and less with didactic information. This was developed through facilitator and participant feedback. It is now intended that this program will undergo a formal evaluation.

Disclosure of interest: All authors have disclosed no relevant financial relationship

An Inter-Professional Graduate Program in Mental Health: learning with, from and about one another

Leonora Coolhaas, Jodie Johnston

Preparing health professionals for working in multi-disciplinary teams is key to a recovery-focused workforce in mental health and drug and alcohol services. The Barwon Health Mental Health Drugs and Alcohol Services Multi-disciplinary Graduate Program provides a transition to practice education program for nurses, occupational therapists and social workers. In addition to mental health knowledge and skills, the program aims to equip and motivate graduates to work effectively as multi-disciplinary team members.

The Mental Health Drugs and Alcohol Services Education Team is a multi-disciplinary team, having created opportunities to move to the inter-professional from an initial nursing education team. The Graduate Program developed to include an occupational therapy graduate and, in 2014, to include a social work graduate. The development process is described and evaluated in terms of fidelity to the inter-professional goals of learning with, from and about one another.

The impact on retention rates, multi-disciplinary collaboration and discipline composition of mental health and drug and alcohol teams is explored. The multi-disciplinary Graduate Program is valued as one component of a suite of contributors to increasing service quality in mental health and improved recovery outcomes for consumers.

Thinking Globally: Acting Locally. Working collaboratively to achieve local workforce goals

Sue Wilson, Katie Higgs, Amanda Vasey, Leonie McLaughlin, Margaret McKenzie, Filipa Withers, Jenny Bickerdike

This paper will present the experience of the Central Hume Graduate Nurse Program (CHGNP) in building sub regional capacity to host and support graduate nurse positions in both new and traditional settings.

The CHGNP is an initiative of the sub regional partners, Northeast Health Wangaratta, Benalla Health, Mansfield District Hospital, Yarrawonga Health, Alpine Health and Coinda Residential Aged Care Village. The broad aims of the program are to assist new graduates to make the transition from student to registered nurse; to recognise and foster clinical leadership in young graduates; and to support our organisational workforce plans in building a sustainable workforce for the future healthcare needs of our combined community.

The program partners coordinate a joint interview and appointment process so graduates intending on applying to more than one organisation only have to complete one interview. Once appointed the graduates are offered opportunities for both intra and inter service rotational placements and a comprehensive professional development program. The professional development program includes locally dedicated clinical support and a flexible training calendar inclusive of 13 coherent professional development workshops including one pre employment readiness event. The pre employment workshop is delivered by the graduates of the current program for those about to commence. As a result of our collaboration we have successfully increased both applications and substantive positions across our services. In collaboration with LASA Victoria we have successfully established a dedicated aged care stream and are currently working on establishing dedicated streams for double degree nursing/midwifery and nursing/paramedicine graduates.

Jim Stynes A

Workforce planning and process improvement

An Innovative Allied Health Workforce Blueprint to Plan Tomorrow's Workforce and Ensure Best Patient Care

Natasha Toohey, Gabriela Veliz, Claire Moody

Background: It is widely documented that urgent health workforce reform is necessary to ensure we appropriately meet our patients' health care requirements. Moreover, Western Health stresses the importance of delivering a skilled, capable, innovative and efficient workforce, able to provide care and leadership to meet patients' needs and expectations. An innovative framework was required to ensure a consistent vision and strategy for Allied Health to continue planning for tomorrow's workforce and providing best care.

Method: A literature review and external benchmarking of Health Professional workforce innovation and clinical governance frameworks was conducted. Review of Western Health's Strategic Priorities and Values was incorporated. Drafts of the Blueprint were established and modified with close consultation with key stakeholders within the health service.

Results: The Allied Health Workforce Planning Blueprint proposes a workforce planning framework for Western Health, with objectives, strategies and actions to promote a skilled, sustainable Allied Health Workforce, to ensure best care for our patients and their carers. The Blueprint is clear and succinct with accompanying visual representation highlighting features, including key priorities for Western Health Allied Health such as Distribution, Productivity and Utilisation, Capacity and Attitudes, Behaviours and Cultures.

Conclusions: The Allied Health Workforce Planning Blueprint has been presented to Allied Health Professionals and work has commenced on fulfilling its objectives. Future work aims to evaluate the Blueprint's effect on meeting its targeted aims including ensuring and retaining a skilled, flexible and innovative workforce that meets the needs of our community now and into the future.

Addressing the health care gap through an Aboriginal Nursing and Midwifery Workforce Strategy

Alyssa Fooks, Edwyna Wilson, Fleur Llewelyn

Development of a skilled and professional Aboriginal health workforce is critical to improvements in Aboriginal health, provision of culturally appropriate care and services and 'closing the gap'. The Women's Aboriginal workforce strategy focusses on building an environment that attracts and retains Aboriginal Nurses and Midwives.

There are three programs that are central to the Women's Aboriginal Nursing and Midwifery Workforce strategy. These include; the Aboriginal Cadetship, Aboriginal Graduate program (funded by the Department of Health) and priority placement programs for Aboriginal Nursing and Midwifery students.

Key programs are supported by collaboration between the Badjurr- Bulok Wiliam Unit, Clinical Education, Human Resources, other health facilities (Monash Health and St Vincent's Health) conducting these programs, partner universities and engaged cultural consultants. Collaborations are designed to create an individualised and tailored system of academic, professional and cultural supports that maximise successful course completion and longitudinal retention of this health workforce.

The Women's experience has demonstrated that a multidimensional individualised and comprehensive strategic approach effectively builds the Aboriginal Nursing and Midwifery Workforce. Collaboration across sites further embeds a diverse and comprehensive program that enhances Aboriginal employment.

This Workforce strategy has demonstrated results in successful course completion and retention into employment. The strategy continues to build momentum in creating an environment that positively attracts Aboriginal pre-registration students and graduates. Recognising these achievements through this Workforce Strategy the Parkville Precinct partners (Royal Children's Hospital, Melbourne Health, Peter McCallum) are modelling their Aboriginal employment programs on the Women's frameworks that enhance their Aboriginal employment opportunities.

Right Person, Right Task: integrating the allied health assistant workforce

Lisa Somerville, Andrea Elliott

Aims: The development and integration of an assistant workforce is a key strategic priority for Alfred Health allied health services. To achieve this it was proposed that for the allied health workforce (AHPs and AHAs) workforce satisfaction, recruitment and retention would improve resulting in a capable and engaged workforce.

Method: The approach included:

1. Development and implementation of an innovative methodology to identify and quantify the need for workforce to support allied health professionals
2. Workforce reform to increase the number of AHAs in a cost neutral manner.
3. Development of an Alfred Health AHA workforce strategic plan
4. Piloting of new and emerging AHA roles for as identified through needs assessment.
5. Further workforce reform at Alfred Health within the community, ambulatory and bed based areas.

Results: Alfred Health has increased the proportion of the assistant workforce from commencement of this project by successfully utilising qualitative and quantitative data to track the development of an organisation culture supportive of growing the support workforce. The assessment of need for AHAs has also been compared against the assessment of unmet need for allied health services in order to support prioritisation of effort in future workforce re-design to incorporate assistant roles.

Conclusion: In order to achieve successful workforce reform and redesign, there must be significant effort put towards a formal change management approach. Alfred health has combined the implementation of change management methodology with utilising quantitative and qualitative data to implement the AHA strategic plan and develop the AHA workforce.

Raise the Bar; in Relationships, Advanced Practice, Innovation, Skill Sets and Expectations

Jane Williams, Catherine Stolp

Catholic Homes is a leading not-for-profit organisation enabling people to live in dignity and peace of mind as they age, by creating and providing choices in care, services and retirement living. In 2013 Catholic Homes developed and implemented the 'Raise the Bar' model at three Residential Aged Care Facilities (RACF) in Victoria.

The Raise the Bar workforce model was developed to up skill our workforce and increase our liaison with external agencies, and thereby optimise resident health and quality of life, minimise functional decline and reduce avoidable transfer to hospital through:

- ★ competency based role redesign by expanding workforce scope of practice
- ★ focus on better balanced skills mix utilising advanced practice skills for unwell but stable residents rather than transfer to hospital
- ★ partnering across the continuum of care focusing on the residential care/acute care interface
- ★ building leadership for change through alignment of resources and supported decision making
- ★ utilising system enablers such as education and policy and process development.

Following local and national evaluation of the 'Raise the Bar' model it has been demonstrated that using an inclusive approach with all staff, Catholic Homes successfully developed a workforce model that optimises resident health and quality of life whilst also increasing workforce capacity, capability, employee satisfaction and professionalism. Factors such as extensive education and training, using clinical champions on the floor and strong leadership have assisted in the sustainability of this model. It is believed that the model, in its entirety, will be able to be transferred to other residential aged care facilities.

Advanced Practice for Medical Radiation Science professionals: A model for workforce professionalisation, innovation and engagement

Charlotte Sale, Sharon Maresse, Jillian Harris

Background: For more than a decade, advanced practice in the medical radiation science professions has been a topic of discussion and debate in Australia and worldwide. Advanced practice roles present critical workforce benefits; address shortages in specialist practice areas and provide opportunities to engage and retain highly skilled professionals. There is evidence of some Australian medical imaging and radiation therapy professionals currently working in roles that represent advanced practice, and many more would do, if appropriate pathways and support were in place.

Method: The Australian Institute of Radiography, as the peak professional body representing medical imaging and radiation therapy professionals in Australia, is conducting a project to develop a framework for advanced practice relevant to clinical workplaces, as well as ensuring safe practice and continuity of progress and advancement of the profession. Extensive consultation with key stakeholders, including members of the profession has been vital to this process.

Results: A proposed framework for recognition of Advanced Practitioner status has been developed and is currently the subject of extensive consultation. The proposed framework integrates existing professional accreditation requirements and requires that Advanced Practitioners possess expertise in a range of dimensions including clinical leadership, scholarship and teaching, clinical practice, evidence-based judgement, collaboration, communication and other professional attributes.

Conclusions: The proposed framework for advanced practice in medical radiation science practice provides the opportunity for Australian professionals to gain expertise and recognition as an Advanced Practitioner whilst ensuring patient safety and organisational needs are not compromised.

Jim Stynes B

Approaches to clinical supervision

Clinical Supervision and Support Program – Building Capability in our Regional Workforce

Denielle Beardmore

The Grampians Clinical Support and Supervision Program (CSSP) is funded by the HWA and Department of Health Victoria. The aim of the program is to increase capability and capacity in regional health care staff to support an increase number of early entry learners into the system. The program addresses basic foundations of facilitating learning in a clinical setting, assessing learners and providing constructive feedback to enhance professional growth.

Twenty multidisciplinary CSSP workshops throughout the Grampians region were delivered during 2013 to 326 participants with a satisfaction rate of over 90%. These workshops are continuing throughout 2014. 350 participants have accessed the online clinical support and supervision module. The program provides a level of standardized professional development, which encourages workplaces to collaborate and support each other. The Centre for Nursing and Health Education (CNHE) at Ballarat Health Services is responsible for the creation, delivery, coordination and administration of the workshops.

Workshop evaluations indicate that participants have developed confidence in their own supervision skills; their able to deliver positive, constructive feedback to students. In addition attendees reported they felt more valued in an organisational context.

The CSSP addresses the need for clinicians to receive more formal education regarding their role as clinical support and supervisors of learners. The future of our regional clinical workforce depends on the development of confident and competent practitioners. The CSSP not only promotes these skills it also enhances the concept of self, embraces self-directed learning and focuses on patient centred care.

A Best Practice Supervision Model for Postgraduate Clinical Neuropsychology Trainees at Western Health

Diana Perre, Tracy Henderson, Anita Panayiotou

Background: Legislative changes following the introduction of the Australian Health Practitioner Regulation Agency and changes to the Enterprise Bargaining Agreement in 2012 stipulate that only Senior Grade 3 Psychologists can supervise postgraduate trainees, limiting the number of clinical training placements the Adult Neuropsychology Service at Western Health could offer with the existing supervision model.

Aim: Develop an innovative supervision framework that enables the Adult Neuropsychology Service to continue providing quality clinical placements to the three major universities, as well as building workforce capacity within the existing neuropsychology team, while continuing to meet the new legislative and Enterprise Agreement requirements.

Method: Designing a two-tiered supervision model, whereby postgraduate trainees are assigned a Mentor (Grade 2 clinician), responsible for the day-to-day direction and support of the trainee. The placement is overseen by a Primary Supervisor (senior clinician) who is responsible for ensuring professional competencies are achieved.

The presentation will cover:

- ★ Delineation of roles between Mentor and Primary Supervisor;
- ★ Key aspects of the model, including structured orientation for trainees, feedback procedures, supervision meetings and performance appraisal procedures;
- ★ Modelling and developing supervisory skills for Mentors.

Outcomes: Western Health continues to provide clinical placements to the three major teaching universities, totaling approximately 272 placement days per year (2040 hours) within a small team of seven (part-time) clinicians.

- ★ The development of valued academic partnerships with the universities.
- ★ Retention and up-skilling of existing Grade 2 staff.
- ★ Ongoing provision of a valued supervision experience for neuropsychology trainees, evidenced by ongoing positive trainee and university feedback.

Registered nurses' support requirements to foster learning and clinical supervision of nursing students

Suzanne Metcalf, Rebecca Vanderheide, Rosalind Lau, Cheryle Moss

Background: Registered nurses (RNs) are vital to clinical education of pre-registration nursing students. The support required by RNs to foster the clinical learning of nursing students is poorly evaluated.

Aim: The aim of the study was to discover what supports are needed by the RNs to facilitate the clinical learning of nursing students whilst building capacity.

Methods: The RNs were surveyed using the Support Instrument for Nurses to Facilitate the Learning of Others (SINFLO). SINFLO has five domains: (1) Workload, whether there was sufficient time to interact and engage with the learners; (2) Communication, whether adequate information were provided about the learners; (3) Teamwork, whether staff felt that the team in which they worked valued and assisted them to interact with the learners; (4) Preparation, whether staff felt they had sufficient knowledge and skill to assist the learners in the workplace; and (5) Acknowledgement, whether work involved in supporting the learners was recognised. The RNs were recruited from a trauma and a cardio-thoracic ward in Melbourne, Australia. The findings were on 60 RNs.

Results: The domains of workload, communication and preparation were identified as being sufficiently supported. There was less evidence of support in the domains of acknowledgement and teamwork.

Conclusion: The result from this study has demonstrated that RNs need to be acknowledged for their role in fostering clinical education and also having support from other staff members.

Clinical Supervision – a framework for workforce development, quality and safety in healthcare

Robyn Smith, Sandie Chapman

Healthcare environments are complex and demanding places to work. Delivering quality, safe and effective care is of high priority for health services. One way of achieving this is to ensure that staff are equipped and supported to do the jobs asked of them. Clinical Supervision has been defined as “a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, enhance consumer protection and safety of care in complex clinical situations” (Royal College of Nursing). Providing effective clinical supervision builds staff capacity and contributes to the delivery of safe, quality care.

Across allied health, we have implemented a standard Supervision Framework. This collaborative approach Supervisors from all allied health disciplines are eligible and encouraged to participate in an intensive training program to develop their supervisory skills. Each allied health team member participates in regular, formal, structured clinical supervision. Guidelines support the process, including recommendations around frequency, content and structure of supervision. The supervision framework integrates with professional development planning and the performance appraisal system.

In this presentation, we will describe the Supervision Framework and reflect on the evaluation and learnings from implementing a standard approach across the whole allied health group.

22 May 2014, Abstract Session 2

Olympic Room A

Using simulation to enhance learning and development

Junior Physiotherapists' Perception of a Critical Care Patient Management Course Using Immersive Simulation

Cindy Joffe, Daniel Seller, Belinda Cary, Kate Woodhead, Claire Jacobs, Robert O'Brien, Julian Van Dijk

Background: To investigate the use of immersive simulation to educate physiotherapists with limited critical care experience, aiming to improve standardisation of patient care. An innovative course was developed that exposed participants to critical care scenarios in a safe, learning-focussed environment.

Method: Expert physiotherapists developed six critical care clinical simulation scenarios. These scenarios encompassed cardiovascular assessment, the complex patient and the long stay patient. Structured debrief sessions using the plus/delta technique followed each scenario allowing participants to reflect and receive feedback on communication, skills, clinical decision making and the scenario outcome. A set of skill sessions complemented the scenarios.

44 participants have completed the course to date. Participants completed feedback using Likert scales to rate their understanding of and confidence in critical care assessment, clinical reasoning and the effectiveness of debriefing immediately after each scenario.

Results: 67% strongly agreed and 33% agreed that the simulated scenarios improved their assessment skills. 75% strongly agreed and 25% agreed that their clinical reasoning skills were improved. When observing the scenario 73% of participants strongly agreed and 27% agreed, and when participating in the scenario 84% of participants strongly agreed and 16% agreed, that debriefing was an effective way to consolidate their learning.

Conclusions: Overall responses from the participants indicated that they felt immersive simulation was successful in improving their clinical and decision making skills, as well as giving valuable exposure to the management and treatment of clinical conditions. The opportunity to debrief after each simulation scenario was an effective way to consolidate learning and address workforce knowledge gaps.

Simulation Education in the Rural Sector: can we make a difference?

Laurea Atkinson, Marnie Connolly, Eleanor Mitchell, David Campbell, Ka Chun TSE

Aims: Rural health practitioners in East Gippsland are expected to provide a broad range of procedural and clinical skills across a region that covers 21,800km², with a population of over 40,000.

Health professionals often travel long distances to undertake training in metropolitan centres to maintain clinical skills.

To address this disparity and with the acquisition of a Health Workforce Australia and Department of Health Simulation grant, a part-time project officer was employed. The model of education delivery was to engage health educators and their own students/learners in a simulation learning environment.

Results: A total of 107 simulation training sessions with 7 outreach visits were run between April and September 2013. These sessions involved 186 health professionals and health students.

- ★ 186 questionnaires were completed.
- ★ Participants were from Bairnsdale (n=79), Mallacoota (n=30), Omeo (n=27) and Lakes Entrance (n=20); and professionally were medicine (n=55), nursing (n=46) and ambulance community officers (n=63).
- ★ The majority were practicing health professionals (n=109), with some health students (n=52).
- ★ This was the first simulation experiences for most participants (n=98).
- ★ Participants found these sessions improved their clinical practice, were relevant to their work and gave them confidence.
- ★ Sessions were taught locally; and the venue, equipment and realism of this teaching modality far exceeded participants' expectations.

The evaluation showed that simulation training in the rural sector makes a difference to health professionals; particularly outreach visits, which promoted learning in the participants' own environment. Simulation has helped close the education gap for rural nursing, medicine, para-medics and ambulance community officers.

Camp Simulation – a rural initiative

Terry Hogue, Scott Fyfe, Laurea Atkinson, Marnie Connolly

In remote areas of Victoria, Ambulance Community Officers (ACO's) are required to provide advanced first aid to members in their communities. The ACO's situated in Far East Gippsland, initially undertook their educational training with minimal educational equipment and resources to support their training requirements.

With support of a Health Workforce Australia (HWA) simulation grant, the School of Rural Health (SRH) Bairnsdale was able to offer simulation education and training for ACO's in East Gippsland. The HWA grant received formed the catalyst for the first "simulation training camp" for ACO's in the region. Furthermore, this "simulation training camp" project is the first offered to ACO's in Victoria.

For 2 days ACO's worked in teams immersing themselves into a new learning environment of scenarios using the latest simulation aides which they reported to be educational and reinforced their clinical skills. The scenarios challenged critical thinking and required ACO's to work as teams.

The post-program evaluation revealed:

- ★ Participants enjoyed the opportunity to network with colleagues and work in teams.
- ★ Simulation is a new and exciting mode of learning.
- ★ The learning environment challenged clinical skills and critical thinking.
- ★ The opportunity to reflect on their performance and receive feedback was valuable

Recommendations: This program is a unique and successful program for ACO's in Far East Gippsland which could be replicated to other ACO's in other regions of Victoria. Further "boot camps" have been organised for newly recruited ACO's and curricula is currently being developed to further extend those who have already participated.

Olympic Room B

Models of health workforce education, training and development

Connecting students to underserved clients to increase capacity for high quality aged care clinical experiences

Sam Pilling, Karen Teshuva

Australia's ageing population requires higher levels of health care services (Australian Government Productivity Commission's; Caring for Older Australians Report, 2011) in residential aged care facilities (RACF), an apparently less popular workplace among allied health graduates. Whilst competition for clinical placements increases each year, few speech pathology placements currently take place in RACFs in Melbourne. This highlights missed opportunities for students to develop core professional competencies in an underserved area and for potentially improving students' perceptions of the aged care sector as a potential workplace.

In 2012–13, La Trobe University in collaboration with Uniting Aged Care accessed funding for projects intended to target 'Expanded Settings for Clinical Placements (ESCP)'¹. Project funding and a philanthropic donation contributed to the development, implementation and formal evaluation (having gained Ethics Committee approval) of two models for speech pathology clinical placements in RACFs in the Northern Metropolitan region of Melbourne.

This presentation will describe the speech pathology models implemented (addressing local clinical education trends away from 1:1 supervision) in the overall context of the ESCP project; challenges encountered, evaluation findings and critically, the sustainability of such placements in RACFs. Clinical educators, students, facility managers and university lecturers gave overwhelmingly positive feedback about their experiences and were keen to see these placements continue. It is possible to increase capacity for quality clinical placements in this underutilised setting (RACFs), whilst enhancing client care and access and positively influencing perceptions of working in aged care.

Maternity Connect Program – enhancing the sustainability and development of Victoria's public rural maternity services

Sue Sweeney

Overview: Rural midwives have challenges maintaining their skills and competence, as low birth numbers and working in combined nursing and midwifery roles are limiting their exposure to maternity work. An experienced and skilled rural health workforce is vital to ensure the long-term sustainability of local maternity services.

The Maternity Connect Program is a clinical placement and exposure program that enables rural health services to sustain and develop their maternity services. It is an innovative approach to workforce development with a follow-on effect of improving regional collaboration and understanding of workforce capability. The program aims to support rural health services to enhance the skills and confidence of their midwifery workforce and promotes a collaborative approach to training and clinical supervision.

Approach: Western Health is operating this project which is funded from a government commitment to rural clinical supervision and workforce retention. 160 rural/regional midwives and nurses over four years will complete up to two weeks clinical placement at health services following the normal referral path for their maternity women. A range of specific clinical placement opportunities and learning objectives are developed.

Outcomes: 60 midwives have completed placement to date with a further 76 registered to participate in the program in 2014.

The program evaluation examines the outcomes and impacts for the participating midwives, placement services and base health services. Evaluations to date are extremely positive, and markedly, are the improved relationships between Health Services referral pathways.

Conclusions: This presentation will cover the implementation, approach and evaluation phases of this project.

Creating a culturally responsive, workplace based, training model for Aboriginal Allied Health Assistants

Cindy Mathers

Aim: To increase employment of Aboriginal people in our organisation and thereby enhance their health, education, and capacity to pass their learning onto their families and community.

Method/approach: West Gippsland Healthcare Group developed and delivered an alternative program in the workplace, based on the core spine of competencies, using the resources of our staff development unit. Features of the program were electives that provided opportunities to study the social determinants of health and the holistic Aboriginal concept of health. Intensive face to face training, mentoring and culturally appropriate learning activities were integral components.

Results:

- ★ 75% retention and completion rate.
- ★ Improvement by two levels in their numeracy, literacy and learning skills within 6 months, and at completion, deemed competent at Cert IV level.
- ★ Three times the usual face-to-face teaching time was needed to adequately support the trainees.
- ★ One to three times more hours in placement with a buddy were required to build confidence and allow for Aboriginal styles of learning.
- ★ After 6mths Chisholm TAFE acknowledged our model of delivery and using the evidence provided, credited 21 units of study.

Conclusion: Substantive equality in training and employment of Aboriginal students is critical. Programs that allow for their learning styles and model of health need to be formalised and provided in Victoria.

Our Aboriginal community now has health heroes who know the system, language and culture of our organisation, thereby increasing access to healthcare for their community.

Yarra Park Room

The training continuum: pathways in rural

Opportunities for medical training pathways in rural areas

Robyn Burley

This presentation considers successful initiatives that have contributed to a 40% increase in salaried medical staff working in rural New South Wales hospitals between 2010–2013. Initiatives include the Senior Hospitalist Initiative, Rural Generalist Training Program, Dual Physician Training Pathway and Medical Training Networks – Specialist and Prevocational.

The NSW *Health Professionals Workforce Plan 2012–2022* provides the framework for further improvements in workforce distribution and engagement to support high quality and affordable healthcare services for our communities.

A Regional Enrolled Nurse Traineeship Program – Growing our own work ready graduates

Denielle Beardmore, Gay Corbett

Five years ago Ballarat Health Services (BHS) faced a significant nursing workforce gap of around 50 EFT with the majority of this being in Residential Services. The Centre for Nursing and Health Education (CNHE) at Ballarat Health Services (BHS) used this as an opportunity to explore an avenue of new workers to address concerns around ongoing shortages and retention issues. The aim was to design and deliver in partnership with Federation University of Australia (FUA) a regional program at BHS that was capable of producing, our own work ready clinicians.

Extensive scoping and stakeholder engagement throughout 2009 was undertaken to ensure the program met the needs of stakeholders. Content delivery, including clinical placement is undertaken at BHS. The EN Trainees are paid as trainees within Residential Services for two days per week. The program is delivered over two years and embeds the trainees as part of the social fabric of the workplace culture.

The EN Traineeship has enabled workforce planning and redesign improvement through better coordination and partnership whilst fostering clinical workforce sustainability and organisational capacity. The Program has contributed to successfully filling vacant EFT with 100% of the graduates in the last three years all being retained on staff, 48% of these within Residential Services.

The program provides a framework that supports movement between career pathways, expands further training opportunities and fosters a positive workplace culture where the learner and clinician are valued.

Trainees transform practice in South West Victoria's Emergency Departments

Tim Baker

Overview: Over 150,000 patients each year are treated at Victoria's small rural emergency departments. This is twice the number that attend Victoria's largest single emergency department. While pathways for medical and nursing graduates to work in urban emergency departments are clear and well supported, the same cannot be said for rural areas.

Method: Small Rural Health services struggle to support a single trainee, let alone multiple trainees in different programs. South West Healthcare, Warrnambool (SWH) has taken an inter-professional and regional training approach to transform its own emergency workforce, and the workforce of surrounding small rural hospitals.

Results: In 2010 SWH had no doctors training in emergency medicine. It now has three Certificate of Emergency Medicine candidates, three emergency medicine specialist trainees, one advanced general practice candidate and one nurse practitioner candidate. The SWH Training program provides specialist emergency physicians to support four Certificate of Emergency Medicine trainees and two nurse practitioners at nearby hospitals.

The focus on post-graduate education has allowed SWH to replace expensive junior locum staff with accredited trainees. When combined with grants for training and education placements, the Emergency Department has transformed the seniority and enthusiasm of staff without increasing salary costs.

Conclusions: A focus on training has transformed the quality of care delivered in the emergency departments of South West Victoria.

Jim Stynes A

Using data effectively for capacity planning and quality monitoring

Modelling professional-entry student clinical placement capacity in public health settings.

Anita Wallace¹, Amelia Pohl¹, Kate Weidemann¹, Kade Dillon¹, Jinhu Li², Wenda Yan², Jongsay Yong²

¹ Department of Health, 50 Lonsdale St, Melbourne

² Melbourne Institute of Applied Economic & Social Research at the University of Melbourne, Parkville

The Victorian Clinical Training Council's Clinical Placement Strategy: *Well placed. Well prepared. Victoria's strategic plan for clinical placements: 2012–2015* identifies four strategic priorities (to enhance capacity, to support innovation, to assure and improve quality and to strengthen governance) and two enablers (funding and data and information) to support the achievement of the strategy's objectives.

Data and information is identified as a key enabler to support the effective governance and management of the Victorian clinical placement system. The Department of Health (the department) is committed to establishing data and information systems based on robust data which enable evidence-based decision-making.

In-line with this commitment, in 2013, the department commissioned The Melbourne Institute of Applied Economic & Social Research at the University of Melbourne to conduct an economic and statistical analysis of the factors influencing the capacity for clinical placements within Victorian public health services.

This presentation will provide an overview of the output of this analysis and outline an econometric model relating clinical placement capacity of hospitals to a range of relevant factors (the model).

The model can be used for planning purposes, assessing future clinical placement capacity of health services, and reviewing the aggregate level placement activity across all Victorian health services for a given health discipline.

A process to validate the model will be undertaken with a selection of interested stakeholders from July 2014.

Where did you say I'm going? Understanding clinical placement capacity in regional and rural Victoria

John Carey, Jeanette Dyason, Lauren Newman, Sue Wilson

Although there is much that rural, regional and metropolitan placements have in common; they also differ in a number of significant ways. In this presentation four educators from different regions will share a series of scenarios demonstrating how rural service and staffing profiles; the range and complexity of clinical experience in regional settings; student supervision in the context of rural culture; and why the planning process and cancellation rates in small centres do impact on placement capacity.

Rural service and staffing profiles vary but numbers are generally smaller than in metropolitan centres. Students often compete for experiences – the one and only caesarean section for the week for example might be coveted by the three nursing students and two medical students on roster.

The range and complexity of clinical experience in regional settings can offer opportunities to students that they would not have on metropolitan placements. Rotation to a regional medical unit for example might expose students to paediatric and/or mental health clients because there is no local dedicated specialist unit for those consumer groups.

Supervision of students in the rural context might see a registered nurse supervise a physiotherapy student; or it might find the radiographer supervising 4 different students on any given shift.

Small rural health services have limited capacity to coordinate students and the high rates of placement cancellations.

As we better recognize the issues relevant to understanding placement capacity we will be more able to qualitatively and quantitatively benchmark learning environments in rural and regional settings.

Best Practice Clinical Learning Environment (BPCLE) Framework – measuring quality

Donna Cohen

In recent times there has been a focus on increasing student numbers in the health system to meet future workforce requirements. Whilst increasing student numbers is important to meet future demand, this additional impost should not impact upon the quality of the education experience provided.

In 2008, the Victorian Department of Health commissioned the development of the Best Practice Clinical Learning Environment (BPCLE) Framework, which provides guidance on six key elements that comprise a quality clinical learning environment. The various Framework components, including performance indicators and resources to support implementation and monitoring, were developed over a four-year period in consultation with Victorian stakeholders. In 2012, the framework was piloted in eleven health services across metropolitan and rural Victoria.

In response to feedback received through the pilot a web-based tool – BPCLEtool – has been developed to facilitate and streamline implementation of the BPCLE Framework for organisations. The system provides a step-by-step process to guide organisations through the implementation process. This includes a self-assessment of their clinical environment, development of an action plan and selection of indicators to monitor and improve quality performance over time.

Collecting data to monitor and improve performance is a key component of the BPCLE Framework implementation process. The first release of BPCLEtool assisted health services with indicator selection. Increased functionality for indicator monitoring within BPCLEtool has since been tested with stakeholders and will soon be released. This presentation will discuss the importance of collecting data to measure quality and provide a demonstration of the new functionality within BPCLEtool.

Jim Stynes B

Expanding training opportunities

Evaluation of conjoint Public-Private Registrar Posts across eight Melbourne Hospitals

Cate Kelly, Wilma Beswick, Bill Kelly, Colin Feekery, Peter Lowthian, Liz Morton, John Ferguson, Anjali Dhulia

Alfred Health led a 2012 evaluation of conjoint public-private registrar posts across a group of Melbourne Hospitals to better understand the benefits and challenges of registrar training posts in this expanded setting.

Three private and five public hospitals participated in the evaluation. A mixed-method approach using surveys and interviews was used to collect data from Health service executives, program managers, clinical supervisors and registrars.

Results: The registrar posts in the private setting were valued by all respondent groups:

- ★ Over 70% of registrars reported moderate to significant improvements in a range of technical and non-technical competency areas
- ★ The majority of supervisors stated that the registrar program had a positive impact on their clinical practice, the unit they worked in, the hospital and the participating registrars.
- ★ Respondents identified that rotations into the private hospitals improved:
 - quality of care for patients in private hospitals
 - working relationships between public and private health sectors
 - the profile of private hospitals as teaching institutions

A range of opportunities for improvements were identified including:

- ★ refining role definition and support and teaching structures for trainees
- ★ Streamlining administration responsibilities
- ★ Refining accreditation requirements to better recognise expanded settings
- ★ Ensuring appropriate funding mechanisms into the future

Despite the challenges there was support across participating health services for continuation of the private sector registrar training posts. All participating hospitals viewed the public-private registrar rotations as valuable to overall clinical experience of trainee registrars; and to workforce, quality and operational structures within their service.

Dr Global: Local Doctors Broadening Horizons

Jenny Tran

Introduction: Medical professionals are ‘global citizens’ who have a responsibility advance population health globally. Victoria needs doctors engaged with global health to realise sustainable improvements in health in local, regional and global contexts. Most health issues require a global health approach to achieve “Health for all,” which includes exploring the broader social determinants of health, an interprofessional approach to health and focusing on community empowerment.

Aim: To inspire, educate and facilitate opportunities in global health for doctors-in-training (DiTs), “Dr Global” is an Australian Medical Association Victoria initiative bringing doctors to global health and global health to doctors. Our vision is to help create a new generation of doctors-in-training equipped and motivated to work in global health. We are targeting Doctors-in-Training who may have limited knowledge and experience in global health, who until now, have been overlooked as a new pool of inspiring health workers.

Method:

- 1) Conference: will inspire DiTs. The key session is ‘Get into action locally,’ which is designed to provide DiTs with insight into how they can positively contribute to community health in conjunction with clinical training.
- 2) Publication: offers DiTs increased access to local global opportunities through Victorian-based organisations.
- 3) Small Grants Program: aims to connect, support and reward DiTs actively contributing to community health initiatives. The program offers training sessions, funding and networking opportunities.
- 4) Training support: will provide DiTs with increased access to accredited training placements and education related to community and global health.

Progress: “Dr Global” 2013–2014 is in its pilot year.

Making training in General Practice and Family Medicine more accessible

Heather Grusauskas

Aim/overview: In 2012 a brave decision was made to undertake a major rework of a well-respected course that had previously only been available to general practitioners. From 2014 the Master of Family Medicine and its associated degrees of Graduate Certificate of Family Medicine and Graduate Diploma of Family Medicine are available to health professionals who are working in the general practice and family medicine space.

Method/approach: The course went through a process of external review by key stakeholders. The findings of this review were then discussed at School/ Department/Faculty level and these were formalised into an application to the Faculty of Medicine, Nursing and Health Sciences for a major course revision to be undertaken. Permission was received from the University Academic Board to proceed with this proposal in June 2013 and soon afterwards writing commenced for phase 1 subjects.

Results or preliminary results/progress: At the beginning of March our first year subjects went live on “Moodle”, Principles of General Practice; Chronic Disease Management; Evidence Based Practice; Introduction to Research Methods; Medical Ethics and Issues in General Practice Prescribing. An application is currently with the School and Faculty for the approval of phase 2 or year 2 subjects.

Conclusions: This undoubtedly has been and will continue to be an intensive project and most probably not one for the faint hearted! However, we are well on the way to developing a complete course that will, hopefully, satisfy the needs of a wider training market in general practice and family medicine.

23 May 2014, Abstract Session 3

Olympic Room A

Using simulation to enhance learning and development

Developing an interprofessional, simulation-based programme for students placed at rural hospitals: An exercise in teamwork

Lesley McKarney, Janine Smith

The Hume Simulation Alliance (HSA), a partnership of La Trobe University, Charles Sturt University and the University of Melbourne, has received funding from Health Workforce Australia to provide simulation education across 10 health services in the Hume region, with a view to promoting better healthcare outcomes by advancing clinical training through curriculum innovation. A main focus of the HSA project has been to develop, implement and sustain an interprofessional (IP) simulation-based model of clinical training involving students in Medicine, Nursing, Occupational Therapy and Physiotherapy, among other disciplines.

The IP simulation is delivered in situ in the health services where the students are located for clinical placement (therefore integrating it as part of the clinical placement experience); is underpinned by the 10 National Safety and Quality Health Service Standards; and has an emphasis on higher order skills, such as communication, handover, reflective practice, interprofessional practice and teamwork. The IP simulation sessions are conducted by university employed SLE educators and technicians and, wherever possible, involve the clinical supervisors at each health service.

A major task in the project has been bridging all of the components required to make it a success: Strategic (institutional leadership and champions); Structural (physical infrastructure, institutional policies and availability of health service staff); Cultural (collaboration, personal relationships, time, and flexibility); and Technical (knowledge and skill). This presentation will provide an update on both the successes and challenges of this approach to clinical training, and consider the value of interprofessional education aimed at students in rural settings.

SimVan – Grampians Regional Mobile Simulated Learning Environment

Denielle Beardmore, Pete Timms, Kate Henessay

The SimVan is a mobile integrated learning environment equipped with the latest technology catering to healthcare professionals and early entry learners across the Grampians Region Clinical Training Network. The SimVan is viewed as an innovative bridge that has changed the way clinical education is delivered; crosses boundaries of distance, delivering immersive intraprofessional learning experiences comparable to that of embedded simulation centres.

During the first 12 months of the project (2013), the SimVan has travelled 24,000 kms, covering all corners of the Grampians Region. The SimVan team as members of the Centre for Nursing and Health Education (CNHE) at Ballarat Health Services have delivered over 147 sessions to 1302 participants, equating to 8627.5 simulation hours.

SimVan is not only about gaining expertise in technical and procedural skills, it also focuses on the cognitive and psychological elements required for good clinical decision making and safe health care practice. Simulation has been embraced by the region as a relevant modality to training the workforce. The concept of the SimVan is that it comes to you and delivers

simulated clinical events with a local focus, reducing vast distance to travel and days away from the workplace. The SimVan takes simulation directly to the practitioners.

Feedback and evaluations have demonstrated that the SimVan has made it possible to successfully deliver low, medium and high fidelity simulation learning opportunities in a mobile environment.

Funding for the SimVan was made available through Health Workforce Australia, as an Australian Government initiative and the Department of Health, Victoria.

Effective distribution of simulation training activities in rural areas using a collaborative approach

Sandi Elliott, Anne-Marie Murray, Sarah Boyd, James A Dunbar

Aim/overview: To develop and implement a successful model of distributed simulation to improve training capacity for professional entry students and staff in rural areas within the Greater Green Triangle region.

Method/approach: Provision of simulation training to professional entry students and health professionals located in rural SW Victoria and SE Australia.

Delivery of 'train the trainer' workshops targeted at local health professionals to create a sustainable local educational resource.

Engagement with stakeholders to deliver a simulated training that addressed the needs of local community, staff and students.

Progress/outcomes: This project was truly 'distributed' throughout the GGT region with workshops in simulation training and education delivered in Casterton, Hamilton, Horsham, Millicent, Mount Gambier, Port Fairy, Portland, Terang and Warrnambool from September 2012 – June 2013.

Simulated training was provided in these regions to 971 professional entry students and staff which resulted in a total of 2,247 hours of simulated training.

Local community residents were trained as simulated patients (SPs) to enhance the sustainability of delivering simulation activities to students. There is now an established bank of 38 trained SPs throughout the GGT region.

Conclusion: Simulated workshops were provided to staff and students in smaller rural areas that normally had very limited opportunity to attend 'on site' simulation education. Consultation by key project staff with clinical educators of the health services and educational providers ensured workshop activities and scenarios were structured specifically to assist with filling any gaps in skill levels for medical, nursing and allied health staff and students in the GGT region.

Olympic Room B

Models of health workforce education, training and development

Identifying the applicability of practice curriculum, pedagogies and learners' engagement to healthcare education

Professor Stephen Billet

Professor Stephen Billet will expand on his keynote presentation **Learning Through Work** in a workshop for *People in Health* Summit delegates to explore how the ideas of curriculum, pedagogies and engagement can be reflected in their own workplace.

Working in small groups, attendees to this session will identify how they can apply these ideas to healthcare education in their own programs and discuss how these can be applied after the Summit.

Yarra Park Room

Training continuum: Induction to the workplace

Student Orientation Space Learning Management System

Deborah Mellor, Karen Riley, Amanda Kenny

Student Orientation Space (SOS) is an innovative online orientation and support program designed to maximise student learning within the expanded settings context and assist health services increase clinical placement capacity.

The SOS, developed in partnership with health service and education industry experts, consumers, clinicians and students ensured high quality resources were developed and good governance practices supported. Intended as a student friendly space, the first six modules focused on maximising placement experiences inclusive of primary health, mental health and children, older people and Aboriginal people.

Resource design ensured all capacity building resources were aligned with the Best Practice Clinical Learning Environment objectives and resources kit. All project resources were developed cognisant of quality and safety standards and to support organisations when reporting through their annual Quality of Care report and the associated standards to these guidelines.

This project has achieved a high quality end user product that provides an innovative, collaborative and sustainable product. The benefits include ongoing support for quality clinical placements and capacity gains. The evaluation showed that both student and supervisors who accessed the SOS found it easy to access, user friendly and that the content was generally appropriate and of good quality.

The number of services, students and academics using the SOS, and state government interest in major expansion, is evidence of project success. This presentation will focus on a demonstration of the SOS, its development conducted with a broad range of stakeholders, and data from the evaluation including recommendations for state-wide application of the SOS.

Reorientating Student Orientation

Scott Readett

Aim: Comprehensive orientation is fundamental to achieving a positive student experience. This project aimed to improve the clinical placement experience by maximising time in the clinical environment through providing a comprehensive on-line orientation program prior to commencement. A secondary aim was to increase clinical placement capacity across the organisation by releasing time to the educator/coordinator.

Method: Eastern Health is a public health service spread across a large geographical area with multiple sites and clinical settings. Lack of consistency in orientation and quality provided the catalyst to enhance the delivery of orientation to the student population.

Using an on-line platform, orientation resources were consolidated and a consistent program developed including an interactive e-learning course and access to placement specific resources.

Progress: On average 5,500 nursing and allied health students undertake placement with Eastern Health per annum. Previously students attended a face to face orientation of at least one day upon commencement.

Utilising technology to deliver core orientation requirements on an on-line platform has released approximately 44,000 student clinical placement hours into the clinical environment, enhancing the student placement time and experience. This has resulted in an estimated annual saving of \$110,000 in clinical educator/coordinator time.

Evaluation of the student preparedness for placement will be examined through self-assessment surveys, allowing for comparative analysis with traditional orientation.

Conclusion: The on-line platform has been well received by students and staff. The use of technology to streamline the student orientation process has transformed the student placement experience.

Valuing the Enrolled Nurse – a flexible induction model

Joanne Mapes

Aim: To provide the newly registered Enrolled Nurse (EN) with a flexible education and training model to support transition as a clinician and induction into the Health Service. Anecdotal reports highlighted that the new EN remained isolated, failed to identify learning resources and opportunities or support networks.

Approach: Enrolled Nurses at Eastern Health are engaged in a 6 month induction and development program, which is a blended learning model across formal and informal learning platforms. Much of the literature supports formal orientation and induction of staff, the principles of educational support, competency training and lifelong learning. The Enrolled Nurse Induction Program (ENIP) is a rolling program, which commenced in 2014 and is not reliant on a bulk intake like other Graduate programs.

Preliminary outcomes and progress:

- ★ Development and endorsement of the program structure and associated tools
- ★ Implementation of the ENIP, providing training and validation of knowledge and skills.
- ★ Although a centralised model, the clinical manager retains control of recruitment and line management responsibility
- ★ Applicability across all clinical settings
- ★ Current capacity to progress 90 ENs per annum through the program

Conclusion: Evaluation of the ENIP is a combination of sequential self-rated surveys, observation of clinical practice, focus groups of key stakeholders and participant completion of the mandated program requirements. Preliminary feedback indicates strong advocacy for the program, from Nurse Unit Managers, Directors of Nursing and newly employed ENs.

Jim Stynes A

Changing learning environments and cultures

Principles, People and Process: Timely quality care in a subacute environment

Lisa Somerville

Aims: Develop the interdisciplinary ward team (medical/nursing/allied health) to improve the patient experience and provide timely quality care for subacute inpatients.

Methods: Research demonstrates that effective and interdisciplinary teamwork is critical in the delivery of high quality care and safe patient outcomes. Alfred Health has embarked on an improvement initiative aimed at delivering timely quality care across the continuum.

The key initiatives have included:

- ★ re-alignment of the clinical workforce to the ward environment
- ★ ward interdisciplinary leadership cohorts established
- ★ commencement of a team coaching and capability program
- ★ implementation of Journey boards and daily meetings to promote collaboration and patient care progression
- ★ implementation of systems for routine data reporting

Preliminary results: The ward environment, staffing structures and governance framework was modified in 2013 in preparation for the implementation of the coaching and capability program which commenced in early 2014.

Quantitative and qualitative outcome measures will assess the impact of this project on the interdisciplinary and collaborative teamwork. The patient experience has been measured through routine hospital collected data (direct care time, FIM change, discharge destination, LOS) and a patient experience survey. Further qualitative data has been collected via a staff workshop prior to commencement of the leadership development program.

Conclusions: This presentation will report on preliminary findings to develop the environment and workforce to be patient centred in design and delivery. Further longer term evaluation is planned to measure the impact on patient experience and access to timely quality care.

Jones, A and Jones J. 2011. Journal of interprofessional Care 25: 175–181

Supporting Emergency Departments in providing care for Mental Health Consumers – Trauma Informed Care Training Pilot

Andrea Hall, Vikkie Dearie, Rosemary Charleston, Maggie Clarke

The State-wide Reducing Restrictive Interventions (RRI) project is a component of the Victorian Mental Health Act reforms, funded by the Victorian Government. The RRI Project team supports Mental Health Services (MHS) and Emergency Departments (ED) to identify the systemic changes that need to occur, to result in a sustainable reduction and/or elimination, in the use of seclusion and restraint.

Evidence tells us that trauma can have a significant impact on the lives of mental health consumers. Trauma Informed Care (TIC) as an approach, allows us to examine the role of health services in perpetuating trauma, and to look for ways of minimising the distress for consumers.

With access to MHS commonly occurring via the ED, the RRI team identified the need to support this environment with the provision of an education pilot in TIC. This was co-developed and co-delivered specifically for the ED and was designed to: raise awareness; improve consistency; and deepen knowledge and skills for those working in this high acuity environment. Strengthening ED nurses knowledge in TIC is at the core of this strategy.

Outcomes: Pilot sessions were conducted in 2 Victorian EDs; 1 rural and 1 metropolitan. Preliminary evaluation results suggest that the pilot was valued highly and has raised awareness for ED nurses regarding causative factors relating to challenging behaviour, and their role in minimising risk of re-traumatising mental health consumers.

Conclusion: Providing TIC education in EDs is an effective strategy in raising awareness for ED nurses caring for mental health consumers.

Jim Stynes B

Inter-professional learning: across disciplines and professions

Integrating a sustainable, inter-disciplinary approach to education in Trauma Informed Care and Sensory Modulation

Julie Blackburn, Natasha Tudor, Maggie Clarke, Joanne Switzerloot

Overview and approach: The State-wide Reducing Restrictive Interventions (RRI) project is a component project of the Victorian Mental Health Act reforms, funded by the Victorian Government. The RRI Project team supports Mental Health Services (MHS) to identify the systemic changes that need to occur, to result in a sustainable reduction and/or elimination, in the use of seclusion and restraint.

To support sustainable change in practice and culture, and to strengthen and deepen knowledge and skills in this area, the RRI team co-developed and co-delivered two trainer education packages. These packages were designed to support interprofessional learning between disciplines, inclusive of the consumer and carer workforce, who are working in MHS from across the lifespan. The aim of this educational approach has been to use the capacity building model for trainers to ensure that Trauma Informed Care (TIC) and Sensory Modulation (SM) become a consistent and sustainable part of professional education throughout the State, and that the culture of TIC and use of SM approaches is therefore embedded as the 'norm'.

Outcomes: All 23 Victorian MHS participated in 10 events conducted by the RRI project team in the first quarter 2014. 89 professionals participated in SM education; 88 in TIC. Preliminary evaluation results indicate that these strategies, and the co-delivery of training, are considered by MHS as vital for sustainable RRI.

Conclusion: This approach has successfully supported the Victorian MHS workforce in their preparation for the implementation of these strategies locally, and their capacity to sustain this approach over time.

Everyday interprofessional education – capitalising on practice environments to foster learning.

Robyn Smith, Stacey Baldac, Kathy Gould, Anne Hastie

The World Health Organisation, Victorian Department of Health and Health Workforce Australia have endorsed interprofessional education (IPE) as a way forward for fostering collaborative practice and effective health care. A number of tertiary training providers in Australia have introduced opportunities for students from different disciplines to learn with, from and about one another in the academic setting. But what happens in the clinical setting? In many health services clinical placements are still mostly organised in discipline silos, with relatively few opportunities for interprofessional education, collaboration or practice. How can we structure the clinical education experience in a health care setting so that students are actively encouraged to develop collaborative practice skills during clinical placements?

Our team has established a number of evidence informed, practice based interprofessional education programs at a local and Clinical Training Network level. This presentation will provide examples of practice based interprofessional education programs for health professional students. We will outline the key enablers and success factors for maximising everyday interprofessional learning in a practice setting.

Beginning the Journey of Collaboration – Interprofessional Education; Practice Strategies in a Regional Health Service

Debbie Stockton, Isabel Paton, Hellen Wiaczek

Interprofessional collaboration has the potential to strengthen health service provision and improve outcomes for patients by enabling access to a broad cross section of skill sets, thereby addressing often complex health issues (World Health Organisation, 2010). Albury Wodonga Health and Charles Sturt University have partnered to implement a range of strategies to promote interprofessional practice and education (IPP and IPE). This presentation will describe the approach taken to increase awareness and interprofessional capability within both the health service and higher education provider. Strategies have enabled a comprehensive approach to the engagement of Executive and Senior Management, clinicians and support staff, academics and clinical educators, as well as students and early graduate health professionals. The aim is to embed a culture of IPP within the delivery of health services while concurrently building interprofessional competence in the future healthcare workforce. This presentation will detail the action plan, progress and outcomes of strategies including the integration of IPE and IPP into early graduate programs, continuing professional development and undergraduate student learning opportunities. The presentation will highlight the role of simulation scenarios in promoting IPP, enabling clinicians and students to broaden their understanding of roles, skills and knowledge of other disciplines and improve the skills necessary to communicate and collaborate to provide effective patient centred care. Other strategies include facilitated interprofessional case review meetings to provide a forum for improving interprofessional understanding and enabling collaborative care planning and delivery. Outcomes relating to patient care, communication, staff and student satisfaction will be discussed.

23 May 2014, Abstract Session 4

Olympic Room A

Using technology to enhance learning and development

Developing Mobile Web Apps for course delivery

Martine Calache

The Clinical Training Unit at Dental Health Services Victoria (DHSV) runs an 8 week course preparing overseas trained dentists for the Australian Dental Council Exam, to enable them to qualify as a registered practicing dentist in Australia. All course materials were provided in paper format and at the conclusion of each program students had accumulated 23kg of paper (their total baggage allowance, for those returning to their home countries).

Our response to this was to develop a Mobile Web App for the attendees of this program. The Mobile Web App encompasses the timetable, lecture notes, has student note taking functionality, attendee profiles – enabling students to connect with each other, presenter profiles- enabling participants to email questions and comments to presenters, linking to external websites and provide ongoing feedback and evaluations of sessions. The Mobile Web App is applicable across devices (smart phone, tablet, laptop and desktop computer) and compatible with both mac and pc.

The Mobile Web App is an innovative approach to the delivery of education and training in health workforce, because it allows constant access to course materials and actively encourages student engagement. The transition of this program is one of joining the digital age in education and training.

Evaluation of the use of the Mobile Web App by students has been positive with specific reference to; 24/7 access, the ability for planning ahead of time and the downloading of course material.

This Mobile Web App concept could be applied to many education and training programs within the health sector.

Taking the heavy lifting out of Allied Health – Smart Moves training

Scott Readett

Aim: Safe manual handling practices are critical in preventing personal injury. This project aimed to streamline the Allied Health Smart Moves manual handling program while maintaining a high level of manual handling safety. Additionally reducing the hours staff are away from the clinical environment and coordinator training hours.

Method: Eastern Health is a public health service which has an obligation to provide safe manual handling training to all staff.

Using an on-line platform, previous face-to-face session resources and content were consolidated and a consistent program developed including an interactive e-learning course and access to specific practical training and assessment sessions.

By utilising an on-line platform staff have the ability to access the program and complete online theory at a time that suits them.

Progress: On average 700 allied health staff completed the Smart Moves training at Eastern Health per annum. Previously staff attended a face-to-face training of at least one day.

Utilising technology to deliver core Smart Moves training requirements on an on-line platform has released approximately 6,100 clinical staff hours decreasing the number of hours that staff were away from the clinical environment. Additionally this program has resulted in an estimated annual saving of \$22,400 in clinical educator/coordinator time.

Evaluation of the program will be examined through self-assessment surveys, allowing for comparative analysis with traditional full face-to-face training.

Conclusion: The on-line platform has been well received and is currently being updated to suit nursing. The use of technology to streamline the Smart Moves program has transformed the staff experience.

Greater Green Triangle University Department of Rural Health Student Support Program

Amanda Urquhart, Sandi Elliott, James Dunbar

Aims: Provide easy access to low-cost, high quality accommodation for health science students on placements in south west Victoria and south east South Australia.

Method/approach: Accommodation is recognised as being a major factor in supporting students on rural placement.

The Greater Green Triangle (GGT) University Department of Rural Health purchased or leased suitable housing in various towns around the GGT region and entered into partnership agreements with rural health services to share existing student lodgings.

A custom designed website with a student portal consisting of a fully automated online booking system, similar to 'wotif', was created. Details of accommodation and information pertaining to the GGT region was then entered on the web site and the system expanded to include the following program functions:

- ★ Bookings
- ★ Payments
- ★ Cancellations
- ★ Emails
- ★ Policies

Progress/outcomes:

- ★ A website has been designed that is a gateway of information on the region.
- ★ Students find it easy to locate and self-book accommodation online to suit their needs.
- ★ It has greatly reduced administrative tasks for Departmental and Hospital partnership staff.

Conclusions: The GGT UDRH has seen a considerable increase in the number of students undertaking placement in the region over the past 10 years.

The number of student placement weeks has grown from 1000 in 2005 to more than 5000 in 2013. The Department has also been recognised as the highest performing UDRH in this program area since 2005.

This clearly demonstrates the value of the online booking system and of the accommodation that is available in this region.

Embedding the use of manipulation software technology to enhance radiographic image interpretation education and training

Imelda Williams

Providing an opinion on emergency radiographs has become common practice internationally. In Australia implementation of this practice has been sporadic. The Medical Radiation Practice Board of Australia (MRPBA: 2013) 1. Has formalised an entry-level capability for diagnostic radiographers to be able to “identify significant findings” on radiographic images and to convey this information either verbally or through written communication. This capability is endorsed by the Australian Institute for Radiography (2013) in the ‘Professional practice standards for the accredited practitioner’ 2. Education providers need to ensure that learning outcomes and assessments demonstrates that all diagnostic radiography students can meet this requirement.

Method: The KPACS image manipulation software program has been introduced into the ‘Bachelor of Radiography and Medical Imaging’ degree program at Monash University since 2012. Radiographic images are imported into the software which allows for image manipulation that mirrors the ‘Picture Archiving and Communication System’ used throughout radiology departments in Australia.

A student survey revealed a satisfaction level of 93.3% using the KPACS software in comparison to 45% when viewing still images either through PowerPoint or Virtual Learning Environment.

Impact: Students engage with the software package during both formative and summative image interpretation assessments which allows for post-manipulation contrast and brightness adjustment, panning and zooming of images in search of radiographic abnormalities on diagnostic images. Qualitative comments included that the greatest advantage was the ability to simulate the clinical viewing environment.

Conclusion: KPACS technology enhances and mirror clinical image interpretation expectations for entry-level graduates.

Presentation will include demonstration of KPACS software.

Olympic Room B

Models of health workforce education, training and development

Health System Effectiveness Through Skilled Nursing Intervention

Maree Cameron, Brett Morris

Overview: As the population ages chronic disease becomes more prevalent, demand for services will increase and more pressure will be placed on the health care system. On average, people aged over 75 years use five times as many healthcare services than people aged less than 75.

So it is vital that the nursing workforce is skilled and competent to undertake comprehensive health assessment of the older person (CHAOP) to enhance early screening, identification and management of health issues; including providing timely responses to acute issues when they occur in older people.

Despite this, it was identified in 2010 that many nurses had never had CHAOP training and none was widely available.

Approach: The Department of Health contracted La Trobe University to: develop, deliver and evaluate a training program in the CHAOP for nurses in Victoria. This resulted in 1200 nurses working in acute, community and aged care settings attending the program from 2011–2013.

Results: Nursing knowledge and confidence of CHAOP improved significantly and was sustained. Evaluation showed this impacted positively on nursing led responses and interventions to the known care risks for older people; including falls, weight loss; dehydration; infections; pain and functional decline in all health care settings.

Conclusions: CHAOP training: leads to the identification of risks for older people so they can be appropriately managed; preventing avoidable hospital admissions, potentially reducing hospital length of stay and enhancing the lives of older people.

The Department is seeking to licence the training so that it continues to be available to nurses in all settings.

Care coordination training across community settings: A partnership for workforce development

Sue Harrison, Mabrooka Singh

Clients with multiple and complex needs continue to experience poor health outcomes and pose considerable challenges to the health workforce. To address this, there has been a recent increase in financial and policy investment from State and Federal Governments towards care coordination. VICSERV, the peak body representing community managed mental health services and the Indigo program at Western Region Health Centre, a service that has been providing assessment and care coordination through the Multiple and Complex Needs Initiative since its inception in 2004, identified a need for workforce training in this area.

The practice wisdom of the Indigo program and VICSERV's expertise in workforce development has led to the development of advanced care coordination training. Through the use of experiential learning principles, each module encourages participants to role play actual care coordination processes and dilemmas. Through this, participants are able to develop higher level analytical, communication, negotiation and problem solving skills required for the role.

VICSERV and the Indigo program first delivered care coordination training in February 2014. Results demonstrated the need for advanced training such as this within the sector, with participants overwhelmingly reporting that following the workshop they had developed good knowledge of the topic (90%) and that they would be able to explain knowledge of the topic to others (90%).

VICSERV and the Indigo program will continue to partner and deliver care coordination training regularly throughout the year in recognition of the important role such partnerships can play in workforce development.

Building capacity: Indigenous Interprofessional facilitators deliver the Indigenous Cultural Safety Coaching Program

Jenny Moloney, Katie Yeomans, Mollie Burley

Aim/overview: Culturally appropriate attitudes of non-indigenous health workers are critical to successful outcomes in any Indigenous programs. Ramahyuck District Aboriginal Corporation (RADC) partnered with the Gippsland Regional Interprofessional Partnership in Simulation (GRIPS) program and Monash University Department of Rural & Indigenous Health (MUDRIH) to provide an Indigenous Cultural Safety Coaching (ICSC) program for non-indigenous workers.

Method/approach: An Indigenous Lecturer (IL) was engaged to identify principles of Cultural Safety and consult with Gunnai-Kurnai Elders. RADC provided rooms where SimView technology was installed for audiovisual capture. Five RADC staff were trained as Indigenous Interprofessional Facilitators (IIF's). The GRIPS training materials were adapted to include the Cultural Safety Tool, questions for IIF's with answer sheets provided to facilitate consistency of the IIF's coaching responses.

Results/progress/outcomes: RADC indigenous interprofessional five facilitators (IIFs) included an elder, to a woman in her late teens. Significant support from the MUDRIH Indigenous Lecturer was required for the IIFs.

Following training four of the five IIFs felt able to undertake the Indigenous Cultural Safety Clinic (ICSC) with support immediately. RADC business manager participated in the program and enrolled all the RADC non-Indigenous staff into the program. Since its inception, 75 staff from local health agencies, as well as key non-indigenous staff at RADC have participated in this program.

Conclusions/recommendations: The GRIPS Indigenous Cultural Safety coaching is a unique model proving to be a powerful approach to facilitate the adoption of appropriate Cultural Safety attitudes when these two groups work together.

Yarra Park Room

The training continuum: lifelong learning

A ReHSeN-able Choice for Regional Training

Sue Wilson, Allan Donnelly

The Victorian Regional Health Service eLearning Network (ReHSeN) has been established to meet the e-learning needs of regional health services. The e-learning platform is a fee for service initiative of e3Learning, a business unit of the Open University. It is an example of how a public / private collaboration can work to facilitate consistent training for the community of professions that constitute the healthcare workforce.

The platform provides access to a library of industry reviewed courses. It has an inbuilt classroom booking system; a resources faculty for providing easy access to support materials; and a repository for staff to store their CPD portfolio records. The library is constituted by a suite of courses developed by e3, individual members and a collaboration of authors. Negotiations continue with a series of professional bodies who have authored freely accessible e-learning packages such as Hand Hygiene Australia, BloodSafe, eviQ and State Services Authority to progress options for developing the portal as a single access point for staff to complete mandatory training and skills development packages.

ReHSeN is based on the original work of Dr. Allan Donnelly, Nursing and Midwifery Recruitment Officer for the Department of Health, Ballarat. It is currently being used by more than 80 health services across the Grampians, Loddon-Mallee and Hume regions of Victoria. This paper will present the achievements so far, an overview of the benefits of joining the service as part of a regional collaborative, and an introduction to the possibilities for growing the service.

Team-Based Learning Improves Student Learning and Accelerates Acquisition of Professional and Graduate Attributes

Judy Currey, Elizabeth Oldland, Julie Considine, Josh Allen, Gabby Burdeu

Aim: The aim is to showcase the methods and outcomes of Team-Based Learning which has been used in postgraduate speciality nursing education by Deakin University School of Nursing and Midwifery since 2009. Deakin was the first health degree in Australia to use this innovative strategy to deepen student learning and equip nurses with professional behaviours for high quality practice to improve patient outcomes.

Approach: Team-Based Learning is a highly structured, specific educational strategy which encourages and rewards students to think critically and solve clinical problems individually and in teams. Through careful design, learning accountability resides with students to prepare for classes where they publicly declare and apply their knowledge. All students work individually and in preformed permanent teams to solve the same significant clinical problems, then select and report their answers simultaneously. Discipline-specific, communication and teamwork skills are embedded, therefore, such learning produces high quality graduates with advanced critical thinking, problem solving and teamwork skills. The structure, processes and essential characteristics of an effective Team-Based Learning session will be experienced by workshop attendees.

Results: Findings of research by Deakin postgraduate nursing educators is consistent with global studies of Team-Based Learning across multiple disciplines in health and beyond showing student knowledge acquisition is increased. Student and educator (University and hospital-based) perceptions of the method are statistically and clinically positive.

Conclusions: Team-Based Learning produces high quality graduates for specialty practice to enhance the quality of patient care delivered. This workshop will demonstrate its effectiveness to enable wider adoption of this innovative strategy.

Improving care for people with Parkinson (PwP) in residential facilities (RF): Residents outcomes following staff education

Margarita Makoutonina

Aim: To determine if the improved knowledge of staff of RF who care for PwP is reflected in improved quality of care of residents.

Background: Lack of knowledge and expertise of staff in RF is encountered. A curriculum and educational program designed to provide Parkinson specific knowledge for staff resulted in a sustained improvement following implementation. This report focuses on the clinical outcomes of residents following the implementation of the staff program.

Methods: A total of 49 residents were used in the analysis. These residents were cared for by 118 staff members who participated in the educational program. Measures were taken at baseline, 1, 3, and 12 months after staff education using standardized tools with a focus on quality of care provision.

Results: The group was predominantly elderly (mean age = 81.6), with a long duration of disease (mean = 12.2 years) requiring high level care (36). On specific measures (mean) the group had dementia (MMSE = 18.8), depression (GDS = 22.9), a reduced QOL (PDQ39 = 63.4), high fatigue scores (PDFS16 = 65.5) and frequent falls (199 a month baseline). The RFQ score reflected the lack of Parkinson specific care. Staff education resulted in significant improvement in all measures at 3 months and 12 months. The falls decreased significantly from 199 a month at baseline to 77 at 6 months.

Conclusions: This study demonstrated how a simple intervention resulting in improved staff Parkinson specific knowledge base produced a significant and clinically meaningful improvement in the care of PwP.

Jim Stynes A

Sustainability, productivity and efficiency in health education, training and development

The Evolution of Workplace Learning Cultures during the Establishment of a Dedicated Education Unit (DEU)

Suzanne Metcalf, Rosalind Lau, Rebecca Vanderheide, Cheryle Moss

Introduction: The development of a collaborative partnership between a major trauma centre and a large university in Melbourne led to a research project that focused on workplace learning culture. The establishment of two dedicated education units, based on a clinical teaching model developed by Gonda et al. (1999), provided the environment for this collaborative work.

Aims of the research are to:

- ★ Collaboratively develop mechanisms for advancing learning cultures in highly acute setting
- ★ Explore how the partnerships between students, university and the clinical setting are impacting on the development of workplace learning cultures; and,
- ★ Explore multiple perspectives of stakeholders in the DEUs e.g. students, clinicians, educators, administrators and academics

Methods: The overarching method is pluralistic as this approach to evaluation highlights the situational nature of evaluating environments where new innovations are implemented and, where stakeholders may have differing interpretations of measures of success (Gerrish, 2001). The research uses multiple methods to gather data through the use of validated survey tools, semi-structured interviews and focus groups. The research design encompasses both process and outcome evaluations.

Results: Data suggests that through the process of establishing the two DEUs there have been benefits at a local unit level through enhancement of learning for both students and clinicians, and at an organisational level through improved collaboration between faculty and practice. This paper will present the qualitative findings of the process evaluation to highlight how university and practice partnership relationships can be enhanced through changing learning environments and learning culture.

Centres of Excellence in Simulation Based Education and Training

Monica Peddle, Robyn Smith, Julian VanDijk, Tony McGillion, Stephen Guinea, Annette McLeod

The project aims include:

- ★ establish formal partnerships between healthcare and education
- ★ draw together collective expertise and physical resources to maximize efficiency, capacity and capability to provide a quality simulation-based learning service
- ★ expand and increase access to SBET, including mobile and virtual simulation, and interdisciplinary solutions.

Key outcomes: The project has enabled a number of key outcomes in the MNCTN including:

Development of identified Centres of Excellence enabling effective collaboration and productive partnerships to capitalize on strengths across industry and academia including multiple health disciplines to support integration, implementation and evaluation of quality SBET.

The increased capacity of the staffing profile to facilitate a variety of SBET approaches

Distribution of existing and new resources to maximise access to quality SBET including a central library of simulation resources, simulation spaces and expert facilitators

A flexible, Virtual Simulated Patient Resource (VSPR) aimed at developing non-technical skills of undergraduate health professionals www.vspr.net.au

Conclusion: The data collected in the project period demonstrates a significant increase (1015%) in the simulation hours delivered from 2011 till June 30, 2013.

The project provided adequate resources in relation to simulation equipment, spaces and expertise and is governed by ongoing agreements and procedures. Further phases of the project will be aimed at sustainability uptake and evaluation and will include developing cost recovery models and ongoing marketing and facilitation of workshops. A robust evaluation research program is also being developed to include ongoing evaluation of resources, programs and utilization of the SBET resources in the MNCTN.

Partnership: Traversing the clinical training terrain

Sam Pilling, Joan Leo

With a compelling shared goal of attaining high quality clinical education for students, partnerships between clinical placements providers and education providers should seemingly evolve without major hurdles. All good partnerships require nurturing and attention however, suggesting that acceptance and appreciation of a partner's local and global context, including their current pressures, better positions partners to achieve mutually beneficial outcomes.

Learnings from both the clinical health workforce and the education provider context inform our approach on the path to achieving high quality clinical education experiences. Partnering successes and failures alongside challenges encountered have provided fantastic fodder for reflection and learning. New relationships have been built from the ground up whilst existing relationships have broken down or flourished. This richness of experience and a desire to learn and improve in this arena have led us to new and valuable insights. Whilst focussing on the mutual attainment of shared goals rather than on one party winning over the other or achieving financial gain, we have identified positive enablers to achieving great outcomes in the joint interest of all parties.

This paper explores the contextual influences (for government, health and higher education), competing pressures and multiple perspectives that need to be considered in traversing the terrain of partnership management leading to positive and productive connections and outcomes. We will delve into the reasoning and justification for needing strong partnerships; address the numerous challenges to successful partnerships and ultimately present practical advice for initiating, nurturing and enhancing successful partnerships in clinical education.

Jim Stynes B

Inter-professional learning: across disciplines and professions

Changing student placement experiences: integrating interprofessional collaboration, simulation, education in community health

Jane Taylor, Mollie Burley

Aim/overview: We wanted to provide opportunities where students from different disciplines on placement in community health could collaborate and learn from each other. Latrobe Community Health Service (LCHS) and Monash University Department of Rural & Indigenous Health (MUDRIH) together have formed the 'Placement, Education & Research Unit (PERU)' at LCHS fulfil this aim.

Method/approach: In 2011 the LCHS executive approved a multifaceted Student Placement Plan including:

- ★ a central student intake process using an on-line student application form, and a central data base (Prior to Vic Place,);
- ★ a Student Placement Officer position to negotiate student placements with supervisors;
- ★ training for staff in student supervision and in Interprofessional Collaboration (IPC);
- ★ provision of IPC student workshops; and
- ★ development of a simulated Interprofessional Student Supervised Clinic (ISSC).

Specific IPC placements were provided where medical, pharmacy and paramedic students had tailored multi-program experiences including the GP clinic, Drug and Alcohol, Mental Health, Allied Health and District Nursing.

Results/progress/outcomes: From the 35 students in 2010, PERU now coordinates more than 240 placements annually, with 28 health disciplines from 24 education providers. Monthly IPC student workshops are held and weekly ISSCs are conducted with consistently high evaluations indicating powerful IPC learning outcomes.

Conclusions/recommendations: Growth and increased quality of student placements has occurred due to the increased quality of supervision; the innovative integration of the IPC student programs; and because there are opportunities to provide a more rounded 'community' experience for students across multiple programs.

Gippsland Regional Interprofessional Partnership in Simulation (GRIPS): changing the face of Interprofessional Collaboration across Gippsland.

Jenny Moloney, Jane Taylor, Mollie Burley

Aim/overview: GRIPS aimed to improve the co-operation, collaboration, communication and teamwork of students undertaking placements using an interprofessional capacity building model.

Method/approach: Monash University Department of Rural & Indigenous Health (MUDRIH) formed partnerships with four service providers across Gippsland. The SimView audio-visual system was installed into each site to capture Simulated Client Clinic (SCC) activities. Partner staff received training in Interprofessional Collaboration (IPC) Facilitation; conduct of SCCs; training Simulation Clients (SC) and Sim View Technology.

Results/progress/outcomes: Initial training was conducted in East and West Gippsland with enhanced IPC information provided to prepare facilitators for the SCCs. Partners trained between 5–10 local volunteer SCs. Many were excited about the opportunity to enhance student learning through playing their simulated characters. GRIPS staff attended each site for their first SCC and provided ongoing phone/email support.

Student targets were achieved to Health Workforce Australia (HWA) satisfaction. GRIPS produced seventeen new Interprofessional Facilitators; eighteen SCs and partners confident with the SimView technology. SCC Case Scenario templates provided volunteer Simulated Clients the opportunity to ‘personalise’ their selected scenario. Technical issues with SimView in some agencies occurred so video cameras were provided so the SCCs could continue.

Conclusions/recommendations: A lead time of 4–6 months for SCCs is required in future. GRIPS has provided Simulated Client Clinic opportunities for students to develop/enhance their co-operation, collaboration, communication and teamwork skills; staff built their capacity in IPC Facilitation and appropriate quality training materials/programs were effectively delivered and supported by MUDRIH.

Wish it ... Dream it ... Do it! Building a sustainable, inter professional education service

Sue Wilson, Helen Haines, Rebecca Weir, Karrie Long, Jacqui Verdon

What if the trick to navigating change and realising the future we want to see unfold was to – wish it, dream it and do it? The aim of this paper is to share the experience of a sub regional health service staff development unit from North East Victoria as they navigated change to realise the future they wished for, dreamed of, and continue to grow into.

The service has transitioned from several small disparate units and isolated practice development positions, into a single inter professional education and research unit with four distinct teams. One team is responsible for managing, delivering and vertically integrating student services from school based through to a range of post graduate training programs. Another facilitates the wide range staff professional development activities across a multi layered and concurrent clinical and corporate services education calendar. The third team provides the inter-professional clinical support program across medicine, nursing, midwifery and allied health. And, the last coordinates the implementation of evidence for practice through a variety of clinical consultancies. The service redesign has given education and research a voice at executive level, with direct accountability to the Chief Executive Office.

Education and research have evolved as integral threads of the strategic and workforce plans and have been positioned to support the achievement of the clinical services goals. It is also now well placed to not only provide support to onsite staff and students but to also provide collegial support and sub regional leadership.

Poster presentations – timetable

Thursday, 22 May 2014 – 1.00pm–1.30pm	
Community Health Advancement and Student Engagement (CHASE): a new generation empowered to fight preventable disease	Jenny Tran
Making the obstetric trauma call; a collaborative educational initiative for an insitu simulation	Elena Pascoe , Sue Garner, Michael Shaw, Andrew Crellin, Amber Van Dreven, Jane Shippen, Julie Lodge
Competency based training for dietitians in the intensive care unit	Natalie Simmance , Katherine Hastie
Career pathways in health for young people in North East Victoria	Diane Ward
Introduction of a cluster model for the placement and training of intern nuclear medicine technologists	Alisa Cowie , Cherann Edwards
Innovative workforce approaches to ‘make a difference’ in oral health care in regional/rural Victoria	Michael Smith , Sharon Sharp
Friday, 23 May 2014 – 12.45pm–1.15pm	
Multidisciplinary team (MDT) management in Parkinson’s disease: symptom management to prevent onset of disability	Margarita Makoutonina
The benefits of a position dedicated to training and development in community mental health organisations	Lisa Maher
From the bottom to the top	Lina Wilson , Jo Wasley
Establishing postgraduate educational standards for interventional cardiac nursing: an academic clinical partnership to improve practice	Judy Currey , Kevin White, Elizabeth Oldland, John Rolley, Andrea Driscoll
Journey to the centre of the heart: integrated learning through the use of apps and animation	Suzanne Metcalf , Natalie Berry, Danielle Najm
FIRST STEPs Facilitation In Regional Settings: Training in Simulation Teaching Educators Program	Wendy Porteous , Samantha Gent
Occupational burnout among Australian medical radiation science health professionals – the impact on a quality workforce	Michal Schneider , Kellie Knight, Diane Luc, Caroline Wright, Robert Adams, Duane Ackroyd, Marilyn Baird

Both days – Department of Health initiatives	
Barwon-South Western Clinical Training Network	Ruth Barton
Grampians Clinical Training Network	Sue Thorpe
Loddon-Mallee Clinical Training Network	Glen Wallace
Hume Clinical Training Network	Debbie Gleeson
Gippsland Clinical Training Network	Tracey Bland
Melbourne West Clinical Training Network	Jan Roney
Melbourne East Clinical Training Network	Cherie Howland
Melbourne North Clinical Training Network	Elizabeth Paul
Melbourne South Clinical Training Network	Loretta Bull
viCPlace	Melinda Szasz
Simulation-based education and training: a focus on sustainability	Tracie Andrews, Emma Cadogen, Mathew Jenkins
Sustainability blueprint for funded clinical training assets	Sarah Watson, Julian Holman
Clinical Supervision Support Program 2014-2015	Anita Hill, Emma Scott, Fiona O'Leary
Clinical Supervision Support Program 2011-2013	Anita Hill, Emma Scott, Fiona O'Leary

Poster presentations

Sorted by day

Thursday, 22 May 2014

Community Health Advancement and Student Engagement (CHASE): a new generation empowered to fight preventable disease

Jenny Tran

Introduction: CHASE aims to address social inequalities in health and education amongst lower socioeconomic populations in Melbourne. In the Western suburbs of Melbourne, there are two social inequalities that are inter-related:

- 1) higher incidence of non-communicable diseases, and
- 2) lower level of highest education attained.

This is compounded by poorer health literacy, lack of access to tertiary education and the vicious cycle of low socioeconomic status, poorer health outcomes and lower literacy levels. CHASE is a multi-level mentorship program aiming to improve health through education. The vision of CHASE is to create a generation of young people empowered to fight preventable diseases.

Aim: to inspire, educate and train a sustainable workforce of health leaders and innovators equipped to combat non-communicable diseases.

Method: Mentors provide education sessions to high school students that cover topics in health (e.g. mental health, drugs & alcohol and lifestyle diseases), project development and management, and facilitate the creation of secondary student-led community projects that tackle community health challenges identified by the secondary students during their education sessions. The mentors come from various backgrounds, including health, economics, law and architecture. It is hoped that mentoring will lead to the secondary students pursuing tertiary education and professional careers with a unique understanding of health.

Progress: 2013 was CHASE planning and devising strategic vision. 2014 is the first full pilot CHASE program, where we are initially working with high schools to implement:

- 1) “Education” and “Action” phases, and
- 2) “Fresh” launch event -focusing on “creative nutrition”

Making the Obstetric Trauma Call; a Collaborative Educational Initiative for an Insitu Simulation

Elena Pascoe, Sue Garner, Michael Shaw, Andrew Crellin, Amber Van Dreven, Jane Shippen, Julie Lodge

Problem: Through an initial needs analysis, it was identified health carers were confronted with many issues when required to announce a 'trauma obstetric call' throughout the hospital. Some of these issues included, confirming the obstetric call, working with different specialties and ad hoc teams, and locating equipment during the resuscitation.

Aim: Therefore the aim of this educational initiative was to conduct and engage staff in an obstetric trauma using simulation.

Initiative: Through the collaboration of Deakin University's Ballarat Clinical School and Ballarat Health Services (BHS), an interprofessional insitu simulation scenario was established and conducted in the BHS emergency department during work hours. This 20 minute simulation involved participants (n=15) from anaesthetics (n=1) emergency (n=5) obstetrics (n=5) radiology (n=1) paediatrics (n=3) and was completed with a participant debrief.

Lessons learnt and recommendations: Participants recognized there was difficulty when identifying members of cross disciplines. Since this time Identification Tabards have been established and are now worn during all resuscitations in the emergency department. Leadership was acknowledged by all participants as integral to the team, with the Emergency Doctor identified as the resuscitation leader, coordinating the multidisciplinary teams. The working party also acknowledged that although it was expected participants would be able to suspend their disbelief during the simulation, the realism conveyed during insitu simulation was more than anticipated. This has added confidence in the ability to perform further insitu simulations.

Disclosure of Interest: All authors have disclosed no relevant financial relationship

Competency Based Training for Dietitians in the Intensive Care Unit

Natalie Simmance, Katherine Hastie

Overview: Management of the critically ill patient is complex and clinicians working in the Intensive Care Unit (ICU) require specialist skills and knowledge. The Nutrition Department at St Vincent's Hospital Melbourne (SVHM) designed a Competency Based Training Program to promote safe practice, advance the quality of Medical Nutrition Therapy provided in ICU and foster a culture of continuous learning.

Method: An in-house program was developed, as consultation with Victorian Dietitians in February 2011 did not identify an existing program. The program was structured for small group learning (3-4 participants) and comprised self-directed learning, classroom tutorials and ICU bedside sessions involving direct observation of an expert Dietitian and opportunities for supervised practice.

A pilot program involving 3 trainee Dietitians and 1 expert Dietitian ran over 7 sessions in September 2011. Feedback from this was used to refine the program and the modified program was offered to all SVHM Dietitians and repeated in April 2012, November 2012 and February 2013.

Results: Uptake of this opportunity for advanced training has been popular, with 13 Dietitians at SVHM now completing the training. Changes in self-rated capability levels for key competencies were measured and validated by the expert clinician. All Dietitians reported an increase in self-rated capability scores for all key areas and achieved competency to provide appropriate Medical Nutrition Therapy to critically ill patients in the context of our local ICU setting.

Conclusion: The training program will continue to be offered to all Dietitians at SVHM and could be adapted by other hospitals.

Career Pathways in Health for Young people in North East Victoria

Diane Ward

Overview: As one of the largest employers in the region, Northeast Health Wangaratta (NHW) has a long history in offering traineeships to eligible young people. During 2013 NHW was approached with a proposal signed by the majority of local secondary school principals suggesting that a structured intake program for school based traineeships be developed for students.

Aim: The aim of the program was to encourage students to explore a range of career options at the hospital and to support local workforce planning.

Method: NHW collaborated with local training organisations to advertise, interview and select trainees for the program.

Progress: Thirteen secondary school students have been recruited so far eight traineeships in Certificate Two non-clinical Health Services and five trainees in Certificate Three Allied Health Assistance.

Barriers to uptake have included inadequate distribution of recruitment materials to schools and uncertainty by applicants as to which stream – clinical versus non-clinical they were best suited.

A strong emphasis on trainees being employees – having their own ID card, IT access and completing the same compulsory competencies as all staff has been a key factor in positively engaging the students into the traineeships.

Conclusion: Collaborating directly with schools and registered training organisations together with integrating the traineeships into the broader employment processes has been a successful strategy. NHW has already begun to look ahead at continuing the current program into 2015 with plans to further diversify and expand intake capacity

Introduction of a Cluster Model for the Placement and Training of Intern Nuclear Medicine Technologists

Ailsa Cowie, Cherann Edwards

Overview: As a result of collaboration between the professional body, the nuclear medicine (NM) community, and the Department of Health (DH), a cluster model was implemented to increase graduate nuclear medicine technologist (NM intern) training places and enhance the training program. Clusters better utilise workplaces which were not optimal under the previous model and provide experiences beyond the minimum requirements. An education program including skills training, workshops, simulation-based learning and tutorials provides standardised high quality teaching. Two clinical educators coordinate the overall and education programs, and support the interns, supervisors and managers.

Approach: A DH-funded project officer consulted widely to develop and implement the model. A Steering Committee guides the clinical educators. A variety of evaluation methods are utilised to direct improvements and provide feedback to DH on the effectiveness of the new model.

Outcomes: Internship places have increased from 16 to 20; an increase to 24 (2015) requires careful negotiation with potential sites. Inclusion of smaller, specialised and regional workplaces provides diverse training opportunities, and regional workplaces access an expanded pool of potential recruits. Interns rated the education program as 4.1/5.0; best-received sessions included communication skills workshops and physics tutorials not previously available. Interns rated the diversity of workplaces as the best aspect of the overall program; however, transitions between workplaces presented the most challenges.

Conclusions: Partnership between the profession and government facilitated a smooth transition to the new model. A commitment to quality plus ongoing evaluation has created a program that increases placements and enhances NM intern training.

Innovative Workforce Approaches to 'Make a Difference' in Oral Health Care in Regional/Rural Victoria

Michael Smith, Sharon Sharp

The recruitment of locally-trained dentists has been problematic within the Barwon Health and Colac Otway regions. The aim of this project is to improve access to dental services and dental treatment for eligible people within the Barwon Health and Colac Otway regions through innovative, coordinated and collaborative workforce planning.

Various methods have been utilised including recruiting dentists from the International Graduate Dental Program and Dental Practitioners Graduate Program (Dental Health Service Victoria), the federally-funded Voluntary Dental Graduate Year and Oral Health Therapist Graduate Year Programs.

The coordination of the rural rotation model has successfully supported Bellarine Community Health, Colac area Health and Wathaurong Aboriginal Health Services to provide dental care to their communities.

Specialist services include Oral Surgery (registrar), Temporomandibular Joint Dysfunction (physiotherapist) and Oral Medicine clinics. These clinics provide graduate dentists with Supervised Clinical Attachment – CPD Activity – to enhance their knowledge and clinical skills.

Outreach models of care staffed by Oral Health Therapists, Dentists and Dental Assistants (Certificate IV in Oral Health Promotion) partner with Barwon Water and the Barwon Health Health Promotion Department demonstrate an integrated approach to oral health care.

The Wide Smiles outreach project involves Kindergartens & schools throughout the Geelong and Colac Otway regions resulting in three “virtual chairs” being created. In 2013, 2,361 children received dental examinations. Early results demonstrated the remineralisation of early decay in approximately 100 children’s teeth.

Through this multi-disciplinary approach to dental care the Barwon Health Oral Health team is making a difference to oral health care within this region.

Friday, 23 May 2014

Multidisciplinary team (MDT) management in Parkinson's disease: Symptom management to prevent onset of disability

Margarita Makoutonina

Parkinson's disease (PD) is complex, progressive and chronic disorder. A comprehensive care model (CCM), with MDT incorporating medical, rehabilitative and supportive services, is important in preventing the disability amongst People with Parkinson's (PwP). It centres on education for the person with PD and their care-giver, involves intensive assessment, the development of evidence based interventions, the use of movement strategies and drug manipulation, under intense monitoring, to tailor medication and rehabilitation to each individual's needs. The prevention of the disability amongst PwP is difficult due to the complex nature of the disease.

This presentation will outline the vital role of the MDT, communal philosophy within the MDT members and its specific application. It will be explained that this rehabilitative philosophy, in addition to the use of assessment tools, enables the OT to develop specific interventions for each individual patient. These interventions enable the patient and family to address a variety of problems, which can impact on independence and quality of life. It will be emphasised that such an approach delays and postpones the earlier development of disability and enables participation in normal daily activities by empowering the patient and family to control and to minimise impairment. Such a trans-disciplinary approach combines medical management and rehabilitation, addresses all motor and non-motor symptoms and provides comprehensive and continuous care. It empowers the patients and the care givers through an extensive education program, it is proactive and preventative and most importantly, it complies with the Parkinson's Charter.

Occupational burnout among Australian medical radiation science health professionals – the impact on a quality workforce

Michal Schneider, Kellie Knight, Diane Luc, Caroline Wright, Robert Adams, Duane Ackroyd, Marilyn Baird

Background: Burnout has the potential to adversely impact the development and growth of a quality Medical Radiations Health Practitioner (MRHP) workforce. The purpose of this study was to evaluate the level and predictors of occupational burnout among the Australian MRHP's, including radiographers (RAD), radiation therapists (RT), sonographers (Sono) and nuclear medicine technicians (NM).

Method: An anonymous electronic version of the Maslach Burnout Inventory (MBI) was circulated among Australian MRHPs. The MBI evaluates three levels of burnout, namely emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA). The predictive ability of factors such as years of experience, work commitment, marital status, lack of workplace autonomy, student training, education and gender were correlated against each MBI subscale for each profession.

Results: The questionnaire was returned by 1117 practitioners. Results were analysed collectively and individually for each profession. The results demonstrate Australian MRHPs experience high levels of emotional exhaustion and an average (RT) to high level of depersonalisation (RAD, NM & Sono). However, personal accomplishment was high for all professions.

The most significant predictors of occupational burnout for all professions were the lack of workplace autonomy ($p < 0.001$), working hours ($p = .02$) and overtime ($p < 0.001$). Other factors affecting burnout were profession specific, including marital status (RT & NM), years qualified (RAD), training workload (Sono) & children (NM & Sono).

Conclusions: This study has demonstrated that medical radiation practitioners are prone to burnout. By understanding these predictors of burnout we can support, strengthen and build capacity in the workforce to meet the needs of the future.

The benefits of a position dedicated to training and development in Community Mental Health Organisations

Lisa Maher

Where resources are scarce, training officers can be overlooked as a priority. This presentation will look at Ermha's introduction of a dedicated Training and Development Officer, its benefits, and the surprising truth about cost.

Current sector reforms and the implementation of the National Disability Insurance Scheme have brought about dramatic changes in the service delivery landscape, and there is increased need for training to be flexible, relevant and value for money. The Project Officer Training and Development (POTD) position has been key to the development of a new training approach that is flexible, evidence-based and responsive to shifting needs of the Mental Health population.

Ermha's solution to achieving a workforce that is trauma informed, culturally and dual diagnosis competent and skilled at suicide intervention involves collaboration with cross-sector experts to design content which is then contextualised and woven together. As a result, workers benefit from an evidence-based training package which promotes change in a strengths-based manner.

The POTD also manages the coordination of a centralised student placement program to create a recruitment pipeline of highly qualified new staff.

The POTD delivers sessions to external services and the general community to generate income as part of Ermha Training Seminars. This enables the position to be self-sustainable and increases the sector's training and development resources.

Employing a position dedicated to training and development promotes standardisation, quality control within the organisation, expands training opportunities across the sector, and plays an important role in developing and maintaining network and partner relationships.

From the bottom to the top

Lina Wilson, Jo Wasley

This presentation examines the provision of a skilled and effective workforce through the delivery of quality education to graduates choosing to enter the speciality of mental health nursing. The role of the educator group is to provide innovative, coordinated and integrated competency based education to a range of learners commencing with undergraduates. The NEVIL graduate nurse training program ticks all these boxes through the investment of time, experience and the sharing of knowledge/ expertise. Learners at all levels are equipped with a range of skills and knowledge to support them in their career pathway. The outcome of the NEVIL program ensures that consumers receive the best possible care from a capable and professional workforce. The NEVIL education package is provided to graduates across both rural and metropolitan settings. Support to graduates is provided using a multi-pronged approach – formal lectures, clinical competencies, clinical supervision, preceptorship and written assignments. On completion of all aspects of the comprehensive learning package; credit for tertiary post graduate studies is attained. This opportunity to present will enable us to share the components of the NEVIL program with other health services who may like to “borrow” elements to complement their current programs. Our ultimate aim is to ensure that consumers benefit from care provided by professional mental health nursing staff who have been educated to the highest standard.

Establishing Postgraduate Educational Standards for Interventional Cardiac Nursing: An Academic Clinical Partnership to Improve Practice

Judy Currey, Kevin White, Elizabeth Oldland, John Rolley, Andrea Driscoll

Overview: Interventional cardiology practices have advanced immensely in the last two decades, but the educational preparation of the nursing workforce in cardiac catheter laboratories has remained as on-the-job training. A partnership between MonashHeart and Deakin postgraduate nursing was established in 2012 to develop specialist education for such nurses. The aim of this paper is to present the development of an interventional cardiac nursing curriculum nested within a Master of Nursing Practice in Australia.

Approach: The program for interventional cardiac specialist nurses was designed to uphold international and national health education principles, teaching and learning theories, and professional frameworks and philosophies. These broader health, educational and professional underpinnings will be described to illustrate the foundations of the program’s theoretical and clinical components. The unique partnership model between hospitals and Deakin University will be described to illustrate the benefits for the profession and Victorian patients.

Results: Situating interventional cardiac nursing within a Master’s degree program provides nurses with the opportunities to develop high level critical thinking and problem solving knowledge and skills. Student evaluations of the program, along with perceptions of multidisciplinary team members in cardiac catheter laboratories have been overwhelmingly positive.

Conclusions/recommendations: This novel educational program and partnership models provides postgraduate prepared nurses to deliver high quality, safe patient care to a previously neglected critically ill cohort of Victorian patients undergoing primary cardiac interventions.

Journey to the Centre of the Heart: Integrated learning through the use of apps and animation

Suzanne Metcalf, Natalie Berry, Danielle Najm

The primary aim of this project was to develop and pilot an education program that addressed the basic principles of cardiac monitoring, common arrhythmias and the nursing management of these patients in response to an identified gap in clinical practice for generalist nurses working in the acute care setting. The specific aims were to utilise novel and multi-modal methods of delivering content; develop activities that foster dynamic problem solving and sequential analysis of patient assessment data and diagnostic adjuncts such as the cardiac rhythm strip. Wards with a perceived practice deficit were chosen.

A short-course was developed by a team that was comprised of nurse educators, IT specialists and a graphic designer from Alfred Health. Blended Learning principles were followed to maintain a balance between breakout activities, facilitated group discussion and most importantly participant interaction with the animations. Finally an opportunity was provided through the use of the ALSi software app to consolidate salient intended learning outcomes; namely the identification and management of cardiac arrhythmias.

From this education program a safety checklist for monitored patients was developed. This ensures the application of course content to the clinical environment. Initial data and participant feedback suggests a change to the practice in the care of cardiac patients. Level 3 evaluation is currently underway to elicit behaviour change of course participants. Further research into staff perceptions, behavioural change and patient outcomes is planned to explore the benefits of this unique approach.

FIRST STEPs Facilitation In Regional Settings: Training in Simulation Teaching Educators Program

Wendy Porteous, Samantha Gent

As part of the Health Workforce Australia (HWA) and Simulation Based Education and Training (SBET) initiatives there was a large injection of resources to develop SBET in the Grampians Region. In order to develop competent and sustainable clinical education; FIRST STEPs was established to prepare the educator workforce of the Grampians Region to use resources available. A one day program was developed to expand and reinforce the principles of clinical education whilst also introducing the use of simulation. Facilitated discussions, evaluation methods, teaching clinical skills and small group theory were discussed. An explanation of simulation included the concepts of fidelity, designing scenarios and preparation for simulation. The day concluded with interactive practice simulations followed by a session on the importance of structured feedback and debriefing.

FIRST STEPs enabled clinical educators in the Grampians Region to share their experiences of using simulation.

Evaluations identified that clinical educators have increased confidence in the use and practical application of simulation and equipment, an understanding of alternative methods of teaching clinical skills, providing feedback and the development and use of scenarios in simulation. FIRST STEPs is a valuable program aiming to meet the needs of the clinical educators, but the reality is the principles and concepts are yet to be tested in the region. Time will tell as the equipment is taken out of boxes and educators take their first 'baby' steps in simulation. FIRST STEPs believes "If you want to use simulation to teach health care skills you can!"

