WA CLINICAL TRAINING NETWORK

Profile of clinical training placement stakeholders and models of clinical supervision and facilitation

Discipline Summaries

30 August 2013
Our Vision:

To positively impact people’s lives by helping create better health services.

Our Mission:

To use our management consulting skills to provide expert advice and support to health funders, service providers and users.
# Table of contents

Abbreviations ........................................................................................................................................ V

1 **Aboriginal Health Worker** .................................................................................................................. 9
   1.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY .............................................. 9
   1.2 ENROLMENT CAPACITY AND COMPETITION .............................................................................. 10
   1.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ...................................................... 10
   1.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ...... 12
      1.4.1 Enablers to placement establishment and continuation ......................................................... 12
      1.4.2 Barriers to placement continuation or expansion ..................................................................... 12
   1.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES ......................................... 13
   1.6 KEY OPPORTUNITIES FOR THE FUTURE ...................................................................................... 13

2 **Audiology** ......................................................................................................................................... 15
   2.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY .............................................. 15
   2.2 ENROLMENT CAPACITY AND COMPETITION .............................................................................. 16
   2.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ...................................................... 16
   2.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ...... 19
      2.4.1 Enablers to placement establishment and continuation ......................................................... 19
      2.4.2 Barriers to placement continuation or expansion ..................................................................... 19
   2.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES ......................................... 20
   2.6 KEY OPPORTUNITIES FOR THE FUTURE ...................................................................................... 20

3 **Chiropractic** ...................................................................................................................................... 21
   3.1 GENERAL OVERVIEW OF COURSE AND PLACEMENT ACTIVITY ................................................ 21
   3.2 ENROLMENT CAPACITY AND COMPETITION .............................................................................. 22
   3.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ...................................................... 22
   3.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ...... 25
      3.4.1 Enablers to placement establishment and continuation ......................................................... 25
      3.4.2 Barriers to placement continuation or expansion ..................................................................... 25
   3.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES ......................................... 25
   3.6 KEY OPPORTUNITIES FOR THE FUTURE ...................................................................................... 25

4 **Dentistry** ............................................................................................................................................ 27
   4.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY .............................................. 27
   4.2 ENROLMENT CAPACITY AND COMPETITION .............................................................................. 28
   4.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ...................................................... 29
   4.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ...... 30
      4.4.1 Enablers to placement establishment, continuation and quality ............................................. 30
      4.4.2 Barriers to placement continuation or expansion .................................................................. 31
   4.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES ......................................... 31
   4.6 KEY OPPORTUNITIES FOR THE FUTURE ...................................................................................... 31

5 **Dietetics** ............................................................................................................................................ 33
   5.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY .............................................. 33
   5.2 ENROLMENT CAPACITY AND COMPETITION .............................................................................. 34
   5.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ...................................................... 34
   5.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ...... 38
      5.4.1 Enablers to placement establishment, continuation and quality ............................................. 38
      5.4.2 Barriers to placement continuation or expansion .................................................................. 39
11.1 General Overview of Occupational Therapy Courses and Placement Activity ........................................ 103
11.2 Enrolment Capacity and Competition ................................................................. 104
11.3 Models of Clinical Supervision and Facilitation ......................................................... 105
11.4 Placement Establishment, Continuation and Quality: Enablers and Barriers ................. 110
  11.4.1 Enablers to placement establishment and continuation................................................. 110
  11.4.2 Barriers to placement continuation or expansion ...................................................... 111
11.5 Current Partnerships, Groups, Networks and Committees ........................................... 111
11.6 Key Opportunities for the Future .................................................................................. 112

12 Oral Health ................................................................................................................... 113
12.1 General Overview of Courses and Placement Activity .................................................. 113
12.2 Enrolment Capacity and Competition ......................................................................... 114
12.3 Models of Clinical Supervision and Facilitation .......................................................... 114
12.4 Placement Establishment, Continuation and Quality: Enablers and Barriers ............... 115
  12.4.1 Enablers to placement establishment and continuation................................................. 115
  Supervisor of Oral Health Students .................................................................................. 115

13 Paramedicine ................................................................................................................ 117
13.1 General Overview of Courses and Placement Activity .................................................. 117
13.2 Enrolment Capacity and Competition ......................................................................... 118
13.3 Models of Clinical Supervision and Facilitation .......................................................... 119
13.4 Placement Establishment, Continuation and Quality: Enablers and Barriers ............... 121
  13.4.1 Enablers to placement establishment, continuation and quality .................................. 121
  13.4.2 Barriers to placement continuation or expansion ....................................................... 121
13.5 Current Partnerships, Groups, Networks and Committees ........................................... 121
13.6 Key Opportunities for the Future .................................................................................. 122

14 Pharmacy ........................................................................................................................ 123
14.1 General Overview of Courses and Placement Activity .................................................. 123
14.2 Enrolment Capacity and Competition ......................................................................... 124
14.3 Models of Clinical Supervision and Facilitation .......................................................... 125
  14.3.1 Enablers to placement establishment, continuation and quality .................................. 129
  14.3.2 Barriers to placement continuation or expansion ....................................................... 130
14.4 Current Partnerships, Groups, Networks and Committees ........................................... 131
14.5 Key Opportunities for the Future .................................................................................. 131

15 Physiotherapy ............................................................................................................... 133
15.1 General Overview of Courses and Placement Activity .................................................. 133
15.2 Enrolment Capacity and Competition ......................................................................... 134
15.3 Models of Clinical Supervision and Facilitation .......................................................... 135
15.4 Placement Establishment, Continuation and Quality: Enablers and Barriers ............... 141
  15.4.1 Enablers to placement establishment and continuation................................................. 141
  15.4.2 Barriers to placement continuation or expansion ....................................................... 142
15.5 Current Partnerships, Groups, Networks and Committees ........................................... 143
15.6 Key Opportunities for the Future .................................................................................. 143

16 Podiatry .......................................................................................................................... 145
16.1 General Overview of Courses and Placement Activity .................................................. 145
16.2 Enrolment Capacity and Competition ......................................................................... 146
16.3 Models of Clinical Supervision and Facilitation .......................................................... 146
16.4 Placement Establishment, Continuation and Quality: Enablers and Barriers ............... 149
  16.4.1 Enablers to placement establishment and continuation................................................. 149
  16.4.2 Barriers to placement continuation or expansion ....................................................... 150
16.5 Current Partnerships, Groups, Networks and Committees ........................................... 151
16.6 KEY OPPORTUNITIES FOR THE FUTURE

17 Psychology .................................................................................. 153
  17.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY ....................................................... 153
  17.2 ENROLMENT CAPACITY AND COMPETITION .................................................................................. 158
  17.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ................................................................. 159
  17.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ............... 162
    17.4.1 Enablers to placement establishment, continuation and quality ................................................. 162
    17.4.2 Barriers to placement establishment, continuation and quality ................................................. 164
  17.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES.................................................. 165
  17.6 KEY OPPORTUNITIES FOR THE FUTURE .......................................................................................... 166

18 Radiation science ........................................................................... 167
  18.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY ....................................................... 167
  18.2 ENROLMENT CAPACITY AND COMPETITION .................................................................................. 169
  18.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ................................................................. 170
  18.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ............... 173
    18.4.1 Enablers to placement establishment, continuation and quality ................................................. 173
    18.4.2 Barriers to placement continuation or expansion ....................................................................... 174
  18.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES.................................................. 174
  18.6 KEY OPPORTUNITIES FOR THE FUTURE .......................................................................................... 175

19 Social work ................................................................................... 177
  19.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY ....................................................... 177
  19.2 ENROLMENT CAPACITY AND COMPETITION .................................................................................. 178
  19.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ................................................................. 179
  19.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ............... 181
    19.4.1 Enablers to placement establishment, continuation and quality ................................................. 183
    19.4.2 Barriers to placement continuation or expansion ....................................................................... 184
  19.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES.................................................. 185
  19.6 KEY OPPORTUNITIES FOR THE FUTURE .......................................................................................... 186

20 Speech pathology ............................................................................ 187
  20.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY ....................................................... 187
  20.2 ENROLMENT CAPACITY AND COMPETITION .................................................................................. 188
  20.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ................................................................. 188
  20.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS ............... 192
    20.4.1 Enablers to placement establishment and continuation ............................................................. 192
    20.4.2 Barriers to placement continuation or expansion ....................................................................... 193
  20.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES.................................................. 193
  20.6 KEY OPPORTUNITIES FOR THE FUTURE .......................................................................................... 194

21 Disciplines not offered in WA ........................................................... 195
  21.1 OPTOMETRY ................................................................................................................................. 195
  21.2 ORTHOPTICS ................................................................................................................................ 196
  21.3 ORTHOTICS AND PROSTHETICS .................................................................................................. 196
  21.4 OSTEOPATHY ................................................................................................................................ 197
    21.4.1 Enablers to placement ................................................................................................................... 197
    21.4.2 Barriers to placement ................................................................................................................... 198

22 References ...................................................................................... 199
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCHO</td>
<td>Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>ACODS</td>
<td>Australasian Council of Dental Schools</td>
</tr>
<tr>
<td>ADA</td>
<td>Australian Dental Association</td>
</tr>
<tr>
<td>ADC</td>
<td>Australian Dental Council or Australian Dietetic Council</td>
</tr>
<tr>
<td>AEP</td>
<td>Accredited Exercise Physiologist</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>ANMAC</td>
<td>Australian Nursing and Midwifery Accreditation Council</td>
</tr>
<tr>
<td>ANZPAC</td>
<td>Australia and New Zealand Podiatry Accreditation Council</td>
</tr>
<tr>
<td>APAC</td>
<td>Australia and New Zealand Podiatry Accreditation Council</td>
</tr>
<tr>
<td>APP</td>
<td>Assessment of Physiotherapy Practice</td>
</tr>
<tr>
<td>APS</td>
<td>Australian Psychological Society</td>
</tr>
<tr>
<td>ASAR</td>
<td>Australian Sonographer Accreditation Registry</td>
</tr>
<tr>
<td>ASGC</td>
<td>Australian Standard Geographical Classification</td>
</tr>
<tr>
<td>ATSIHRTONN</td>
<td>Aboriginal Torres Strait Islander Health Registered Training Organisation National Network</td>
</tr>
<tr>
<td>BChiro</td>
<td>Bachelor of Chiropractic</td>
</tr>
<tr>
<td>BSc</td>
<td>Bachelor Science</td>
</tr>
<tr>
<td>CEC</td>
<td>Clinical Educator Coordinator</td>
</tr>
<tr>
<td>CELO</td>
<td>Clinical Education Liaison Officers</td>
</tr>
<tr>
<td>CLASP</td>
<td>Clinical Liaison Academic Support Practitioner</td>
</tr>
<tr>
<td>CPD</td>
<td>continuing professional development</td>
</tr>
<tr>
<td>CUCRH</td>
<td>Combined Universities Centre for Rural Health</td>
</tr>
<tr>
<td>CUSP</td>
<td>Country Ultrasound Program</td>
</tr>
<tr>
<td>DAA</td>
<td>Dietitians’ Association of Australia</td>
</tr>
<tr>
<td>DHS</td>
<td>Dental Health Service</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>DMD</td>
<td>Doctor of Dental Medicine</td>
</tr>
<tr>
<td>DPM</td>
<td>Doctor of Podiatric Medicine</td>
</tr>
<tr>
<td>ESSA</td>
<td>Exercise and Sports Science Australia</td>
</tr>
<tr>
<td>FTE</td>
<td>Full time equivalent</td>
</tr>
<tr>
<td>GEM</td>
<td>Graduate Entry Master</td>
</tr>
<tr>
<td>IPE</td>
<td>Interprofessional Education</td>
</tr>
<tr>
<td>IRON</td>
<td>Initial Registration of Overseas Nurses</td>
</tr>
<tr>
<td>KAMSC</td>
<td>Kimberley Aboriginal Medical Services Council</td>
</tr>
<tr>
<td>MBBS</td>
<td>Bachelor of Medicine and Bachelor of Surgery</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NT</td>
<td>Northern Territory</td>
</tr>
<tr>
<td>NUCAP</td>
<td>National University Course Accreditation Program</td>
</tr>
<tr>
<td>OHCWA</td>
<td>Oral Health Centre of WA</td>
</tr>
<tr>
<td>PBA</td>
<td>Psychology Board of Australia</td>
</tr>
<tr>
<td>PGPPP</td>
<td>Prevocational General Practice Placement Program</td>
</tr>
<tr>
<td>PGY</td>
<td>Postgraduate year</td>
</tr>
<tr>
<td>PMEU</td>
<td>Postgraduate Medical Education Unit</td>
</tr>
<tr>
<td>PRC</td>
<td>Perth Radiology Clinics</td>
</tr>
<tr>
<td>PTA</td>
<td>Physiotherapy Assistant</td>
</tr>
<tr>
<td>RACF</td>
<td>Residential Aged Care Facilities</td>
</tr>
<tr>
<td>RCTS</td>
<td>Rural Clinical Training and Support</td>
</tr>
<tr>
<td>REACH</td>
<td>Roaming Education and Community Health</td>
</tr>
<tr>
<td>RMO</td>
<td>Resident Medical Officer</td>
</tr>
<tr>
<td>RPH</td>
<td>Royal Perth Hospital</td>
</tr>
<tr>
<td>RPP</td>
<td>Rural Practice Pathway</td>
</tr>
<tr>
<td>RTO</td>
<td>Registered Training Organisation</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>SAHS</td>
<td>South Area Health Service</td>
</tr>
<tr>
<td>SARRAH</td>
<td>Services for Australian Rural and Remote Health</td>
</tr>
<tr>
<td>SCGH</td>
<td>Sir Charles Gairdner Hospital</td>
</tr>
<tr>
<td>SPEF-R</td>
<td>Student Practice Evaluation Form-Revised</td>
</tr>
<tr>
<td>VET</td>
<td>Vocational Education and Training</td>
</tr>
<tr>
<td>WACHS</td>
<td>WA Country Health Service</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
<tr>
<td>WOFT</td>
<td>World Federation of Occupational Therapist</td>
</tr>
</tbody>
</table>
1 Aboriginal Health Worker

This discipline summary provides: an overview of Aboriginal Health Worker courses and clinical placement activity.

1.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Aboriginal and Torres Strait Islander Health Practice Board of Australia requires Aboriginal Health Workers intending to practice as an Aboriginal and Torres Strait Islander Health Practitioners to be registered. However, those workers who are not required by their employer to use the title Aboriginal and Torres Strait Islander Health Practitioner, Aboriginal Health Practitioner or Torres Strait Islander Health Practitioner, are not required to be registered, and can continue to work using their current titles (for example, Aboriginal Health Worker, Drug and Alcohol Worker and Mental Health Worker).

The approach taken to the training of Aboriginal Health Workers is quite different to all other courses HMA examined in this project. Generally, health services recruit an Aboriginal Health Worker from their local community and as an employee of the health service, they are enrolled in a Certificate III or IV Aboriginal Health Worker course and then released for blocks of time to undertake studies.

Marr Mooditj Training generally has two intakes a year for each of its courses. The courses are offered in a block release format. The courses are delivered in two-week blocks. Students alternate between attending theoretical classes at Marr Mooditj Training, and attending clinical practise at ACCHOs and WA health facilities. This makes it possible for students from all regions in WA to access the training. Marr Mooditj believes the block release training format allows greater support and mentoring for their students while they complete their studies. Educators make contact with each student at the beginning, middle and end of each placement to provide support and monitor their progress. Literacy and Numeracy support is also available to students. Travel and accommodation support is also available to country students.

Aboriginal Health Council of Western Australia also provides Aboriginal Health Worker courses. There are two intakes each year, in February and July and currently there are 25-30 students. Most students complete Certificate III before moving on to the Certificate IV course. Most students are working in a health service and many can undertake some placements in their own workplace, although they may need to work in a different area of the organisation.

Kimberley Aboriginal Medical Services Council (KAMSC) is a registered training organisation (RTO) and provides courses in Aboriginal and Torres Strait Islander Primary Health Care from Certificate III to Advanced Diploma level. Students are recruited from the Kimberley region and then trained to work as Aboriginal Health Workers in KAMSC member organisations. Placements occur in the towns from which the students are drawn and are organised by KAMSC.

Table 1.1 presents an overview of educational providers delivering Aboriginal Health Worker courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with two registered training organisations Marr Mooditj Training and Aboriginal Health Council of Western Australia.
Australia and may not capture all placement settings in place. Additional information has been included based on a review of *Review of Community Controlled Registered Training Organisations* conducted in 2012 by Kristine Battye Consulting.¹

### Table 1.1: Placement Activity

<table>
<thead>
<tr>
<th>VET / RTO</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placements Structure</th>
<th>Approx. hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marr Moodit Training Inc</td>
<td>Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>6 months</td>
<td>1 observational placement</td>
<td>2 weeks</td>
<td>ACCHO</td>
</tr>
<tr>
<td></td>
<td>Cert III</td>
<td>2 intakes a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>6 months</td>
<td>3 placements throughout the course</td>
<td>2-3 weeks</td>
<td>ACCHO, Regional hospitals, Population health units, Dialysis Units, Child and Adolescent health services</td>
</tr>
<tr>
<td></td>
<td>Cert IV (community care)</td>
<td>2 intakes a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cert IV (practice)</td>
<td>2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diploma Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>2 intakes a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(community care or (practice)</td>
<td>2-3 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Health Council of Western Australia</td>
<td>Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>300 hours</td>
<td></td>
<td></td>
<td>ACCHO</td>
</tr>
<tr>
<td></td>
<td>Cert III</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>550-600 hours</td>
<td></td>
<td></td>
<td>ACCHO, Hospitals</td>
</tr>
<tr>
<td></td>
<td>Cert IV</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kimberley Aboriginal Medical Services Council¹</td>
<td>Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>6 months</td>
<td></td>
<td></td>
<td>ACCHO</td>
</tr>
<tr>
<td></td>
<td>Cert III</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>12 months</td>
<td></td>
<td></td>
<td>ACCHO</td>
</tr>
<tr>
<td></td>
<td>Cert IV (community care)</td>
<td>12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(practice)</td>
<td>12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1.2 ENROLMENT CAPACITY AND COMPETITION

Community controlled RTOs face considerable pressure to develop sustainable business models in an environment where Vocational and Education Training (VET) sector reforms are likely to be more market driven and competitive. The RTOs compete with public providers for training funding but do not receive the same level of funding for infrastructure, core organisational establishment and running costs. The capacity of the RTOs to maintain or increase capacity is considerably impacted by these funding pressures and although there is considerable demand for AHWs, the ongoing capacity of community controlled RTOs to train them in the longer term is unclear. Administrators spoke of the need for increased funding to assist in easing these pressures.

One of the key strength of community controlled RTOs is their ability to provide courses in a culturally secure environment, which is particularly important to good learning outcomes for Aboriginal students, particularly those who have not previously undertaken a lot of study.

### 1.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Students are mostly supervised under a 1:1 model. In ACCHOs, they tend to be supervised by a senior AHW or in some cases a registered nurse. Supervision in the government sector is mostly done by registered nurses.
Competency assessment is core to vocational education. Placements are organised so students gain access to experience in the required competencies in the workplace.

Marr Mooditj Training has a detailed clinical log book that sets out clearly the competencies that need to be completed for each unit of each course. Clinical supervisors need to observe the student competently completing each set of competencies on at least three occasions before sign off is given. Placements are negotiated directly by Marr Mooditj training staff based on the competency requirements of individual students.

Aboriginal Health Council of Western Australia students have a diary and a clinical observation booklet for health services which sets out the requirements of the placement. Aboriginal Health Council of Western Australia staff spend considerable time working with preceptors and also make presentations to preceptors including showing them the assessment tasks that students take with them to the placements.

Table 1.2 presents the supervision and facilitation models at the services HMA visited.

**Table 1.2: Model of supervision and facilitation for services consulted**

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCHO</td>
<td>Derbarl Yerrigan</td>
<td>8 students</td>
<td>1:1 model</td>
<td>Supervised by an Aboriginal health worker. Currently looking to involve the nurse in supporting the supervision of the student.</td>
<td>Student guide supports the placements</td>
</tr>
<tr>
<td>ACCHO</td>
<td>BRAHMS</td>
<td>4 students</td>
<td>1:1 model</td>
<td>Supervised by the senior Aboriginal health worker Use a 1:1 model</td>
<td>Facilitated by a senior Aboriginal health Worker</td>
</tr>
<tr>
<td>ACCHO</td>
<td>Geraldton Regional Aboriginal Medical Service</td>
<td>1 at a time for 2-6 weeks placement numbers per year vary generally local students</td>
<td>1:1 model</td>
<td>Student supervised by the AHW on staff and also the EN.</td>
<td>Practice manager coordinates all student placements for the service</td>
</tr>
<tr>
<td>ACCHO</td>
<td>Wirraka Maya Port Hedland</td>
<td>1:1 model</td>
<td>Trainees work with a senior AHW</td>
<td>Most are employed so their classroom hours are covered by the service.</td>
<td></td>
</tr>
<tr>
<td>Aboriginal Health Service</td>
<td>Narrogin Community Health Service</td>
<td>1 recent graduate and 1 new trainee.</td>
<td>1:1 model</td>
<td>The unit has weekly planning meetings where the Clinical Nurse Manager allocates who will be their supervisor for the following week. The unit has weekly planning meetings where the Clinical Nurse Manager allocates who will be their supervisor for the following week.</td>
<td>Students are employees of the health service and are released to undertake their studies. The Marr Mooditj student guide supports the student’s supervisor by articulating the experience students need to be provided to gain the required competencies.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Primary Mental Health Service Narrogin</td>
<td>2 students</td>
<td>1:1 model</td>
<td>Observational placements supervised by mental health worker.</td>
<td></td>
</tr>
</tbody>
</table>

**Interdisciplinary placements or interprofessional education**

Interdisciplinary placements were not identified through the consultations. However many students would be exposed to multidisciplinary aspects of health care in primary health care placements.
1.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

1.4.1 Enablers to placement establishment and continuation

Enablers to placement establishment and continuation identified included:

1. RTO negotiating placements which ensure health facilities have a clear understanding of expectations and learning needs of students;
2. Students do not participate in placements until they have mastered the appropriate skills in a simulation environment. This approach ensures that students are safe when they embark on placements and also provides them with a high degree of confidence prior to using these skills in the workplace.
3. Informative preceptor guidelines and clearly articulated competency requirements facilitate students gaining the right experience and assist supervisors/preceptors in having confidence about what they are signing off on.
4. Educators from the RTO make contact with students while they are on placement to provide support and advice.
5. There is strong support from the ACCHO sector in taking students particularly as a workforce development strategy.
6. Flexibility about the timing and length of placements is a key enabler to meet the needs of Aboriginal and Torres Strait Islander students.
7. Placements where students are supervised by senior AHWs are generally preferred as they tend to have the best understanding of the role and what the students need to learn and practice.
8. Careful selection of placements ensures that workplaces and preceptors/ supervisors have appropriate levels of cultural safety and competence.
9. AHCWA students are provided with a uniform and identification badge to clearly identify them and their role when they are on placements.

1.4.2 Barriers to placement continuation or expansion

Barriers to health services taking students on placements included:

1. Opportunities for placements in WA Health facilities being limited. Outside the ACCHO sector there is a lack of understanding of the role of AHWs which limits placement opportunities and restricts what students are able to do on placements. This is exacerbated by a lack of a nationally agreed scope of practice.
2. Students often have family and community commitments that inhibit their capacity to attend training and complete placements. Training programs need to be able to have a degree of flexible to accommodate these issues.
3. Lack of funding means that placements need to be organised where people live as there is often no capacity to fund accommodation and travel.
4. Some services have difficulty in accepting student placements due to the impact on their workload.
5. Space in many services is limited and AHW students will compete with other students for the opportunity to attend a site where access to a room and desk is an ongoing issue.
(6) Funding for RTOs is not guaranteed and some funding sources are now allocated annually on a competitive basis. This has the potential to create competition between training providers and limit their capacity to provide training.

(7) Derbarl Yerrigan indicated that finding the time to develop a student placement program is difficult to do, when they are inundated with community need. The service recognises that students could play an important role in helping address community need and that student programs are important in attracting health workers. The service is interested in strengthening and developing a comprehensive student program. Resourcing for a student coordinator would greatly assist in supporting such an expansion.

1.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

The Community Controlled RTOs are all members of Aboriginal Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN). ATSIHRTONN is a national network supported by a small secretariat funded to facilitate a streamlined and coordinated approach to planning and delivery of culturally relevant education and training in Aboriginal and Torres Strait Islander health across jurisdictions; strengthen links with community, industry and funding bodies; and strengthen the capacity of the Aboriginal RTOs within the VET sector.

1.6 KEY OPPORTUNITIES FOR THE FUTURE

Opportunities identified to increase and improve placement capacity in the future included:

(1) Increased focus on working with public health services to understand the role of AHWs and to identify opportunities for clinical placements.

(2) Derbarl Yerrigan identified it had capacity to take more AHW students along with a range of medical, nursing and allied health students.
2 Audiology

This discipline summary provides an overview of The University of Western Australia’s audiology course and associated clinical placement activity.

### 2.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

Audiology Australia is the governing body currently responsible for registration of Audiologist in Australia. Audiology courses are accredited though Audiology Australia. Audiology Australia requires students complete 200 hours of clinical placement within their audiology qualification. There must be at least 100 hours of direct adult client contact and at least 30 hours direct paediatric client contact. The other 30 hours can consist of indirect client contact.

The University of Western Australia is the only university in Western Australia (WA) that offers the Master in Clinical Audiology, which is a two year postgraduate degree. The Master of Clinical Audiology at The University of Western Australia is one of only five audiology programs in Australia.

The University of Western Australia require students to complete 500 hours of clinical placement and demonstrate they are competent. They also require that 80-90% of all clinical placements be in a 1:1 supervision model. Clinical placements occur in every semester of the course. Each semester begins with five weeks of theory. Students then complete two weeks of pre-clinical training that allows students to become familiar with technology that they will see and use on placements as well as participation in simulation tasks. Students need to reach a minimal level of competency in this stage before they can commence external clinical placements. Following the pre-clinical training students complete two days a week of placement for ten weeks. One of these days will be in the same facility for the entire ten weeks, on the other day they will rotate through a variety of different settings. Clinical placements occur in Australian Hearing services, public hospitals, private practice, community health services and specialised hearing schools.

There is no requirement for students to complete a rural placement as it is hard to find suitable supervisors and no funding is available to support a rural program. There are currently no publically employed audiologists in regional WA, which also limits opportunities. If a metropolitan audiologist is going out to a rural area to run a clinic they will try to organise a number of students to attend. Telethon Speech and Hearing runs the “Ear Bus” in the Pilbara and south-eastern WA (which occasionally takes students placements) and provides opportunities to work in Aboriginal and Torres Strait Islander communities.

Table 2.1 presents an overview of The University of Western Australia Master of Clinical Audiology course including the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.
Table 2.1: Placement Activity

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Western Australia</td>
<td>Master of Clinical Audiology</td>
<td>2 years</td>
<td>2 days x 10 weeks each semester</td>
<td>Complete 500 hours however have to demonstrate competency. Each semester students complete</td>
<td>Australian Hearing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 5 weeks theory</td>
<td>hospital settings (public)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 2 weeks preclinical skills</td>
<td>community health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 2 days x 10 weeks each semester</td>
<td>private practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>clinical placement (1 day per week in a set health service for 10 weeks and on second day rotate across 10 different locations)</td>
<td>specialised hearing schools</td>
</tr>
</tbody>
</table>

2.2 ENROLMENT CAPACITY AND COMPETITION

There are approximately 30 students enrolled in the Master of Clinical Audiology. The university only enrolls 30 students every two years. The university places a cap on enrolment numbers so they do not saturate the market with more graduates than required. The availability of clinical placements also limits their ability to expand enrolment numbers.

When The University of Western Australia opened in 2000, initially it was extremely difficult to gain placements, as local audiologists had no affiliation with the university. Now as the course has been running for over ten years, and there are more local graduates arranging placements has become easier. To date, The University of Western Australia has always managed to find enough clinical placements in time, however it can be tight.

The University of Western Australia is the only university in WA offering audiology meaning competition for placements is not an issue. The University of Western Australia collaborate with the other five universities across Australia, meeting annually face to face and through teleconferences. This collaboration is not necessarily specific to clinical placements. If students would like to complete an interstate placement, they would always discuss this with the university in that jurisdiction. This happens frequently as many students apply from across Australia.

All the other Australian universities offering Audiology have a university-based clinic. The University of Western Australia do not have this model due to their small size and the expense. They do however employ an audiologist to supervise students at the Telethon Centre. This does assist placement shortages. However, this is predominantly undertaken to ensure there is a consistent high standard across the students, as the quality of supervision in the field may vary.

2.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

The majority of audiology placements are in a 1:1 model which reflects the university guidelines. The other main model utilised is a 1:2 model, as this can be required in paediatrics when a child needs to be distracted, enabling the other student audiologist to complete the assessment.

The university contacts the health services at the start of each semester to confirm placements. Personal relationships support the organisation of clinical placements, rather than formal contracts. The health service is responsible for the supervision and facilitation of all placements apart from Telethon Speech and Hearing which has a funded supervisor from The University of Western Australia.

All students when on placement fill out a clinical diary for each client they see, documenting their diagnoses, assessment, intervention and clinical reasoning. At the end of the placement,
the university review these, assisting in identifying what students need to focus on. The supervisors complete a competency based assessment form at the end of the placement. This assessment form is not uniform across Australian universities.

Table 2.2 presents the supervision and facilitation models at the services HMA visited.
## Table 2.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>Royal Perth Hospital (RPH)</td>
<td>34 total students completing their final year in seven week placement   100 first year day placements</td>
<td>1:1 or 2:1</td>
<td>1:1 model operating for all 7 week placements. Except for part time staff sharing one student between two staff in a 2:1 supervisor to student model. First year placements run a 1:2 supervisor to student model, as students are only there for a day of observation.</td>
<td>Both RPH sites have a clinical education coordinator (CEC) who facilitates student placements. Their role includes; providing offers to the university for the following calendar year of their capacity to take students; allocating students to staff; liaising with student before they commence; completing orientation on first day; and liaising with university if a student is struggling. Their role is overseen by the occupational therapy manager</td>
</tr>
<tr>
<td>NGO</td>
<td>Telethon Speech and Hearing</td>
<td>30 students a year 1 day per week (students may complete multiple days)</td>
<td>1:1</td>
<td>1:1 model. Occasionally if supervisor is busy student may spend time with other staff Majority of placements are supervised by a supervisor from The University of Western Australia Health service staff also supervise independently.</td>
<td>The University of Western Australia staff member supervises the majority of students. All students of The University of Western Australia attend which assists in ensuring the quality of students is consistent. The University of Western Australia staff member facilitates all placements</td>
</tr>
<tr>
<td>NGO</td>
<td>Ear Science Institute of Australia</td>
<td>30 Students will attend 4 days within 2 year course Will have some students for 2 week placement blocks between first and second year</td>
<td>1:1</td>
<td>Placements are coordinated by a clinical placement supervisor and are directly supervised by a number of staff. While placements are not interprofessional, students have the opportunity to participate in multidisciplinary seminars through the Centre for Ear Nose and Throat Research and Training</td>
<td>There is a close working relationship between the Institute and The University of Western Australia. Placements are supported by a clinical placement supervisor in addition to direct supervisor. Students are exposed to a multi-disciplinary team as well as research.</td>
</tr>
</tbody>
</table>
Differences in models according to setting type

The only difference across setting type is the use of 2:1 models occasionally in paediatric settings. Telethon Speech and Hearing is the only placement with a funded supervisor from The University of Western Australia.

Interdisciplinary placements or interprofessional education

There are no formal opportunities for audiology students to participate in interprofessional education. Depending on their placement type students experience working with other professions if this is part of the audiologist’s usual role.

**2.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS**

2.4.1 Enablers to placement establishment and continuation

Audiology in WA is a small professional community, who know each other and meet regularly at professional development events. These strong personal relationships are an integral aspect of enabling clinical placements in audiology. Although the university does not have the funding for supervisors taking students on clinical placement, they do demonstrate their appreciation through inviting supervisors to any guest lecturers or professional development opportunities at no expense. The university also provide a clinical educators training session for each cohort entering the course and invite them to dinner with graduating students.

Clinical placements would not be possible in audiology if it was not for the enthusiasm and commitment of supervisors. Amongst supervisors there is a strong belief and commitment to give back to the profession ensuring high quality graduates.

The two weeks of pre-clinical training students receive prior to each clinical placement ensures students have a minimal competency level in using technology before commencing placement. This reduces the orientation and teaching burden of supervisors at the placement commencement. Pre-clinical training provides an opportunity for the university to identify students who are underperforming and will either delay their placement until they are ready, or counsel them out of the course if they are unsuited to the profession. The University of Western Australia funded supervisor at Telethon Speech and Hearing identifies the students who are struggling and aims to lift the overall quality of the graduates.

2.4.2 Barriers to placement continuation or expansion

A lack of publically employed and full time audiologists in rural WA results in a lack of clinical placement opportunities. In metropolitan Perth, a lack of publically funded positions leads to a heavy reliance on private practices. As private practices are businesses, taking students imposes considerable time and financial expenses, which limits some practices offering to take students. A lack of physical space and computer access for students is also a barrier to smaller practices increasing the number of students they take.
2.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

In WA, there are no current partnerships specifically designed to support clinical placements. A high proportion of supervisors working in private practice are time poor, which limits the feasibility of active networks being developed.

2.6 KEY OPPORTUNITIES FOR THE FUTURE

The current supply of audiology clinical placements meets demand, with health services indicating they are not at capacity. Expanding opportunities for clinical placements in a rural setting through dedicated funding may assist in increasing the audiology rural workforce in the future.
This discipline summary provides an overview of the chiropractic course provided by Murdoch University and related clinical placement activity.

### 3.1 GENERAL OVERVIEW OF COURSE AND PLACEMENT ACTIVITY

The Chiropractic Board of Australia is responsible for the registration of chiropractors and chiropractic students. Only students who have studied accredited courses are eligible to apply to the Chiropractic Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered with the Chiropractic Board of Australia. The Council Chiropractic Education Australasia Inc. formally accredits all chiropractic education courses and specifies the standards relating to clinical placements.²

Murdoch University is the only university in WA delivering a chiropractic course. In the design of its clinical placement program the University has regard to the requirements of the Chiropractic Board of Australia and the Chiropractors’ Association of Australia.

Students graduate with a joint degree of Bachelor Science (BSc) in Chiropractic and Bachelor of Chiropractic (B.Chiro).

At Murdoch University students must undertake a total of 46 weeks of clinical placements in the fifth year of their course. Within this time they are expected to undertake 400 treatments and see 50 new clients involving clinical assessments. University staff estimate that it takes close to 800 hours of clinical placements.

The majority of clinical placements occur at the chiropractic clinic established on Murdoch University’s campus. The clinic is run as a business and clients are charged fees. Clients can claim these fees back from their health insurance.

Most of the clients seen at the University clinic are generally in good health. However, to expose students to a broader range of clients, placements also occur at a number of outreach clinics including: St Patrick’s Community Support Centre (which helps people who are homeless, needy and/or disadvantaged), South Ottey Family and Neighbourhood Centre (which delivers services to support the local Aboriginal community) and Palmerston Farm (which supports people facing issues with alcohol and drug use). These outreach clinics are managed by the university with sponsorship support from the Chiropractic Association of Australia.

The university also facilitates additional opportunities for students to gain clinical experience. The provide opportunities for students to participate in health screening assessments at cultural events such as music festivals. They also provide opportunities for some students to participate in annual rural outreach clinics in Aboriginal and remote rural communities. The outreach clinics in remote locations are funded by some of the mining companies who want to support their local communities.

These placements operate in remote settings and involve the students driving out to communities each day and setting up clinics in tents. In rural locations students often work out of existing clinical facilities or community halls, which also may involve setting up clinical spaces to work from each day to afford privacy to clients.
Informally, some students participate in overseas placements they organise themselves.

Table 3.1 presents an overview of Murdoch University’s joint Bachelor Science in Chiropractic and Bachelor of Chiropractic, the duration of the course, the hours of clinical placement required and the range of settings in which clinical placements occur.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/day</th>
<th>Placement Settings</th>
</tr>
</thead>
</table>
| Murdoch University  | Bachelor Science in Chiropractic and Bachelor of Chiropractic Murdoch University | 5 years to complete joint undergraduate degree. | 46 weeks of placement in the fifth year of study. | Close to 800 hours. | The majority of placements occur in the chiropractic-teaching clinic on the university campus. In addition students participate in outreach clinics to a number of NGOs including:  
  - St Patrick’s Community Support Centre;  
  - South Ottey Family and Neighbourhood Centre; and  
  - Palmerston Farm.  
The university facilitates opportunities for students to undertake health screens at cultural events and provides opportunities for some to participate in annual rural outreach clinics to Aboriginal or rural communities. The University is supportive of students organising their own placements overseas. |

### 3.2 ENROLMENT CAPACITY AND COMPETITION

Murdoch University is the only course within Western Australia providing a chiropractic course. As a newer health profession, Murdoch University established its own clinics to provide clinical placement opportunities for its students.

The university clinic (where the vast majority of placements occur) has the capacity to provide clinical placements for 72 students annually. Currently there are only 47 students undertaking placements. Enrolment numbers have varied over the past few years. Last year there were only 36 students. Whilst in a previous year there were 62 students. There is still significant capacity to accommodate growth within the university clinic.

### 3.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

The model of supervision at the university run clinic is that one chiropractor (with at least three years clinical experience) supervises seven final year student clinicians across a 46 week period. The chiropractor has total responsibility for supervising the core clinical components of their placement, including the assessment of students.

Student clinicians see clients in a treatment room and take a lead role in taking the client’s history, examining them, developing a management plan and providing treatment. Each student has a supervising chiropractor readily available to provide advice and support.

Each supervisor is responsible for a group of seven students. The supervisor is located in a central clinical area and students are required to check in with them at key stages throughout the consultation. The supervisor has responsibility for monitoring all their work and ensuring the student complies with all clinical standards, which includes examining the client to confirm the diagnosis and checking that their treatment plan is appropriate.

In chiropractic placements fourth year students (mentees) are assigned to fifth year student clinicians (mentors) who shadow their mentor and the clients. This process enables the fourth year students to become familiar with clinic policies and procedures, and introduces them to the management of the mentor’s clients. It also provides opportunities for the student...
clinicians to consolidate their knowledge as they introduce their mentee to the clinical environment.

Whilst the students work in teams (student clinician (fifth year student) and mentee (fourth year students), all supervision of clinical care remains with the clinical supervisor who is a qualified chiropractor it is the student clinician alone who performs the treatment on the client. This model may have wider applicability for other disciplines, as an effective way of introducing and supporting students as they commence working in a clinical environment.

The model of supervision used in the outreach and rural clinics is similar, with one chiropractor from the university going out and supervising the students. However, the number of students they supervise may vary, depending on the capacity of clinic to accommodate students.

Students undertaking their placements are rostered to undertake rotations in clinical treatment, reception duty, rehabilitation/physical therapy and radiology. A range of appropriately qualified staff in the clinic, have responsibility for supervising the students.

Table 3.2 presents the supervision and facilitation models in place at the Murdoch University Clinic and its outreach clinics. The university has had regard to the Australasian College of Chiropractors guidelines in establishing its model of supervision.
### Table 3.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Murdoch University Clinic</td>
<td>Varies depending on enrolments.</td>
<td>1:7</td>
<td>Within the university clinic, 1 chiropractor provides clinical supervision to 7 students. Each of the students has a room within which they treat clients. The student takes a client’s history, examines the client, develops a management plan and treats the client under the supervision of the chiropractor and who also examines the client to confirm the diagnosis and treatment plan. Additionally, students are rotated through a number of areas including: reception, rehabilitation gym and radiology. In each area, a supervisor supervises the students.</td>
<td>The university has responsibility for facilitating the placements of all its students within the university clinic and its outreach clinics. Because the university is responsible for all their students, methods of operation have been standardised and documented in a clinic handbook, that covers: clinic structure; clinic shirts, rotation duties and outreach clinics; progress and completion requirements; general clinic policies and procedures; patient management policies and procedures; clinical records; student-supervisor relationships; and radiographic policies and procedures. Detailed rosters support the rotation of students across the clinical settings.</td>
</tr>
<tr>
<td>Outreach clinics in: NGOs</td>
<td>outreach sites</td>
<td>1:7</td>
<td>A similar model of supervision operates at outreach sites with 1 chiropractor providing clinical supervision to 7 students.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach clinics in rural and Aboriginal communities.</td>
<td>1:2 to 1:7</td>
<td>A similar model of supervision operates at outreach sites with 1 chiropractor providing clinical supervision to 7 students. However, if the clinic facilities are limited ratios may be as low as 1:2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with staff of Murdoch University enablers and barriers to placement establishment, continuation, and quality placements were discussed.

3.4.1 Enablers to placement establishment and continuation

One of the key enablers to quality placements has been the development of standardised procedures that guide the operation of the clinic. These procedures are translatable and operate across all settings in which placements occur. They also assist in supporting the provision of high quality clinical care.

Whilst some universities have utilised a range of community based clinics for clinical placements, these models require all facilities to be accredited. Having students at the one facility and operating under standard guidelines is perceived to be more efficient.

3.4.2 Barriers to placement continuation or expansion

Current barriers include;

(1) Few chiropractors working in the public health system.
(2) Limited recognition of the contribution chiropractors could make in the delivery of multidisciplinary or interdisciplinary care.
(3) Few funding models supporting the employment of chiropractors in the public health system.

3.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

University staff participate in meetings of the Heads of Schools of Chiropractic Colleges of Australasia, where networking occurs on issues related to clinical placements.

3.6 KEY OPPORTUNITIES FOR THE FUTURE

Murdoch University is keen to see new models of placements developed that enable chiropractic students to participate in interdisciplinary education and placement opportunities in a public health environment. The university would like its students to gain a greater appreciation of the roles different professions play in the provision of holistic care. Potential exists for this to occur in a range of settings including: acute, outpatient or primary care environments and in specialty areas such as chronic pain management. To facilitate these opportunities, it will be important to identify the most appropriate profession to supervise chiropractic students in these settings, given no chiropractors currently work in the public sector.

In particular, Murdoch University is keen to work with WA Health Department to develop a pilot project that sees chiropractic students undertaking clinical placements in a mainstream health setting and exposed to interdisciplinary learning.
Murdoch University is also keen to explore opportunities for students to undertake placements in Workplace Rehabilitation Services and with Exercise Physiologists.
4 Dentistry

This discipline summary provides an overview of dentistry courses and clinical placement activity.

4.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Dental Board of Australia is responsible for the registration of dentists and dental students. Only students who have studied accredited courses are eligible to apply to the Dental Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered with the Dental Board of Australia.

The University of Western Australia is the only university in the State to offer tertiary education in dentistry. The undergraduate program of the School of Dentistry, the Bachelor of Dental Science degree, is being phased out from 2013 (final students to graduate 2016) and has been replaced with the Doctor of Dental Medicine (DMD). The DMD is a four year fulltime professional degree course and had its first graduate intake commence in 2013. All DMD applicants must have achieved at least a bachelor degree prior to commencing the program. Graduates of the DMD are able to register with the Dental Council of Australia as a dentist and enter the profession immediately.

The Oral Health Centre of WA (OHCWA) provides the most significant placement activity to dentistry students. The OHCWA is funded through a contract between The University of Western Australia and the WA Department of Health for provision of clinical dentistry to the eligible members of the public and practical dental training linked with the courses provided by the university. The Centre provides subsidised general and specialist dental services to public patients who meet the tests for eligibility determined by the WA Government, and general dental services to public patients living within the OHCWA designated catchment area. Where services are provided by qualified dentists, patients make a co-payment depending on their level of eligibility. People who are not eligible for Government-subsidised treatment but who are deemed "low-income" under criteria established by the OHCWA are entitled to low-cost treatment by pre-graduation interns, general dentists and specialist dentists (subject to availability). The interns are in the final year of their dental training and are closely supervised by experienced qualified dentists.

In addition, patients are able to attend the specialist dentists clinics run privately within the Oral Health Centre. The OHCWA operates from two sites at present: Nedlands and Bunbury (located on the Edith Cowan University Bunbury campus).

The WA Health Dental Health Service (DHS), the public dental service operating throughout WA, also provides clinical placement for dental students. The DHS provides public dentistry and the OHCWA is the exclusive provider of specialist dental services to eligible patients in Western Australia.

The OHCWA hosts students from all years of their postgraduate study, but predominantly from the first three years of the DMD. The Centre also provides placements for doctorate students and qualified post graduates who are doing advanced qualifications in specialty dental practice fields such as dental surgery, paediatric dentistry, endodontics, prosthodontics,
periodontics, orthodontics and oral pathology (numbers can range from between 16- 35 post-graduate students per year).

Table 4.1 presents an overview of the educational provider delivering dentistry placements, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.

Table 4.1: Placement Activity

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Western Australia</td>
<td>Doctor of Dental Medicine (DMD).</td>
<td>56 each year</td>
<td>4 years</td>
<td>• First 6 weeks of year 1 placement begins at OCWA.</td>
<td></td>
<td>• Oral Health Centre WA Nedlands and Bunbury Clinic (OHCWA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• OHCWA provides placement for year 1, 2 and 3 post graduate students.</td>
<td></td>
<td>• dental health services in metropolitan and rural locations</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Year 4 is dedicated to quasi-independent practice which takes place in and out of</td>
<td></td>
<td>• special needs dentistry services</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>the school with compulsory rural rotations.</td>
<td></td>
<td>• private dental clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Australian Dental Council (ADC) has competencies required for</td>
<td></td>
<td>• State Dental Health Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• newly graduated dentists.</td>
<td></td>
<td>• 6 week remote/rural rotation at Bunbury clinic or with other organisations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Not set hours of placement but achievement of these competencies must be achieved</td>
<td></td>
<td>such as Royal Flying Doctor Service or Kimberley Dental Team.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>throughout the DMD.</td>
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<td></td>
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<td></td>
<td></td>
<td>• Rural placement undertaken in 4-6 week block (4-5 days each week).</td>
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</tr>
</tbody>
</table>

4.2 ENROLMENT CAPACITY AND COMPETITION

At present there is only one university providing dental education within WA and there is no difficulty finding clinical placements beyond the OHCWA. Particularly by the fourth year of postgraduate study the students are attractive to services due to the level of competency they are expected to have acquired by this stage. Potential competition for placements is anticipated to arise from other state and territory dental schools but as yet this has not created an issue.

Within both the OHCWA sites there is no capacity to increase number of student placement as they are limited by the number of dental chairs, equipment and supervisors available. The Nedlands centre was built to accommodate 46 students but currently provides clinical placement for 56 per year. Although the Bunbury supervisors consider that they are able to comfortably manage six students during the rotation, the numbers are dictated by the number of treatment spaces and dental chairs available (four only). Interestingly, for each rotation the Bunbury centre can only host two left handed students at a time due to the configuration of the treatment rooms.
4.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Table 4.2 presents the supervision and facilitation models at the two services HMA visited.

Table 4.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>University run public dental service</td>
<td>Oral Health Centre of WA- Nedlands</td>
<td>56</td>
<td>• Will vary but may be:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1:6 final year</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1:1 specialist training (e.g. oral surgery) or for students struggling</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1:2 paediatric dentistry</td>
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<td></td>
<td></td>
<td></td>
<td>Direct supervision and guidance of practice. Level of supervision is 'graduated' and is more intense and constant at the beginning with inexperienced students and reducing as the student becomes more adept and demonstrates sufficient competence at various tasks, usually once they have performed procedures many times.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Staff at the centre provide the student coordination role and regularly liaise with The University of Western Australia</td>
<td></td>
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</tr>
</tbody>
</table>

| University run public dental service | Oral Health Centre of WA- Bunbury | 56 | 4 students per rotation (dependent on chairs) 4 week placement | 1:4 | Students provide a full range of dentistry services largely independently but immediate support and supervision is available as needed. | The supervising professor assumes responsibility for student coordination and placement. |

Clinical supervision/facilitation is a core function of OHCWA. Their model is based on ‘hands on’ direct supervision and guidance of practice for doctorate students and qualified post graduates who are doing advanced qualifications in specialty dental practice fields such as dental surgery, paediatric dentistry, endodontics, prosthodontics, periodontics, orthodontics and oral pathology.

Supervision is graduated and is more intense and constant with beginning and inexperienced students and reduces as the student becomes more adept. Within the Nedlands OHCWA the ratios for supervision can vary. For preliminary or specialised training the model is 1:1 or 1:4 but as the student progresses through their education and demonstrates sufficient competencies, the level of supervision reduces and may increase to 1:6. Supervisors will exercise judgement about the level of supervision required for advanced students, depending upon demonstrated procedural competence.

The Centre's key role is to ensure they employ skilled supervisors and teachers for the students. They employ around 20 FTE clinical supervisors (this translates to around 80 actual individuals working a variety of hours). In the new DMD the students undertake their major clinical placements in years 2 and 3 in OHCWA, and external placements in their final year (including rural rotation).

Within the Bunbury satellite clinic students provide a full range of dentistry services to the local community for which patients pay either full price or receive a subsidy. The students work largely independently but with immediate supervision and support is always available from one of two available supervisors. At present the students undertake a four week rotation in this clinic and will see approximately six patients a day. The students also attend lunchtime seminars run by one of the supervisors or by the students themselves. In addition to clinical dentistry, the students within the Bunbury centre are taught the principles of business management and how to run a dental practice.

Supervisors or “clinical mentors”, as referred to by the Australian Dental Association (ADA), must:

- be registered as a clinical provider with the Dental Board of Australia;
• be at the level of the qualification for which the student participant is training (at a minimum); and
• have at least two years’ experience.

Supervisors complete a standard supervision framework for each student, including written assessments within the rural clinical placements and special needs dentistry components and log books are required to be completed for all clinical placements.

The OHCWA has specific staff who provide coordination functions for the placements. These staff work closely with The University of Western Australia faculty student placement coordinator and also collaborate with their counterpart in DHS who takes care of placements for students who need to be placed and supervised in suitable DHS clinics around WA (particularly in the country).

Differences in models according to setting type

Apart from the slight differences in supervision to student ratios (dependent on dental chair and supervisors available at each site) there were no significant differences in models of supervision between the sites consulted. The demand for dental services and number of patients available for treatment by students was consistently high for both services.

Interdisciplinary placements or Interprofessional Education (IPE)

Although the representatives spoken with considered that there would some value in dental students working with other students such as oral health, there is no regular or formalised program in place to facilitate this at present.

4.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders a number of key themes arose pertaining to the enablers and barriers to placement establishment and continuation and quality placements. These are presented below.

4.4.1 Enablers to placement establishment, continuation and quality

Enables identified in the consultations include:

(1) An excellent working relationship between the university and WA dental services (public and private).
(2) Dentistry profession tradition and philosophy of providing teaching.
(3) Establishment of centres with a core function of training dental students.
(4) The value add of dental students at the later part of their postgraduate program in the provision of dental care.

“We don’t have difficulty getting placements. By fourth year, dental students are very productive and can do actual work. Their production will generally be at about half a professional dentist and for the service this is very valuable.”

University representative.
4.4.2 Barriers to placement continuation or expansion

Although finding placements to date has been reasonably straightforward there are some factors reported that affect the willingness of private dental clinicians to provide supervision. These include:

(1) The financial impact on private dental clinics which host students as they must reduce their own client load to provide supervision or support to the student and to also manage the administration involved in the competency assessment.

(2) Providing the scope needed for the student to achieve competency is sometimes challenging in a small practice.

(3) Issues with liability for students has made some private clinicians hesitant about taking on a student. While on a placement the supervisor is liable for the student in their service and therefore can be assigned blame and responsibility if any issues arise with the care provided.

As with many other disciplines consulted, the cost of student supervision in some rural settings within WA, such as Port Hedland, is prohibitive.

4.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

The Head of the School of Dentistry is a member of the Australasian Council of Dental Schools (ACODS) which was established to collaborate with stakeholders and to enable informed decision-making in the area of Oral Health Education in both Australia and New Zealand. ACODS consists of the Deans and Heads of Dental and Oral Health education providers in Australia and New Zealand, which includes dentistry, dental hygiene, dental therapy, oral health therapy, dental prosthetics, and dental technology.

ACODS meet formally twice each year in June and December. The annual general meeting is held in the second half of each year. The meeting is held in conjunction with the ADA, ADC and relevant specialist bodies. It is an opportunity for the members of ACODS to discuss priority issues and policy matters affecting all dental, oral health and allied health education.

4.6 KEY OPPORTUNITIES FOR THE FUTURE

Key opportunities for the future were considered to lie in rural WA or remote areas of the Northern Territory (NT). The stakeholders commented on the high level of need for dental services in remote parts of both WA and NT and that establishment of other satellite clinics such as that established in Bunbury would benefit not only the local community but also students’ breadth of experience.

Simulation is a critical method of teaching and training within dental medicine and appears to have a noticeable positive impact on students’ response times, skills, achievement of clinical competence, and ability to transfer from simulated learning environments to ‘real’ patients. In the early years of their postgraduate degree the students spend significant time within the simulation laboratories undertaking simulated activity before they are able to apply their training to the public. The students begin by using sophisticated, high fidelity hepatic simulators (Moog Simondont Dental Trainers) to learn to drill and manoeuvre instruments, and to practice treating virtual pathological dental conditions and complex cases without potential harm to ‘real’ patients. The virtual mouth uses hepatic technology similar to that used in flight simulators which provides the students with tactile feedback during the procedures. This enables the student to experience the difference between drilling into healthy
enamel or a decayed tooth. The virtual environment also allows dental students to review their procedure, examine their technique, identify areas for improvement, and to undertake repeated practice without the need for costly ‘real’ materials. It also prepares students for a wider range of dental procedures and for progression onto mannequin heads with artificial teeth and the utilisation of dentistry equipment and materials.

It is considered by the stakeholders that the use of simulation in dentistry training can augment and accelerate the skills development of dental students, but cannot entirely replace the skills acquired when treating real life patients during clinical placement activity.
This disciplinary summary provides an overview of dietetics courses and clinical placement activity.

5.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

Dietitians’ Association of Australia (DAA) is the peak body for dietetic and nutrition professionals providing strategic leadership in food and nutrition through empowerment, advocacy, education, accreditation and communication. Within the DAA, the Australian Dietetic Council has responsibility for the implementation of accreditation and recognition of dietetic education. It provides independent high-level strategic advice to the DAA Board on matters concerning course accreditation and recognition, and competency standards for entry-level dietitians.

Two universities in Western Australia (WA) currently offer dietetics education: Edith Cowan University and Curtin University. Dietetics students from Edith Cowan University and Curtin University must undertake three placements: clinical (10 weeks), community (5 weeks) and food service (5 weeks) representing a total of 20 weeks during their postgraduate program. A shared assessment framework based on the Dietitians’ Association of Australia’s (DAA) National Competency Standards for Entry Level Dietitians in Australia is used across the universities with set objectives to be met over the three placements. The ten week clinical placement can be undertaken across two settings (five weeks in one hospital and the remaining five weeks in another). Placements occur in the breadth of settings including food services for institutions such as prisons, aged care services and health services.

Table 5.1 presents an overview the educational providers delivering dietetics, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Postgraduate Diploma in Dietetics</td>
<td>36 students</td>
<td>1 year postgraduate diploma</td>
<td>3 placements all in postgraduate year: clinical (10 weeks), community (5 weeks) and food service (5 weeks).</td>
<td>20 weeks</td>
<td>Placements occur in a range of settings including:</td>
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<td></td>
<td>• public and private hospitals;</td>
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<td></td>
<td>• NGOs (such as Diabetes WA, Cancer Council, Heart Foundation); and</td>
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<td></td>
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<td></td>
<td></td>
<td>• aged care settings or catering services that provide food services for</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>residential facilities, prisons and hospitals.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>• students are permitted to travel interstate to appropriate facilities e.g.</td>
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<td></td>
<td></td>
<td></td>
<td>Australian Institute of Sport placements.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• some rural placements undertaken in shorter blocks</td>
</tr>
<tr>
<td>Edith Cowan University</td>
<td>Master of Nutrition and Dietetics</td>
<td>26 students (in each year)</td>
<td>2 years postgraduate</td>
<td>3 placements all in postgraduate year: clinical (10 weeks), community (5 weeks) and food service (5 weeks).</td>
<td>20 weeks</td>
<td></td>
</tr>
</tbody>
</table>
If a site is keen to host students for the community or food service placements but does not employ a dietitian themselves, Edith Cowan University is able to provide a primary supervisor from the university to fulfil this role. Curtin University reported that they were continually sourcing and considering new agencies and settings for their students.

### 5.2 ENROLMENT CAPACITY AND COMPETITION

Curtin University and Edith Cowan University approach host sites individually and request placement opportunities for their students. Finding agencies to host students during their community and food service rotations is reported to be relatively easy as students are in demand for these placements. However, finding agencies to host students for their clinical placement, which requires more intensive supervision and teaching, is becoming more difficult, particularly as student numbers continue to grow each year.

Edith Cowan University began its program in 2009 so is still establishing ongoing relationships with organisations that host dietetics students. However, the health services spoken with stated that they tried to take students from both universities equally and that there was no preference. In addition, the two universities have coordinated their placement rotations over the year so as to minimise direct competition for placements (Edith Cowan University undertake placements in the first part of the year and Curtin University through the second part of the year).

The number of enrolment places for dietetics is anticipated to increase over the next 24 months. Compared with some of the other health disciplines, tertiary training in nutrition and dietetics is not particularly expensive for the universities to deliver. However, some of the stakeholders consulted with during this project expressed some concern that the growing numbers of dietetics graduates are not matched with employment opportunities and that future students may find employment in the field challenging. Interestingly, although the clinical placements are the most difficult and resource intensive to undertake for the health services and the universities, some of the sites commented that employment is often more likely to be found in community health rather than within the acute sector. It was also felt that students are not always prepared for the reality of what their day to day work will entail.

> "The students think that our job is performing complex life saving procedures on a daily basis when this is just not the case. We spend a lot of time educating patients about nutrition and getting older patients to eat."

Hospital dietitian

Although all agencies spoken with considered the provision of student supervision to be important to their team and the organisation in which they operated, all said they felt that it would be difficult to increase the number of students they currently provided supervision for. This was almost always due to current staffing numbers, competing work load and intensity of supervision (particularly for the clinical rotation). The one exception was for the food service placement where there was some capacity to increase numbers for some agencies.

### 5.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Table 5.2 presents the supervision and facilitation models at the services visited.
<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Health service      | Swan Kalamunda Health Service | 6-8 (2 at a time for all placement rotations) | Clinical and Food service 1:2 or 1:1 through some stages | • Clinical and food service students  
• 5 weeks only for clinical  
• Work within outpatients and on the wards. Observation and shadowing for half a day then do some independent or paired work. Students shared amongst supervisors. 3 weeks on one ward and 2 weeks on another.  
• Food service- work with limited direct supervision on set project. | • The head of the department is the primary supervisor and coordinator of supervisors and students. |
| Private hospital    | Joondalup Health Campus | 8 clinical (in pairs) 6-8 food service per rotation (12 a year) | 1:2 clinical 1:6-8 food service | • Clinical and food service students  
• Students shared amongst supervisors to minimise burden and expand teaching opportunities- always with a supervisor.  
• Food service- work with limited direct supervision on set project. One designated supervisor. | • Dietetics Coordinator/ Manager assumes coordination role and also acts as the primary student supervisor. |
| Private hospital    | Sir John Gairdner Hospital | 2-4 clinical each rotation (up to 8 per year) Food service- 2 at a time | 1:2 both clinical and food service | • Clinical and food service  
• Clinical – will take for 5 weeks only. Observation, shadowing, supervised activities and working with other student.  
• Rotates to a new dietitian every 2 weeks approx. Students will be exposed to 8 different departments/wards of hospital.  
• No primary supervisor, all supervisors contribute to the role.  
• Food service - 3 weeks- project based | • One person in the dietetics department assumes responsibility for all student coordination but this not funded. This is done in addition to their core work. |
| Non-Government Organisation | WA Diabetes | 4 each year (2 per semester) | 1:2 community | • Community placement  
• Project based work. Supervisor provides support, advice and guidance. Students work on a community based project from beginning to end. Often will be supported to run a group presentation or community workshop. | • Diabetes Services Education Manager is the key contact for and coordinator of student placements. The manager provides support for the supervisors to undertake this role. |
| Private hospital    | St John of God Hospital | 4 clinical (2 each rotation for 5 weeks) 1 food service | 1:2 clinical 1:1 food service | • Clinical and food service  
• Clinical-for 5 weeks only. Supervised observation, shadowing and teaching. | • Senior clinical dietitian assumes responsibility for primary supervision and coordination of placement. |
| Public hospital     | Osborne Park Hospital | 8 clinical a year (2 at a time for 4 blocks) 8 students for food service | 1:2 clinical 1:4 food service | • Clinical and food service  
• Clinical-for up to 5 weeks at most. Supervised observation, shadowing and teaching. Work with different supervisors and exposed to variety of departments.  
• Food service- project based less direct supervision. Work in groups. | • Senior clinical dietitian assumes responsibility for primary supervision and coordination of placement. |
<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>Princess Margaret Hospital</td>
<td>From ECU- 2 clinical 2 food service 2 research (for Master) From Curtin- 4 food service 4 clinical</td>
<td>1:2 clinical 1:4 food service</td>
<td>• Clinical and food service and research project for Master • Clinical- 6 weeks- paediatric specific placement. Students will work some of the time together but divided up with a different supervisor the remaining time. • Food service - project based less direct supervision.</td>
<td>• Senior clinical dietitian assumes responsibility for coordination of placement. Primary supervision is shared amongst five senior clinicians and supported by secondary supervisors. • There is a set timetable for the 6 week clinical placement with orientation, ward allocation and training sessions in place.</td>
</tr>
<tr>
<td>Residential Aged Care</td>
<td>Brightwater Madeley</td>
<td>2 dietetic students for each IPE block- food service (up to 8 per year) 4 weeks (3 weeks onsite)</td>
<td>1:2 food service</td>
<td>• Food service placement- 4 weeks. • External supervisor attends Brightwater to provide supervision. Students undertake food project while also participating in IPE programs and activities.</td>
<td>• Students attend Brightwater Madeley as part of the IPE program.</td>
</tr>
</tbody>
</table>
The Australian Dietetic Council requires supervisors to have two years of experience post accreditation to be recognised as a primary supervisor for clinical placement. However, first and second year qualified dietitians are able to be a secondary supervisor prior to this time. The clinical placement requirements are very specific which means that some settings are not able to host students (such as aged care settings) as they are not able to provide students with all the required competency experiences. These sites, however, are able to offer project based community or food service placements.

Clinical placements will almost always occur in a hospital setting where there is generally two students at each site, supervised by a single primary supervisor and one or more secondary supervisors. The pairing of students within the clinical rotation is a key philosophy in dietetics to facilitate peer support and collaboration. Students are encouraged to meet once a week to provide each other with feedback and discuss client cases. The length of clinical placement can vary with each site and can range from two to ten weeks dependent on their capacity to host students and what they are able to provide the students in terms of specific competency achievement. On completion of a clinical placement some site supervisors will hand over to the subsequent supervisor at another site.

Agencies are generally able to host a greater number of students for their food service placements per site and the ratio of supervisors to students can be up to 1:5. Community placements will generally have 1:1 or 2:1 supervisor to student ratio. Some of the bigger organisations may take two students concurrently for community placement while others will only take a single student.

Within many health service teams, dietitians will share responsibility for student supervision (although the primary supervisor will usually remain constant) to reduce pressure on part-time employees. Assessment for students is undertaken by supervisors at mid and final stage of placements. A university supervisor attends the clinical placement setting once a week for two hours per student. During this time the supervisor will meet with the health service primary supervisor to discuss the progress of the student, any areas in which they need to obtain additional skill support and issues with the placement to date where relevant. The university supervisor will also observe and teach the students on the ward during this visit. For students who may be struggling during their clinical placement rotation, both universities will offer additional hours on site (up to 4 hours a week).

To support site supervisors, minimise administrative burden and to increase consistency of assessment, the two universities have collaboratively created a shared student placement competency framework. This framework is based on accreditation competencies set by Dietitians’ Association of Australia and contains set objectives to meet over the three placements. The clinical placement is the most prescriptive. Although there are a couple of competency items that are considered ambiguous by supervisors within the clinical rotation, the shared framework is well received by the stakeholders consulted with.

There is a generic allied health clinical placement agreement in place between the universities and the Department of Health WA that is signed by the senior university representative and Director General of Health (representative of The Boards). The universities also work within a formal agreement with Ramsay Health Care services (private hospitals). For other hosting agencies individual agreements are generally developed at varying levels of formality.

Differences in models according to setting type

There were very little differences in models of supervision between settings observed.
Interdisciplinary placements or Interprofessional Education (IPE)

Curtin University has strong focus on Interprofessional Education (IPE) and dietetic students are encouraged to enrol in these programs. Dietetic students will also work with other disciplines such as speech pathology and occupational therapy within the Royal Perth Hospital student ward.

5.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation and quality placements.

5.4.1 Enablers to placement establishment, continuation and quality

Enablers to placement establishment, continuation and quality included:

(1) The ongoing developing and management of relationships with different hosting services: the universities invest significant time into sourcing new placement opportunities and ensuring the established relationships are collegial and positive.

(2) The opportunity for the agency to provide feedback: Curtin University in particular seeks feedback from the health services regarding the placement arrangements undertaken. The stakeholders commented that this was appreciated and they felt that their opinion was taken into consideration.

(3) Individual motivation of the supervisors: although a supervisor may be working within an organisation or team that fosters teaching and supervision, the choice of taking on student placements in some organisations is largely individual. Supervisors commit to student supervision for many reasons. They include: altruism, the desire to ‘give back’ to their profession, providing a positive role model for students, imparting knowledge to ensure sustainability of the profession into the future, diversity in their work load, opportunity to self-reflect and learn of new research and contemporary practices taught in the universities, opportunity for professional development and the enjoyment they derive from supervising students.

“I like students. They keep us updated with fresh ideas and new information. The team finds it interesting and gives them some variety in their work.”

Senior Dietitian

“We see the importance of having students. They make us question our own methods and why we do things the way we do. We want to support the profession, teach the next generation. They are our future colleagues.”

Senior Dietitian

(4) University based supervisory training and other professional development opportunities: most of the universities offer introductory supervisor training on a regular basis to those agencies hosting students. This can be taken over half a day or full day and participants may receive continuing professional development (CPD) points for their involvement. The Health Workforce Australia one day clinical educator workshop was highly regarded by one of the organisations spoken with.

(5) Collaboration between universities: To support site supervisors, minimise administrative burden and to increase consistency of assessment, the two universities have collaborated to create a shared student placement competency framework for all
students. They have also coordinated their placement blocks to minimise competition between the programs and to reduce the burden on the hosting agencies.

(6) **Funding for rural placements:** scholarships such as those offered by Services for Australian Rural and Remote Health (SARRAH) assist students to undertake placements in rural settings where accommodation is a significant impost on the student.

(7) **The provision of a university field liaison/external supervisor:** to assist with the teaching and assessment of students is appreciated. The hours that the university supervisor assumes responsibility for the student enables the hospital clinicians to focus on their own core workload. The health services were particularly appreciative when the supervisor was a current clinical dietitian themselves as they felt that they were better acquainted with the patient type and workload realities of the acute hospital environment. In addition many of the supervisors felt that having the university personnel attend for a full day would provide the team with a much greater level of support.

> “The additional supervision they give us is very valuable. We can talk to them about the student and they can give us feedback too. It also gives us a bit of a breather when they are here!”

**dietitian**

(8) **Value add of students:** dietetics students for the community (project) and food service placements are in demand by the agencies. The students assist the organisation to undertake valuable projects that they would not be able to manage in conjunction with their own core work load.

> “The projects the students do are real and valuable. I will take as many food service students as they will let me have! It means I can influence the new crop of students and pass on a passion for the catering area.”

**Senior dietitian**

### 5.4.2 Barriers to placement continuation or expansion

(1) **Staff ability to manage the demands of the supervision:** Hosting agencies report that it is difficult for staff to manage the responsibilities of supervision and their own ongoing case workload. Although often considered to be a component of their work, the significant requirements of the supervision role is in addition to their own clinical workload impacts on staff members’ willingness to be involved. This can be particularly challenging for part time staff.

> “I really enjoy supervising students, and I have had great students but I just don’t think I can do it again next semester. It is just too hard to manage as a part timer and I had to complete the reporting requirements after hours so I would not compromise my clinical load during working hours.”

**Hospital Dietitian**

(2) **Space:** a lack of physical space including rooms, offices, desks, computers and secure storage for personal belongings was consistently raised as a significant barrier to hosting students or to increasing the number of students on site. This was more prevalent amongst hospitals and health services but many organisations experienced problems with physical accommodation of students.
5.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

A Metropolitan Dietetics Management Meeting held every six weeks is attended by the head of the dietetics department from a range of public and private hospitals. During this meeting the managers discuss a range of issues including clinical placement activity. University representatives are also invited to attend some of these meetings at which the managers are able to discuss any concerns they may have with the placement process.

Curtin University and Edith Cowan University hold quarterly meetings at which they discuss and coordinate clinical placement activities and training opportunities for the hosting agencies.

5.6 KEY OPPORTUNITIES FOR THE FUTURE

Dietitians and managers in community organisations and health services were keen for the opportunity to meet with the university program coordinators once a year to discuss the types of projects could be done that would be meaningful for community organisations / health services and universities. It was suggested the opportunity to brainstorm could lead to the creation of more innovative projects that would benefit students, organisations, universities and the community alike.

A number of the sites suggested that access to the university library resources would be very valuable and appreciated.

The program coordinators suggested that they are now exploring opportunities in settings such as: rural and remote settings; private practice; aged care services; and in the mining sectors.
6 Exercise Physiology

This discipline disciplinary summary provides: an overview of exercise physiology courses in WA and their associated clinical placement activity.

6.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Exercise and Sport Science Australia (ESSA) accredits exercise physiology courses. From 1 January 2014 students seeking accreditation as an Accredited Exercise Physiologist will need to have completed a National University Course Accreditation Program (NUCAP) Exercise Physiology course.

To become an exercise physiologist, students must first complete a three year undergraduate degree in exercise science. Exercise science is offered at Curtin University, Edith Cowan University, Murdoch University, The University of Notre Dame Australia and The University of Western Australia. To graduate 140 hours of placement hours (which are to occur with a population group that is considered healthy) are required. Exercise Physiologists are not required to be registered by APHRA.

High performing students may have the option to continue, converting their undergraduate studies to a four year degree or completing the fourth year as a postgraduate diploma, which is offered at all universities except for Edith Cowan University and Curtin University. The latter university is planning to introduce this approach in coming years. Murdoch University allows students to enrol in a four year undergraduate degree that articulates with their exercise science degree for the first three years. In 2014 Edith Cowan University will also offer a four year undergraduate degree that articulates with the exercise science degree for the first three years. The University of Notre Dame Australia and The University of Western Australia also offer a two year masters’ degree that articulates with the first year of their postgraduate diploma.

The fourth year is required to achieve accreditation as an exercise physiologist through Exercise and Sport Science Australia (ESSA) on graduation. In undertaking this fourth year students are required to undertake a further 360 hours of practical placement. This must include 140 hours related to cardiopulmonary/metabolic conditions and 140 hours related to musculoskeletal/neurological/neuromuscular conditions. The remaining 80 hours includes other conditions that do not fall under the other two categories.

For each area a student must complete a minimum of 65% (at least 84 hours) face to face exercise delivery and a maximum of 35% (up to 49 hours) observation and 5% (up to 7 hours) administration.

Clinical placement settings include private practice, community health, and vocational rehabilitation agencies. Exercise physiologists are not employed within the public hospitals in WA with the exception of the Royal Perth Hospital where they are employed by the Cardiac Transplant Unit.

All the universities run their placements throughout the year, with students completing placements around class times. Allocating full time block placements is difficult due to the nature of the work requiring early morning and late afternoon sessions with clients. The University of Notre Dame Australia is the only university who runs their placement in five
week blocks, however these are still completed around class times. None of the universities have a requirement for students to undertake a placement in a rural area. There are very few rural placements due to limited numbers of exercise physiologist working in rural areas and placements needing to fit in around classes, unless a student can complete a block in the university holidays.

Table 6.1 presents an overview of educational providers delivering exercise physiology courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in place.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edith Cowan University</td>
<td>Bachelor of Science (Exercise Science and Rehabilitation)</td>
<td>35</td>
<td>4 year undergraduate degree. Students can transfer across to final year from undergraduate exercise science 3 years</td>
<td>Clinical placement hours completed in year 4. Throughout year students complete hours around class times placements are not arranged in blocks</td>
<td>140 hours for exercise science 360 hours for exercise physiology</td>
<td>Placements occur in: private practices; vocational rehabilitation services; NGOs; and public hospitals. University run clinics</td>
</tr>
<tr>
<td>Murdoch University</td>
<td>Exercise Physiology (BSc)</td>
<td>30-40</td>
<td>4 year undergraduate degree. Students can transfer across to final year from undergraduate exercise science 3 years</td>
<td>Clinical placement hours completed in year 4. Throughout year students complete hours around class times placements are not arranged in blocks</td>
<td>140 hours for exercise science 360 hours for exercise physiology</td>
<td>Placements occur in: private practices; vocational rehabilitation services; NGOs; and public hospitals.</td>
</tr>
<tr>
<td>The University of Notre Dame Australia</td>
<td>Graduate Diploma of Exercise Science</td>
<td>24</td>
<td>1 year post completion of three year exercise science</td>
<td>Placements are throughout the year. Placements are in 5 week part-time blocks, around class time</td>
<td>140 hours for exercise science 360 hours for exercise physiology</td>
<td>Placements occur in: private practices; vocational rehabilitation services; NGOs; and public hospitals. University run clinics</td>
</tr>
<tr>
<td></td>
<td>Master of Exercise Science</td>
<td></td>
<td>2 years post completion of three year exercise science</td>
<td>Placements are throughout the first year. Placements are in 5 week part-time blocks, around class time</td>
<td>140 hours for exercise science 360 hours for exercise physiology</td>
<td>Placements occur in: private practices; vocational rehabilitation services; NGOs; and public hospitals. University run clinics</td>
</tr>
<tr>
<td>The University of Western Australia</td>
<td>Graduate Diploma in Exercise Rehabilitation</td>
<td>35</td>
<td>1 year post completion of three year exercise science</td>
<td>Placements are throughout the year. Students complete hours around class times placements are not arranged in blocks</td>
<td>140 hours for exercise science 360 hours for exercise physiology</td>
<td>Placements occur in: private practices; vocational rehabilitation services; NGOs; and public hospitals.</td>
</tr>
<tr>
<td></td>
<td>Master of Exercise Science</td>
<td></td>
<td>2 years post completion of three year exercise science</td>
<td>Placements are throughout the first year. Students complete hours around class times placements are not arranged in blocks</td>
<td>140 hours for exercise science 360 hours for exercise physiology</td>
<td>Placements occur in: private practices; vocational rehabilitation services; NGOs; and public hospitals.</td>
</tr>
</tbody>
</table>
### 6.2 ENROLMENT CAPACITY AND COMpetition

All four universities offering courses that lead to registration as an exercise physiologist (The University of Western Australia, Murdoch University, The University of Notre Dame Australia and Edith Cowan University) have capped their courses at approximately 35 students, with no courses planning to increase numbers in coming years. The smallest enrolment is at The University of Notre Dame Australia whose combined numbers in the Graduate Diploma and Masters is only 24 students. The University of Notre Dame Australia cap their courses as the university as a whole strives to have small class sizes. Edith Cowan University, The University of Notre Dame Australia and Murdoch University cap their enrolments due to clinical placement shortages. Murdoch University has the largest cap (45 students). However, actual enrolments have not been this high, remaining between 30-40 student each year. No universities sited any difficulty associated with gaining the 140 healthy hours of placements required in the three year exercise science degree.

The University of Western Australia is the only university who reported they had no clinical placement shortages. Their course commenced in 1992, making it the oldest course in WA. They have a strong alumni approach to clinical placements. Regularly making contact with all their graduates once they are a number of years out, they request placements at their workplace. A number of the other universities reported some health services would only take The University of Western Australia students. However, none of the health services consulted reported any particular university affiliations.

Both The University of Notre Dame Australia and Edith Cowan University have university run clinics where external clients attend. These clinics assist in meeting clinical placement demands and assist with increasing the skills and professionalism of students before they undertake external placements.

Murdoch University reported the greatest difficulty finding enough clinical placements, as it is a relatively new course and they do not have a clinic.

The cardiopulmonary placements were the hardest placements to secure for both Edith Cowan University and Murdoch University.

All universities and the majority of health services raised concerns regarding the possibility of a new course at Curtin University, as they do not believe there is a need for another course and the health services are already at capacity. Interestingly, during consultations some stakeholders expressed concern regarding the increasing numbers of students graduating from the courses and queried their ability to find employment in this field within WA.

The universities do not collaborate regarding clinical placements, despite it being a relatively small profession in WA, with the majority of university staff and exercise physiologist knowing each other.

“We do not collaborate, but we are not in competition. Well we are in competition but it is not ferocious.”
The health services consulted said there was a level of competition between the universities for placements and each would appreciate some form of formal collaboration between the universities.

### 6.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Exercise physiology is still a developing profession, especially in WA. Because of this there appears to be no uniform language used for supervision models. From discussion with health services, the predominant model appears to be a 1:1 supervisor to student model. However, the supervisor may change from day to day. One key staff member is often responsible for student placements across the facility. Feedback to students was reported to occur immediately after a client is seen if time allows. It was reported that supervision rarely occurs in formal sessions unless there is a major incident.

As exercise physiology is still a relatively new profession, there are limited placements within public health settings. Private practice is the predominant provider of clinical placements. As the ESSA requirement is for all placement hours to involve direct client contact only, limited or no time is spent by students in preparing for sessions, completing administration tasks or reporting on a client's progress. A number of health services reported that this results in graduates, who do not understand the full role of an exercise physiologist and who are not work ready, which requires lengthy orientation by their first employer.

All health services reported that the universities were supportive if they experience problems in managing a student. Universities often said they visited students at health services. However, health services said it rarely or never happened. Health services were keen to see greater involvement of the universities in supporting the students on placement.

To gain accreditation with ESSA as an exercise physiologist, students are required to fill in a logbook detailing all their clients, the length of each session, and what was involved in delivering the session. The supervisor is required to sign off on each session. In addition, universities have their own individual assessment forms.

Health services inconsistently reported what forms existed and were often unable to identify which universities had forms. There was no agreement amongst health services on their understanding of whether clinicians were able to pass or fail a student. Many were unsure if assessment was based on completing the set number of hours, or whether students were also required to demonstrate they were competent.

Facilitation of clinical placements generally occurs throughout the year with Universities generally calling a key contact person at the health service when a clinical placement is required. Recently, The University of Notre Dame Australia and Hollywood Functional Rehabilitation Clinic and Como Fitness have moved to part-time five week blocks. In general, other health services were in favour of this model.

Table 6.2 presents the supervision and facilitation models at the services HMA visited.
### Table 6.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>Royal Perth Hospital (RPH) - cardiology transplant unit</td>
<td>13-14 student a year, Continuous part time around university requirements, May have 2-3 students at once, Notre Dame complete hours within 5 week block, Other students may take longer</td>
<td>2:1, 2:2</td>
<td>Students attend group gym session in mornings. Do not spend time before or after with medical files etc. There are 2 exercise physiologists working in each session. Students will receive supervision from either supervisor during session. May be 1 to 3 students per session to 25-30 clients. Placements are predominantly observation due to client type. Often will not have a chance to speak with students</td>
<td>Placements are organised throughout the year. University will make contact and ask if they have any upcoming availabilities. Students will have an interview before they commence to agree hours and to ensure they are suitable.</td>
</tr>
<tr>
<td>Private practice/gym</td>
<td>Hollywood Functional Rehabilitation Clinic</td>
<td>4 students each 5 week block - part time, Students must complete hours in this time frame</td>
<td>1:1</td>
<td>Predominantly 1:1 supervision model with students changing supervisor as required. Usually the number of supervisors they spend time with is limited to the same 2-3 staff. One main supervisor oversees placement</td>
<td>Placements are organised throughout the year. The health service has implemented block placements to assist in increasing capacity and increasing coordination. Usually will have 1 student from each university every block. Students will have an interview before they commence to agree hours and to ensure they are suitable.</td>
</tr>
<tr>
<td>Private practice/gym</td>
<td>Regenerate</td>
<td>Maximum 2 students at a time - part time, Numbers fluctuate</td>
<td>1:1, 2:1</td>
<td>Predominantly 1:1 Only 2 staff can currently supervise as other staff awaiting ESSA registration will share if required</td>
<td>Offer placements on a first come first serve model to the universities that approach them.</td>
</tr>
<tr>
<td>Private practice/gym</td>
<td>Como Health and Fitness Centre</td>
<td>1 student at a time in 5 week block - part time, Back to back part time blocks around university requirements</td>
<td>1:1, 2:1</td>
<td>Predominantly 1:1 Only 3 staff can currently supervise as other staff awaiting ESSA accreditation.</td>
<td>Placements are organised throughout the year. The health service has implemented block placements to assist in increasing capacity and increasing coordination. Students will have an interview before they commence to agree hours and to ensure they are suitable.</td>
</tr>
<tr>
<td>Private practice/gym</td>
<td>Guardian Exercise Physiology</td>
<td>12-14 a year, Students are on a part time basis generally encourage to complete hours within 10-12 weeks</td>
<td>2:1</td>
<td>Work at clients local gyms, so students meet supervisor at gyms. Do not travel with supervisor Will have 2 supervisors they can attend client appointments with</td>
<td>Placements are organised throughout the year. The university will make contact and ask if they have any upcoming availabilities. Students will have an interview before they commence to agree hours and to ensure they are suitable.</td>
</tr>
<tr>
<td>Private practice/gym</td>
<td>Curtin Stadium Exercise</td>
<td>15-20 students per year</td>
<td>1:1</td>
<td>Predominantly 1:1 supervisor to student model. Casual staff will supervise as other staff awaiting ESSA accreditation.</td>
<td>Placements are organised throughout the year. The university will make contact and ask if they have any upcoming availabilities. Students will have an interview before they commence to agree hours and to ensure they are suitable.</td>
</tr>
</tbody>
</table>
Interdisciplinary placements or interprofessional education

There are no formal opportunities for students to participate in IPE. There are limited opportunities for students to work with health professionals from other disciplines, as the majority of placements are private practices only staffed by exercise physiologists.

6.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

6.4.1 Enablers to placement establishment and continuation

All universities reported the main enabler of placement establishment and continuation is developing relationships with health services. Health services confirmed this, frequently reporting the universities are extremely helpful. The University of Notre Dame Australia have moved to block placements which was praised by the majority of health services, as there is a general desire for the facilitation of placements to be more structured.

Students attend an interview for all health services before they commence. This helps to ensure the student is the right ‘fit’ for their placement and that the health service can provide clinical placement hours that fit around the students’ timetable. The interview is an opportunity for the health service to explain their service and expectations around professional behaviours.

There is no formal payment for health services to take students. This means they are largely possible from the goodwill of the clinicians. Health services listed motivators to host student placement to include:

- a personal belief to give back to the profession and a desire to ensure the quality of graduates is high;

  “It is my passion for the industry. I want the industry to grow, and to do that we need to make sure graduates are of a high quality.”

  Health service manager

- A small number of health services reported taking students to assist with managing workload

  “I sometimes call the university and ask for more students. In a busy gym class sometimes you just need an extra pair of hands.”

  Health service representative

- for future recruitment; and

- as a way to promote the health services’ business.

6.4.2 Barriers to placement continuation or expansion

Exercise physiology is still a developing profession and therefore it is difficult to find accredited supervisors in a range of settings, particularly in public hospitals. In addition, there
is a lack of clarity regarding clinical placement requirements and ongoing accreditation processes.

“We noticed on the ESSA website that up 50 clinical placement hours could be made up of simulation. This was exciting, as that could make a huge difference to addressing our placement shortage. But when we called ESSA and asked for the policy on what simulation could include they said they had not written it yet”

University representative

A lack of collaboration across the universities makes the facilitation of placements at health services difficult as requests come in at different times of the year. This can make it hard for health services to coordinate placement to meet all requests. For example, one health service said they will have no students for months, and then suddenly all universities will request placements at once. This means they have to turn many away, when if they were organised in advance throughout the year, they would have capacity to increase their numbers dramatically.

The majority of health services provide supervision and feedback only if there is time between sessions. Only two health services reported that they would sit down at the end of a placement to provide feedback and advice on the student’s performance and assess the student at the end of the placement. The ability to do this is limited by the structure of placements, that revolve around class times. This means students are never around during down time, when it would be appropriate to provide feedback. Students have limited motivation to push for feedback, as these hours do not contribute towards their registration requirements.

“The students can only observe here and do some small tasks. We tell them in the orientation we do not have time to talk to them as we are too busy”

Health service representative

No WA universities provide supervision training for supervisors. The majority of health services thought this would be a good idea, reporting that they were unsure of when new graduates should start taking on a clinical role and how to support staff in developing these skills.

“There is nothing to develop staff’s supervision skills, one university has visited once in the last three years. The infrastructure to support clinical placements is just not there”

Health service representative

6.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

There are no partnerships groups or networks in WA specifically set up to discuss clinical placements in exercise physiology. Exercise physiology is small professional community, well connected through professional association events. Informally issues related to student placements come up in discussions.

Although the majority of health services were keen for the universities to collaborate more, many felt it would be difficult for their businesses to collaborate due to financial and time restraints.

6.6 KEY OPPORTUNITIES FOR THE FUTURE

Currently, the opportunities for clinical placements in exercise physiology are limited by a lack of exercise physiologists working in public hospitals and the community sector.
Exercise physiology in WA is still a developing profession and as such the models of clinical supervision are still developing and not as widely established as in other professions. Currently, there is a lack of professional development programs to support exercise physiologists strengthen their skills in supervising students.

Strengthening the models of supervision and providing professional development opportunities in supervision will be important steps in strengthening the capacity of profession to provide quality placements.
Medical laboratory science

This discipline summary provides: an overview of the only accredited medical laboratory science course in WA and associated clinical placement activity.

7.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Australian Institute of Medical Scientists accredits medical laboratory science courses. Curtin University is the only university offering a Bachelor of Science (Laboratory Medicine) in WA and it is the only WA-based course accredited by the Australian Institute of Medical Scientists. Students currently need to undertake 28 weeks of clinical placements to graduate.

Placements predominantly occur at PathWest Laboratory Medicine WA (which provides medical laboratory services for all public hospitals). A strong partnership has developed between the two organisations. A small number of placements also occur in larger private medical laboratories or private hospitals, where more informal relationships exist.

Students are able to initiate and pursue placement opportunities interstate, overseas and in rural areas. However, placements in rural areas are not generally encouraged as it is felt students really need to be exposed to the environment of a large metropolitan laboratory.

The Bachelor of Science (Laboratory Medicine) is accredited by Australian Institute of Medical Scientists and they require students to have completed at least one full semester of clinical placements (12 weeks placement). However, there is a strong preference for students to have completed two full semesters of placement. Many universities in recent years, including Curtin University have moved to expand the level of placements student participate in.

Table 7.1 presents an overview of the medical laboratory science course, its duration, hours of clinical placement required and the range of settings in which clinical placements occur.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approx. time</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Science (Laboratory Medicine) Curtin University 4 year undergraduate degree</td>
<td>300 students across all year levels with approximately 75 students in each year level.</td>
<td>2.5 years</td>
<td>14 weeks in second semester of year three and 14 weeks in first semester year</td>
<td>28 weeks</td>
<td>• Predominantly placements occur at PathWest Laboratory Medicine WA.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Some placements occur in larger private medical laboratories.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Informal opportunities exist for students to undertake placements in rural areas, interstate or overseas.</td>
</tr>
</tbody>
</table>
7.2 ENROLMENT CAPACITY AND COMPETITION

Curtin University is the only university delivering a course accredited by the Australian Institute of Medical Scientists in WA. In 2009, the course structure changed in accord with directions set by other medical laboratory science courses around the country, which resulted in a significant increase in clinical placement requirements.

Prior to 2009 the course took three years to complete and only required four weeks of clinical placement. Since 2009 the course has been a four year degree, requiring 28 weeks of clinical placement (14 weeks across second semester in year three and 14 across first semester in year four). Health Workforce Australia has supported the expansion of clinical placements through the funding of a liaison position for WA that helps facilitate and monitor clinical placements. This position sits within PathWest Laboratory Medicine WA.

As a consequence of changes to the course structure, enrolments in the course initially fell off, and there was no problem in filling clinical placements. Now, as the numbers of students are increasing (currently 80 students enrolled in first year), pressure for placements is emerging and there is a need to recruit other private diagnostic laboratories to take students for clinical placement. In particular, there are currently difficulties in securing placements for students who are majoring in diagnostic cytology.

A number of other universities have courses requiring clinical placements in diagnostic laboratories including:

- The University of Notre Dame Australia Bachelor of Biomedical Science;
- Edith Cowan University Bachelor of Science (Biomedical Science); and
- The University of Western Australia Bachelor of Science (Pathology and Laboratory Medicine).

Whilst these courses do not directly compete against Curtin University’s Bachelor of Science Laboratory Medicine (as they are not accredited by Australian Institute of Medical Scientists) they do seek the support of the profession to take their students. There are also some laboratory courses in the VET sector that seek to place students in diagnostic laboratories.

A contingency option is available to Curtin University if attempts to increase engagement of the private sector are not successful. This would involve reviewing the course structure and reducing the level of clinical placements, whilst still meeting accreditation requirements.

Currently PathWest Laboratory Medicine WA only has capacity to accommodate 40 students for the preanalytical placement component. There is a need to expand capacity for these placements and the university is currently seeking the support of private laboratories in taking students for these placements.

7.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Curtin University has worked closely with PathWest Laboratory Medicine WA in the design of a program to support the expansion of clinical placements for medical laboratory science students. Curtin University currently pays PathWest for taking its students and funding from Health Workforce Australia has supported the establishment of the placement program and the student liaison coordinator position at PathWest Laboratory Medicine WA.

The University has responsibility for defining the placement program, competencies and experience students are required to acquire on the placements.

To support the placements, a structured training program for students was created in partnership with PathWest Laboratory Medicine.
Students have the choice of majoring in three areas: clinical biochemistry, diagnostic cytology, haematology and blood transfusion science, histopathology, medical biotechnology and immunology and medical microbiology. All students need to undertake a preanalytical placement and then undertake placements in the three areas they are majoring in.

To support placements across the seven areas, a training manual was developed for each of the seven areas in both public and private settings. Curtin University worked with a medical scientist from each of the seven areas to the development of the training manuals. The manuals define the scope of practice of the student and describe how to undertake each of the key tasks expected of students working in the laboratory. Additionally, log books were developed to support students to record their progress in meeting university requirements.

A key element of the program that supports the structured training program is the detailed work schedule that rotates both staff and students across the seven clinical areas. The rosters ensures students gain experience in the areas they are majoring in and gives all staff variety in the clinical work they are undertaking as well as the opportunity to participate in supervising students. There is a clear expectation within PathWest Laboratory Medicine WA that all laboratory staff members will supervise and support the learning of students.

The university has a unit coordinator who works closely with the liaison coordinator at Path West Laboratory Medicine WA in facilitating, rostering and monitoring placements.

The liaison coordinator, in turn works with coordinators at ten PathWest Laboratory Medicine WA sites across metropolitan Perth. These coordinators have responsibility for formally supervising the students at their site. This involves monitoring a student’s progress, supporting and mentoring a student when required, giving formal feedback on their progress and signing off that they have attained the required competencies/level of experience.

Table 7.2 presents the supervision and facilitation model at PathWest Laboratory Medicine WA.

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>PathWest Laboratory Medicine WA</td>
<td>Currently: 31 students in final year; 60 students in year 3</td>
<td>1 formal supervisor for all students at the site. Multiple staff supporting the supervision of staff on a day to day basis in accord with rostering responsibilities.</td>
<td>A coordinator at each site has the formal responsibility for supervising the student and is supported by staff in each area of the laboratory. Under this model there are a number of medical laboratory scientists supervising each student.</td>
<td>The liaison coordinator at Path West Laboratory Medicine WA facilitates the placement of students and supports the rostering and monitoring of students. The formal supervisor of the student has responsibility for ensuring the students have acquired the relevant competencies / experience.</td>
</tr>
</tbody>
</table>

7.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

7.4.1 Enablers to placement establishment, continuation and quality

A key enabler to the establishment of the clinical placement program at PathWest Laboratory Medicine WA has been the funding from Health Workforce Australia. This has enabled a...
Clinical training coordinator role to be established, the development of the training program and has covered the costs associated with releasing staff to supervise students (i.e. enabling the backfilling of their clinical roles).

Having a structured training program in place, manuals and workbooks that detailed work schedules that supports the rotation of students and staff, enables the program to operate efficiently.

The clinical training coordinator role has been important in facilitating staff engagement and identifying capacity across all the metropolitan sites of PathWest Laboratory Medicine WA. The key to effective engagement is good communication:

“"You need to keep explaining to people all the time. You need to give information to people at least ten times to get the message across, so you look for a variety of ways to communicate: what the program is about, how it is working, what is happening this year and when, and what is expected of staff. You need to be constantly send out e-mails reminding people of when the students are coming. Equally important is getting feedback from staff and the students on their experience of the placements and modifying the program accordingly. It’s important to give feedback what was achieved over the last year and what is planned for the coming year”"

Clinical training coordinator

**Good Practice Box**

Strong leadership and a commitment to fostering a culture of learning within PathWest Laboratory Medicine WA have supported the development of capacity within the organisation to take a significant increase in students over the past few years. Expectations have been set that all departments will take students to the maximum capacity.

Having a structured program with clear rules and guidelines and a range of resources has greatly assists staff in understanding their roles and has supported them train and supervise students.

Given everyone has been involved, there have been positive benefits in that everyone is developing skills in supervision. Over time people have generally become more confident and are getting better at supervising and training students.

Where has been resistance from some staff in taking students, change management strategies are being developed to educate staff about the importance of strengthening workforce capacity and engaging them in supporting the program.

The program is regularly evaluated which enables the program to be strengthened.

Support for clinical placements across the sector is largely built on the good will of medical laboratory scientists. Given Curtin University is the only accredited course in WA, many medical laboratory scientists working in WA are graduates of Curtin University. Maintaining links with previous graduates is important in sustaining continuing involvement with the placement program.

Public and private sector laboratories taking students see direct advantages in taking students: they are able to provide training that prepares students for their workplace and then can recruit the best students. This is often a key enabler that motivates participation and is a benefit that can be marketed to those that are currently not taking students.

“"There are a fantastic range of placements available now that provide students with real and up to date practical experience. What is great about taking students is that students get good exposure to what is required in a modern laboratory and you as an employer get the opportunity to see people in action prior to a job interview. You are able to “cherry pick” from amongst the best students.”"

Medical laboratory scientist

### 7.4.2 Barriers to placement continuation or expansion

Private providers are often reported to be reluctant to take students and some medical laboratory scientists say they are too overloaded to take more students.

Stakeholders advised that private providers seek to run their organisations leanly so that they can deliver clinical results to doctors quickly. Often the senior staff involved in supervising
students are very efficient in their work and there can be concern that the turnaround time of delivering results may be compromised if they are involved in training and supervising students.

There is a need to engage more actively with private providers to encourage their involvement in taking students. Promoting the benefits of taking students will be particularly important in encouraging the involvement of private providers.

7.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

Currently Curtin University has a partnership with PathWest Laboratory Medicine WA. They have been working together to expand clinical placement capacity since the introduction of the Bachelor of Science (Laboratory Medicine) in 2009. A key focus over the coming year will be to develop and strengthen working relationships with private medical laboratories to take students on placement.

7.6 KEY OPPORTUNITIES FOR THE FUTURE

Opportunities to expand clinical placements capacity have been identified to include:

• strengthening the involvement of private medical laboratories in taking students; and
• encouraging medical laboratories in new hospitals being established, to commit to taking students.
8 Medicine

This discipline summary provides an overview of medical courses and clinical placement activity.

8.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Medical Board of Australia is responsible for the registration of doctors and medical students. Only students who have studied accredited courses are eligible to apply to the Medical Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered with the Medical Board of Australia.

The Australian Medical Council accredits basic medical courses that lead to qualifications that permit the holder to seek general registration as a medical practitioner. Accreditation standards address the requirements for delivery of high quality medical education and cover:

- the context of the medical school;
- the outcomes of the medical course;
- the medical curriculum;
- the curriculum - teaching and learning;
- the curriculum - assessment of student learning;
- the curriculum - monitoring and evaluation;
- implementing the curriculum – students; and
- implementing the curriculum - educational resources.

The State and Territory Postgraduate Medical Councils are responsible for accreditation of intern training posts. In Western Australia this is the Postgraduate Medical Council of Western Australia.

University training

There are two universities providing medical courses in WA. The University of Western Australia currently offers a six year undergraduate medical course but will be transitioning to a four year graduate course next year (2014), and The University of Notre Dame Australia offers a four year graduate course. The University of Western Australia currently accepts approximately 100 students each year and The University of Notre Dame Australia approximately 110 students. The 2014 doctoral program at The University of Western Australia will accept a maximum 105 students for each admission cycle.

The Rural Clinical Training and Support (RCTS) Program (Australian Government, Department of Health and Ageing program), provides recurrent funding to establish clinical training schools in rural areas. The program provides targeted funding to participating Australian medical schools in a number of areas including support for: rural student selection; the enhancement of support systems for students; rural medical educators; and the mandatory provision of structured rural placements for all rural Australian medical students. The RCTS targets include:
• 25% of Commonwealth supported medical students undertake a minimum of one year of their clinical training in a rural area Australian Standard Geographical Classification (ASGC) 2-5 prior to graduation;
• 25% of Commonwealth supported medical students to be from a rural background;
• all Commonwealth supported medical students to undertake at least 4 weeks of structured rural placement in an ASGC 2-5 region. These placements usually occur in the final year of study.

The University of Western Australia and The University of Notre Dame Australia partner with the Rural Clinical School of Western Australia to offer opportunities for students to have a year in a rural area. This occurs in Year 5 for students of The University of Western Australia, and Year 3 for students of The University of Notre Dame Australia. The Rural Clinical School has 80 places for the year long placements. Approximately two thirds of the students are from The University of Western Australia (50–60) and one third from The University of Notre Dame Australia. In 2013, 80 students are based across 13 ‘sites’. The Rural Clinical Schools have approximately 100 academic and professional staff. The current ‘sites’ are: Kununurra, Derby, Broome, Port Hedland, Karratha, Carnarvon, Geraldton, Bunbury, Busselton, Narrogin, Albany, Esperance and Kalgoorlie.

Prevocational training

Upon the completion of medical courses at university, junior doctors must complete an intern year to become a registered practitioner. The Australian Medical Council develops standards for intern training on behalf of the Medical Board of Australia.

During prevocational training, junior doctors are employed by one of the primary employing hospitals in metropolitan Perth, but can undertake rotations in non-teaching government hospitals.

Table 8.1 presents an overview of educational providers delivering medical courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in operation.
# Table 8.1: Placement Activity

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placements</th>
<th>Course duration</th>
<th>Placement structure</th>
<th>Approximate days/weeks</th>
<th>Placement settings</th>
</tr>
</thead>
</table>
| The University of Western Australia             | Bachelor of Medicine and Bachelor of Surgery (MBBS) Undergraduate course                        | 6 years         | **Year 1.2 and 3**  
- Community based placements and hospital visits, but not clinical immersion  
- Aboriginal Community Controlled Health Organisation  
**Year 3**  
- Rotations in:  
  - medicine  
  - surgery  
  - psychiatry  
  - medical specialties – Geriatrics and Musculoskeletal  
**Year 4**  
- Rotations in:  
  - paediatrics  
  - obstetrics  
  - medicine  
  - general clinical practice and ophthalmology, or  
- Students can choose the Rural Clinical School option have the year in rural with integrated curriculum  
- Approximately 50-60 students take this option each year  
**Year 5**  
- Rotations in:  
  - emergency medicine  
  - rural general practice psychiatry (5 weeks)  
  - surgery  
  - anaesthesia  
  - palliative care  
**Year 6**  
- Rotations in:  
  - medicine, rural GP and psychiatry  
  - 5 weeks in surgery  
  - 7 weeks in anaesthesia  
  - 1 week in palliative care | **Year 1 and 2**  
- 4 h/week x 13 weeks  
**Year 3**  
- 4 h/week x 13 weeks  
**Year 4**  
- 8 week rotations  
**Year 5**  
- 10 week rotations, or alternatively all year Rural Clinical School  
**Year 6**  
- 5 week rotations in emergency medicine, rural GP and psychiatry  
- 8 weeks in surgery  
- 7 weeks in anaesthesia  
- 1 week in palliative care | Placements occur in:  
- Aged care  
- Public and private hospitals  
- Rural clinical Schools  
- GP Practices  
- Aboriginal Community Controlled Health Organisations (ACCHOs) |
| The University of Notre Dame Australia          | Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate course                             | 4 years         | **Year 1**  
- **Semester 2**  
  - general practice  
  - hospital  
**Year 2**  
- **Semester 1:**  
  - general practice  
  - aged care  
- **Semester 2:**  
  - nurse shadowing  
  - drug and alcohol  
**Year 1 in second semester**  
- 5 x 0.5 days  
**Year 2**  
- **Semester 1**  
  - 7 x 0.5 days  
  - 2 x 0.5 days  
- **Semester 2**  
  - 2 x 0.5 days  
  - 1 x 0.5 days  
  - 1 x 0.5 days | Placements occur in:  
- General practice  
- Aged care  
- Public and private hospitals  
- Rural clinical schools  
- GP practices  
- Drug and alcohol centres |
<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placements</th>
<th>Course duration</th>
<th>Placement structure</th>
<th>Approximate days/weeks</th>
<th>Placement settings</th>
</tr>
</thead>
</table>
| Rural Clinical School | Bachelor of Medicine and Bachelor of Surgery (MBBS)  
*The University of Western Australia* | 6 years  
Students attend Rural Clinical School in year 5 | Longitudinal placement covering course curriculum inclusive of:  
- medicine  
- surgery  
- general practice  
- cancer (palliative care)  
- ophthalmology  
- psychiatry  
- obstetrics and gynaecology  
- rural general practice | 1 year | Placements occur at a ‘site’ location. However at the ‘site’ location students work in and with:  
- General practice  
- Hospital – wards, outpatient clinics, specialist clinics, theatre  
- visiting specialists  
- ACCHOs  
- Royal Flying Doctor Service  
- Outreach clinics  
- Aged care  
- Public health |
| | Bachelor of Medicine and Bachelor of Surgery (MBBS)  
*The University of Notre Dame Australia* | 4 years  
Students attend Rural Clinical School in year 3 | Placement includes:  
- rural experiences in primary care at ACCHOs, general practice, community health  
- rotations at the hospital  
- trips to remote clinics and communities  
- supervised by doctors at the health service  
- formal teaching ward rounds, tutorials, classes facilitated by clinical school staff  
- students in outlying locations to the “hub site” attend tutorials via video link | | |
| Prevocational | Intern year | 1 year | Mandatory:  
- medicine  
- surgery  
- emergency medicine | 10 weeks  
10 weeks  
8 weeks |  
- Public hospitals |
<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placements</th>
<th>Course duration</th>
<th>Placement structure</th>
<th>Approximate days/weeks</th>
<th>Placement settings</th>
</tr>
</thead>
</table>
| PGY 2      |                                  | 1 year          | No set requirements from the Medical Board but rotations include;  
• medicine;  
• surgery;  
• paediatrics;  
• obstetrics and gynaecology; and  
• anaesthesia.  
The Royal Australian College of General Practice specifies rotations required in preparation for general practice training in the Prevocational General Practice Placement Program | 10 weeks | • Public and private hospitals  
• Rural general practices |
8.2 ENROLMENT CAPACITY AND COMPETITION

The number of medical training places in Australia has doubled since 2000. In the Western Australian context, The University of Western Australia medical student enrolment was 150 students/year in 2007, and is now at approximately 100 per year. The establishment of the medical course at The University of Notre Dame Australia added another 100 training places per year. Whilst student numbers have increased there has not been a corresponding increase in supervision capacity. Furthermore, Curtin University is investigating the establishment of a medical course, and if this were to occur it is anticipated that clinical placements would need to “squeeze” into existing places.

At a discipline level, consultations indicated that:

- it is difficult finding sufficient placements for surgery, and at times there are up to six students per unit, which is considered too many;
- medicine is “stretched” and as a result some placements occur in subspecialty areas rather than general medical wards and as a consequence students do not receive the ideal breadth of clinical exposure from the placements;
- psychiatry is close to the limit of capacity to support clinical placements; and
- emergency medicine is at the limit.

Over the last five to six years, new placement settings have been established i.e. aged care, peripheral hospitals, and numbers have increased at the Rural Clinical Schools. There is also potential to increase community based places in residential aged care and ambulatory care settings, but there is then the risk of competition with allied health placements.

The University of Notre Dame Australia has actively pursued medical placements in aged care centres and general practice with a focus on growing a general practice workforce and to meet areas of unmet need. The University of Notre Dame Australia has split the timing of placements for students such that half are on placement at any one time to relieve pressure on the host sites.

Student placements occur across metropolitan public hospitals (teaching and non-teaching hospitals) as well as St John of God Hospital (a private hospital).

The new Fiona Stanley Hospital will open next year (2014). This will reduce the number of beds at the Royal Perth Hospital. However, at this point in time key informants were unclear whether the new hospital would be ready and accredited for teaching. Therefore, there is some concern that training capacity may be reduced in the short to medium term.

Simulated learning is a component of clinical placements, but is not a significant focus of training. Informants indicated that this learning method was of most value/relevance for learning practical skills such as suturing, giving medications and Cardio-Pulmonary Resuscitation in the early years of training.

As outlined above, in 2013 the Rural Clinical Schools had 80 places and takes students from both universities. Applications for placements are over-subscribed. In 2014, the Rural Clinical School will offer 83 places and have received in excess of 130 applications for these places.

The growth in medical training places has a flow on effect on internships. Interns graduating from The University of Western Australia and The University of Notre Dame Australia must work in accredited training posts. At this point in time these are only in public hospitals. Accredited intern posts are limited. Our consultations indicated that there are instances where three interns are doing a job that was previously managed by one, and as a result junior doctors are not receiving the volume of clinical exposure required, as historically occurred.
The Rural Practice Pathway (RPP) has been established in WA to provide a clear training pathway for doctors in training wishing to become rural practitioners (whether general practice or specialist). The RPP provides a variety of opportunities to undertake rural placements during prevocational and vocational training.

At an internship level, rural training can be undertaken in six regional hospitals across WA. Interns can spend between 10 and 44 weeks in a regional hospital, and rotate from one of three primary employing hospitals in metropolitan Perth. The regional hospitals include Bunbury, Geraldton, Broome, Albany, Port Hedland and Kalgoorlie. The WA Country Health Service (WACHS) established a Postgraduate Medical Education Unit (PMEU) in 2011. At the PGY 2 level Resident Medical Officer (RMO) full year positions are offered in four regional hospitals and part year positions are also available. The Prevocational General Practice Placement Program (PGPPP) is integral to the RPP and Broome and Bunbury Hospitals have integrated PGPPP rotations into their 12 month PGY2 positions. PGY2s can rotate into rural PGPPP placements from metropolitan hospitals.2

The PMEU support junior doctors negotiate the rural training pathway. The PMEU is staffed by two Directors of Clinical Training and two Medical Education Officers, a Workforce Support Consultant and Business Support Officer. In 2012, the RPP was over-subscribed for all rural hospital intern rotations.

8.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Whilst formal agreements largely underpin clinical training placements, there are also informal arrangements negotiated on a relationship basis.

The University of Notre Dame Australia has negotiated an overarching Memorandum of Understanding (MoU) with the WA Department of Health for placements in public hospitals, as well as individual agreements with relevant hospital departments. The University of Notre Dame Australia has MoUs with private hospitals. MoUs are also negotiated between The University of Notre Dame Australia and the aged care services and community services for pre-clinical placements. The University of Notre Dame Australia offers a clinical lectureship to general practitioners that supervise students.

There are three positions within the medical school at The University of Notre Dame Australia to develop and coordinate clinical placements for medical students:

- one position is responsible for the facilitation of pre-clinical placements in Years 1 and 2;
- one position is responsible for facilitation of clinical placements in hospitals in Years 3 and 4; and
- one position facilitates clinical placements in general practices.

The University of Notre Dame Australia has developed study guides and learning objectives to provide direction for pre-clinical and clinical placements. In Years 3 and 4, learning guidelines have been developed for each discipline together with a Mini Clinical Exam at the

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2 Prevocational general practice placement program (PGPPP). The Prevocational General Practice Placements Program (PGPPP) is a prevocational training program that enhances junior doctors' understanding of primary health care and encourages them to take up general practice as a career. Under the PGPPP the junior doctor will rotate out of the hospital into a General Practice training post for one or more hospital rotations (rotation is usually 10 weeks). At the end of the PGPPP term the junior doctors rotates back to the hospital. They remain employed by the state government hospital and continue to be paid by the hospital, accrue leave entitlements, medical indemnity covered by the hospital. Some composite posts are a minimum of two hospital length rotations such as GP/Obstetrics and GP/Paediatrics.
completion of the placement. For general practice placements, learning objectives and guidelines outlining skills to be obtained are utilised.

The University of Western Australia has agreements with public hospitals and relevant hospital departments. Study guides are in place to provide direction for pre-clinical and clinical placements. Clinical placements are coordinated at health service level.

Views were expressed during the consultation that:

> "Health services are on the receiving end from universities and the professions". 

Health service supervisor

It was suggested that a better method of facilitation would be for Universities to have an agreement with the health service and for the health service to allocate students across hospital and other settings i.e. tertiary, general hospitals, community health, mental health (hospital and community), paediatrics, aged care etc.

The Rural Clinical School of Western Australia coordinates clinical placements across 13 rural sites for students from The University of Notre Dame Australia and The University of Western Australia in the penultimate year of university. The Rural Clinical School employs academics at each site, usually working on a ratio of 0.2 FTE academic per student. The number of students per site can vary from about three to ten depending on the location and capacity of health services. The academics are usually general practitioners and most have completed a medical education qualification. They provide formal teaching, mentoring and support to students, in addition to the “local” supervision of the student while placed within the health setting e.g. general practice, hospital, ACCHO, aged care facility.

A number of informants suggested that peripheral hospitals i.e. outer metropolitan and regional hospitals would be more appropriate training environments than tertiary hospitals for medical students and Postgraduate Year 1 and 2 (PGY 1, PGY 2) junior doctors. It was considered that the type of presentations and skills they need to develop were more relevant in non-tertiary facilities. Concern was expressed that the tertiary training environment promotes super-specialisation and that a generalist environment offers a more relevant training experience. Furthermore, the teaching experience may be better because:

> "There are fewer students, better student/supervisor ratios, and consultants and registrars are more junior and enthusiastic and haven’t got teaching fatigue".  

Education provider

In the hospital setting, supervision generally involves an apprenticeship approach, with the ratio dependent on the discipline.

Vertical supervision is a common feature of training in medicine. Under this arrangement:

- consultants supervise the senior registrars;
- senior registrars supervise the registrars; and
- registrars supervise interns and students (often in a group).

In private hospitals, students are directly supervised by specialists when they are at the hospital and by junior doctors at other times.

In the general practice setting, an apprenticeship approach is used and generally on a 1:1 basis. In the general practice placements the emphasis is on teaching differential diagnosis and the use of algorithms to support this.

In the pre-clinical placements, students are supervised by the clinicians relevant to the service setting.

Table 8.2 presents the supervision and facilitation models at the services HMA visited.
Table 8.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year (may be approximate)</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>Royal Perth Hospital (RPH)</td>
<td>Take students from The University of Western Australia and The University of Notre Dame Australia</td>
<td>1:1 - 6. The number of students depends on the capacity of the unit</td>
<td>Vertically integrated supervision model</td>
<td>Placements managed at RPH by designated medical academic.</td>
</tr>
<tr>
<td>Public hospital</td>
<td>Royal Perth Hospital (RPH)</td>
<td>Ward 5E: (general medical) interprofessional education placement 84 per year across 6 disciplines i.e. about 22-23 medical students</td>
<td>1:12 students (across professions) +0.2 FTE profession supervisor</td>
<td>“Do, Observe, Teach other professions” approach Students manage the patients on the ward under supervision of nurse educator and profession supervisors.</td>
<td>Managed by RPH by designated clinical coordinator</td>
</tr>
<tr>
<td>Public Hospital</td>
<td>Sir Charles Gardiner</td>
<td>Take students from The University of Western Australia and The University of Notre Dame Australia Capacity is stretched as caseload limits clinical exposure opportunities for students and junior doctors Hospital has about 100 students and interns on placement at any one time</td>
<td>1:1 - 6. The number of students depends on the capacity of the unit</td>
<td>Vertically integrated supervision model</td>
<td></td>
</tr>
<tr>
<td>Public Hospital</td>
<td>King Edward Memorial Hospital Obstetrics and Gynaecology Department</td>
<td>Only take The University of Western Australia students Approx. 120 students a year No capacity to increase at this stage Specialist hospital so only host year 5 or PGY 2 students need to have higher level of skill</td>
<td>1: 3 or 4 students at a time Will be 1:1 on occasion if student is struggling or due to other patient/case factors</td>
<td>4 groups for 10 week rotation- 30-40 in each group (Feb through to November). Can return in January if fail placement Participate in ward rounds, observation, and work within the clinics. RMOs do home checks and discharge summaries etc. Formal tutorials and lectures every week at set times Assessment undertaken by senior registrar and senior consultant only</td>
<td>The hospital has formal Clinical Coordinators for all students First week is orientation only Have “Survival Guide” hand book for students which provides information regarding timetables etc. Online Module system for students to access all relevant orientation and hospital specific information prior to placement</td>
</tr>
<tr>
<td>Private Hospital</td>
<td>Hollywood Private Hospital</td>
<td>Take 106-118 students a year across both universities and a range of year levels Majority of students are from The University of Notre Dame Australia.</td>
<td>1:1 model.</td>
<td>Private specialists supervise students and are supported by junior doctors, who in turn are supported by the academic unit at the hospital.</td>
<td>The university allocates the students and the medical coordinator organises the placement and education of students,</td>
</tr>
<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
<td>Number of students taken each year (may be approximate)</td>
<td>Supervisor: Student ratio</td>
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</tr>
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</tr>
<tr>
<td>Public Hospital</td>
<td>Broome Hospital</td>
<td>Broome - 8 from the Rural Clinical School plus students who have scholarships and elective placements</td>
<td>0.2 FTE medical educator per student in addition to “local” supervision provided by the preceptor at the host service</td>
<td>Formal tutorials and workshops</td>
<td>Coordinated by the RCS of WA</td>
</tr>
<tr>
<td></td>
<td>(indicative of the 13 sites where the RCS operates) Year long rural placement.</td>
<td>Number of students per site varies between 3 and 10</td>
<td></td>
<td>Preceptors at local/host services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vertical supervision model</td>
<td>Vertical supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mentoring system has been developed to support students they are buddied up with a junior doctor who mentor the students. This is seen as particularly important as students are often away from their natural support structures for a long time.</td>
<td>Vertical supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PMEU coordinates rotations and supports junior doctors to negotiate the training pathway.</td>
<td>Vertical supervision</td>
<td></td>
</tr>
<tr>
<td>Public Hospital - Regional</td>
<td>Bunbury Hospital, with Royal Perth Hospital the primary employing health service</td>
<td>1-4 rotations for PGY1 in general medicine; general surgery; Orthopaedics; ED</td>
<td>Vertical supervision</td>
<td>PMEU coordinates rotations and supports junior doctors to negotiate the training pathway.</td>
<td></td>
</tr>
<tr>
<td>Public Hospital - Regional</td>
<td>Broome Hospital with Fremantle Hospital the primary employing health service</td>
<td>2 rotations for PGY 1 including general medicine, general surgery</td>
<td>Vertical supervision</td>
<td>PMEU coordinates rotations and supports junior doctors to negotiate the training pathway.</td>
<td></td>
</tr>
<tr>
<td>Public Hospital - Regional</td>
<td>Geraldton Hospital with Sir Charles Gardiner the primary employing health service</td>
<td>1-2 rotations for PGY 1 including general medicine, general surgery</td>
<td>Vertical supervision</td>
<td>PMEU coordinates rotations and supports junior doctors to negotiate the training pathway.</td>
<td></td>
</tr>
<tr>
<td>Public Hospital - Regional</td>
<td>Port Hedland Hospital with Sir Charles Gardiner or Royal Perth Hospital as primary employing health service</td>
<td>1 rotation general medicine OR general surgery</td>
<td>Vertical supervision</td>
<td>PMEU coordinates rotations and supports junior doctors to negotiate the training pathway.</td>
<td></td>
</tr>
<tr>
<td>General practice</td>
<td>Rowethorpe Medical Clinic</td>
<td>Numbers of students varies from year to year Takes students from The University of Notre Dame Australia and The University of Western Australia University of Notre Dame placements are 4 weeks and considered a good length of time to build relationship between supervisor and student The University of Western Australia placement “a taster” for general practice.</td>
<td>1:1</td>
<td>Direct supervision/apprenticeship approach Focus is on development of differential diagnostic skills</td>
<td>Placements coordinated and arranged by the Universities.</td>
</tr>
<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
<td>Number of students taken each year (may be approximate)</td>
<td>Supervisor: Student ratio</td>
<td>Description of supervision model</td>
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</tr>
<tr>
<td>General practice</td>
<td>Wheatbelt General Practice Aboriginal Health</td>
<td>3 students a year. They undertake one day a week in blocks of a month.</td>
<td>1:1</td>
<td>The placements are predominantly about providing opportunities to learn about ways of working with Aboriginal people. General practitioner provides observational placements as well as opportunities for students to interview and examine clients under supervision of the GP.</td>
<td>Placements are facilitated through the Rural Clinical School.</td>
</tr>
<tr>
<td>General practice</td>
<td>Derbarl Yerrigan</td>
<td>A few registrars and first year medical students undertake clinical placements each year.</td>
<td>1:1</td>
<td>Student placements tend to be an orientation to Aboriginal Health.</td>
<td></td>
</tr>
</tbody>
</table>


Differences in models according to setting type

Within medicine, clinical placement models differ depending on the year of study of the student. Pre-clinical placements are a requirement of students in Year 1-3 (undergraduate) and Years 1-2 (graduate course). Pre-clinical placements predominantly occur in community based settings such as general practice, aged care, and drug and alcohol units. These placements occur on a regular basis (e.g. weekly basis) and are usually 0.5 – 1 day duration. Clinical placements (clinical immersion) occur in Years 4-6 (undergraduate) and Years 3-4 (graduate course). These placements occur as block placements.

The year long placement offered by the Rural Clinical Schools in the penultimate year of the medical course differs to the “usual” placements as it has a longitudinal curriculum i.e. curriculum covered over the extended length of the placement, rather than a series of clerkships or rotations.

During prevocational training, junior doctors are employed by a primary employing health service and work within departments/units under supervision. The junior doctors undertake rotations across disciplines/departments in line with training requirements outlined in the Australian Junior Doctor Training Framework.

Interdisciplinary placements or Interprofessional Education (IPE)

An Interprofessional Education model has been established at Royal Perth Hospital. In this model an interdisciplinary mix of students are responsible for the care and management of patients in a general medical ward (Ward 5E). The model is based on an IPE model operating in Sweden, and now in Denmark and the UK. The model has been evaluated in Sweden and found that graduates were selected above other students by the industry – as they are work ready and work as a team.

The IPE model was developed at Royal Perth Hospital as there was concern that students were not work ready.

Under the model there are two students per profession undertaking a two week placement. Professions involved include medicine, nursing, pharmacy, physiotherapy, occupational therapy, social work and medical imaging. The student team operates a 7am to 3pm shift with handover from/to nursing staff at the commencement and end of shift. The model was piloted in 2010 and is now into its third full year. The IPE model takes between 72 to 96 students per annum (an average 84 across the six professions). It is based on principle of “do”, “observe other professions” and “teach other professions”. A patient advocate attends one day/week and provides feedback to students each week.

This model has been evaluated and a paper is in press, in the Journal of Interprofessional Care, and should be available in August 2013. The evaluation found students and staff were satisfied with the model. An Interprofessional capability tool is used to evaluate placements.

The resources to support the model include a 1.0 FTE Nurse Educator and 0.2 FTE Educator from each of the six professions over an eight month year (in line with university year). Seed funding was sourced from South Metropolitan Health Service to develop and operate the program.

In Sweden, the model operates across three shifts and includes overnight and weekends.

Establishing the model required developing agreements across all four universities and the Health Service. The model is supported by hospital staff and the universities help identify students for the placements. A key difficulty of the interdisciplinary model is the logistics of synchronising clinical placement across universities and across professions. An essential
enabler for the model has been the clinical champion, Professor Ted Wynne-Stewart who initially saw the model in operation in Stockholm. The model at Royal Perth has built on the Stockholm model with the inclusion of pharmacy students and a patient advocate.

Consultations identified that opportunities exist to replicate this model in the hospital in geriatrics, orthopaedics, general surgery, and in other hospitals for paediatrics and maternity with relevant professional mixes. The cost of the model is not high i.e. 1.0 FTE educator and 0.2 x 6.0 FTE professional supervisors for eight months of the year. To replicate the model in other areas would require champions across professions, and particularly amongst relevant medical specialists.

Within King Edward Memorial Hospital the medical students have the opportunity to work closely with midwifery students and be instructed by midwifery staff during their obstetric rotation.

### 8.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the profession a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

#### 8.4.1 Enablers to placement establishment, continuation and quality

Key enablers to expand placements were identified in various settings: general practice and community settings; hospitals; and rural clinical schools.

**General practice and community settings:**

Enablers identified related to general practice and community settings included:

1. Focused work by The University of Notre Dame Australia on relationship building with potential placements. This included: initial visits to negotiate placements; point of contact if concerns/issues; and thank you certificates to recognise the placement provider.
2. Development of Memorandums of Understanding outlining roles and responsibilities of each party involved in the clinical placements.
3. Stipends for private GPs, recognising that students impact on clinical capacity (and hence billing) of the doctor. This is offered by The University of Notre Dame Australia.
4. In aged care settings, ensuring the timing of medical student placements occur around nursing student placements, so they do not clash or overload the site with too many students at one time.
5. The University of Notre Dame Australia involves the GP supervisors as part of a team as they are also interviewers (that select the students), examiners, and tutors. They have found this important in the retention of supervisors.
6. The University of Notre Dame Australia is establishing a Postgraduate Diploma in Medical Education that they will offer to their supervisors.
Hospitals

Enablers identified related to hospital settings included:

(1) Medicine having a strong tradition of teaching and it is considered a part “of what we do as doctors.”

(2) Clinical Coordinators at hospitals who undertake a critical role in managing and coordinating large numbers of medical students participating in clinical placement. Having such a role on staff enables the supervision to be well organised and structured.

“What resources would help?.... Cloning [NAME & NAME] the clinical coordinators would help! They are brilliant and very involved in this role.”

Hospital Doctor

(3) To acknowledge the role of the clinical supervisors, King Edward Memorial Hospital has an award in place: The King Edward Memorial Hospital Clinical Teacher of the Year. The hospital reported having fostered a strong teaching culture and it has been recognised by their peers for excellence in clinical education.

(4) The University of Western Australia has onsite staff within the King Edward Memorial Hospital and provides the learning materials and other resources for students as well as some staff education and training.

Rural Clinical Schools

The establishment, continuation and quality of the longitudinal placements offered by the Rural Clinical Schools are facilitated by:

- the appointment of part-time salaried educators;
- purpose-built or purchased accommodation to house students;
- travel costs being accommodated; and
- investment in training rooms and resources.

The strengths of the longitudinal rural placement include:

- opportunities for the student and educators to develop mentoring relationships that support learning;
- small groups of students, that allows them to be part of the team and “not just a number”
- the breadth of settings in which the students can “work” i.e. hospital, private general practice, ACCHO, NGOs, outreach, emergency retrieval, and the exposure they gain to a wide range of professionals: i.e. medical generalists, specialists, public health, nursing – hospital and community, Aboriginal Health Workers; and
- access to a “vast number of patients.”

8.4.2 Barriers to placement continuation or expansion

Within medicine, there are a number of limitations to the expansion of clinical placement and quality of placements. In this section, we discuss the barriers related to hospitals, non-hospital settings and Rural Clinical Schools.

Hospitals

Barriers identified relating to hospitals included:
(1) Capacity for supervision in response to growth in student numbers and as a consequence intern numbers.

(2) Changing caseloads which are impacting on clinical exposure for the student and junior doctor. For example, Sir Charles Gairdner Hospital has 600 beds, the average length of stay is three days, so this results in approximately 200 new patients per day that have to be shared across 100 interns and students. Therefore, the student/junior doctor is only exposed to 2 new patients a day.

(3) Hospital/health service driving the four hour rule to admit or discharge patients. Time pressure is on staff to do more clinical work and this results in less encouragement for clinicians to undertake teaching, training, and research in emergency departments.

(4) Supervisors in outer metropolitan non-teaching hospitals are not as well supported with resources or teaching facilities. However, despite this students are generally provided with a good learning experience as discussed above.

(5) In teaching hospitals, consultants are expected to teach and most are willing to teach registrars but not students. This reinforces the need for vertical supervision models.

Non-hospital settings

Expansion of clinical placements in non-hospital settings is limited by student willingness to undertake the placement, as they do not “value” the setting compared with a hospital placement. Placements in settings such as aged care facilities might be more acceptable if all students had to undertake an aged care placement.

The lack of appropriate incentives to support the involvement of GPs prevents many from being involved.

Currently you receive $150 a session for final year students. However, for other more junior students you only receive $37.50 a session. General practices run as private businesses and it is not worth our while to be involved. If we were remunerated better, we would be happy to be involved and would provide placements that allow students to assess and treat clients. With such a small payment GPs are likely to just let students observe and opportunities to actively learn are lost”

Practice Manager

The short placement times students have in general practice also act negatively on their placement experience. It was suggested that if students were able to have at least two continuous weeks in a general practice they would get a much more rounded experience and have a greater appreciation of what being a GP is really about.

GP surgeries are such different places to hospital services. You really need to have a placement for two weeks straight to get a feel for it. Being a GP is about seeing the patient, identifying what is wrong, providing treatment and then following up and supporting as required. To understand this you need to have the time to see through the issue with the client. The real joy of being a GP is developing relationships with clients and following through and supporting the patient.

Practice Manager

Rural Clinical School

The experience that students are exposed to during their rural year is to a large extent built on the competencies of the students. Students on placement from The University of Notre Dame Australia undertake this placement in third year of a four year graduate course i.e. the first clinical training year, and as a result have no prior clinical experience.

The University of Western Australia students currently undertake this placement in Year 5 of the six year undergraduate course, and have had one year of clinical experience. Whilst the placements accommodate this difference, when clinicians have considerable specialist
expertise and limited time to teach, the scheduling of students becomes particularly important to maximise the benefits for students and effectively utilise the limited teaching resources available. However, as The University of Western Australia course is converting to a graduate program in 2014, the differences in clinical competencies between the universities is likely to be reduced.

8.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

There had previously been a Joint Consultative Committee to support management of medical student placements but this was described as dysfunctional and lacked understanding of “the coal face”.

8.6 KEY OPPORTUNITIES FOR THE FUTURE

A number of opportunities were identified to increase medical student and intern placement capacity. These included:

1. Mandatory requirements for medical students to undertake placements with appropriate supervision in community based settings such as aged care facilities in preclinical years (and potentially clinical years).
2. Providing funding to large private hospitals such as St John of God to establish the infrastructure to support intern placements.
3. Establishing part-time medical educator positions in hospital settings, as currently occurs in the Rural Clinical School to offer stability to the education and training functions of a facility/cluster of facilities.
4. Greater use of outer metropolitan and regional hospitals for clinical placements and internships. Recent changes to the registration standard for intern placements by the Medical Board, to provide flexibility in the setting i.e. opportunity for general practice to be included for emergency medical care, will support opportunities to expand intern training capacity in metropolitan and regional locations.
5. Expanding prevocational placements in rural and regional locations through establishment of integrated prevocational training posts i.e. composite models where the junior doctor works across regional hospitals, general practice and small hospitals i.e. expanded composite GP/hospital rotations.
6. Recognising and addressing the learning needs of International Medical Graduates that staff rural and regional hospitals such that they can be become recognised as supervisors to increase training/placement capacity in these hospitals.
7. Expansion of interdisciplinary training and education through the establishment of student learning wards for geriatrics, orthopaedics, general surgery, maternity, paediatrics.
8. Simulation is a critical component of medical student training throughout their study, particularly for the opportunity to participate in ‘high risk’ or ‘high stress’ experiences. There are opportunities for some of the more basic tasks to be undertaken in a simulated environment as a component of clinical placement.
Supervision capacity can be enhanced by establishing flexible models that draw upon and support existing resources and opportunities. Opportunities relevant for student and prevocational training particularly in regional and rural areas include:

1. Using public and private visiting specialists to contribute to training in locations where they are providing specialist visiting services.
2. Utilising specialist registrars undertaking regional rotations and/or outreach services to supervise junior doctors.
3. Increased and better use of telehealth/videoconferencing for specialists to provide remote support to the rural workforce including remote consultation/ward rounds by metropolitan specialists.
4. Joint supervision arrangements to cover the whole practice of a junior doctor working across hospital and community settings i.e. joint supervision by specialists and GPs.
5. Hybrid supervision model. Under this arrangement an accredited training post has in place on-site support to the junior doctor provided by an experienced registered nurse/remote area nurse, paramedics, Aboriginal health workers, i.e. support from local resources, with remote supervision/visiting supervision by senior doctor. This type of model would be a mechanism to increase training capacity within ACCHOs and remote health settings.

Derbarl Yerrigan is interested in expanding its capacity to take students. The service recognises that students can play an important role in addressing community need and student placement programs are important in attracting health workers to careers in Aboriginal health. Whilst the service is finding it difficult to create time to develop the program when they are struggling to address community needs, planning to do so has commenced. The service wants to develop a comprehensive student program that will enable medical students, nurses, Aboriginal health workers and allied health to be exposed to Aboriginal health issues across their four facilities. They have a lot of visiting specialists and range of clinicians who are interested in teaching students. Resourcing for a student coordinator to support the development and coordination of such a program would greatly assist in building their capacity.
9 Midwifery

This discipline summary provides an overview of midwifery discipline courses and clinical placement activity in WA.

9.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Nursing and Midwifery Board of Australia is responsible for the registration of midwifery students. Only students who have studied accredited courses are eligible to apply to the Nursing and Midwifery Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered with the Nursing and Midwifery Board of Australia. The Australian Nursing and Midwifery Accreditation Council is the authority responsible for accrediting midwifery courses.

There have been significant changes in midwifery education in recent years. There are now several qualification and career pathways which include:

1. **Bachelor of Midwifery**: a full three year undergraduate degree course exclusively in midwifery where graduates are eligible to register and practice as midwives.
2. **Graduate Diploma of Midwifery**: an 18 month course for students who are registered nurses. This replaces the traditional one year hospital training/university theoretical course.
3. **Bachelor of Science (Nursing) Bachelor of Science (Midwifery)**: dual undergraduate degrees in nursing and midwifery.
4. **Master in Midwifery Practice**: a two year advanced course for graduates offering deeper learning in pharmacology and diagnostics to ensure midwives are practising to the full scope of their practice upon graduation.

From a clinical placement perspective, registered nurses undertaking graduate midwifery studies are able to work in paid employment in a maternity unit whilst studying. Such arrangements are referred to as the ‘employment model’ of placement. Contemporary industrial agreements in public and private hospital settings cater for remuneration levels for registered nurses undergoing midwifery education.

Undergraduate midwifery students (direct entry and dual degree) have no professional scope of practice standing in either nursing or midwifery and accordingly are unpaid. These students are always fully supernumerary to the staffing roster.

Curtin University’s Bachelor of Science (Midwifery) requires students to undertake three years of study and 1,500 hours of placement which occurs over six semesters in a mix of public and private hospitals. Curtin University has two intakes a year of 35 students. They also offer a Graduate Diploma in Midwifery which requires students to undertake one and a half years part time study and 1,500 hours of clinical placement over the course.

The University of Notre Dame Australia’s Graduate Diploma of Midwifery is offered over 18 months. They began delivering the course in 2012 upon receipt of Health Workforce Australia funding to provide additional places and had six students enrolled in 2012 and 2013. In the future they plan to have one annual intake in January of 25 students. The 1,200 hours of
placements occur in five blocks of five weeks in year one. In the final six months, the students have 10 weeks on placement. The course was developed in partnership with St John of God Subiaco Hospital who provides a significant number of the student placements. The university also has arrangements in place with the Mercy Hospital, Kaleeeya Hospital in Fremantle and Armadale Hospital in the southern metropolitan region. They have some rural placements arranged with the WA Country Health Service in Kalgoorlie, Busselton, and Bunbury. They are making progress on setting up placement arrangements in Geraldton which offers both private (St John of God Geraldton Hospital) and public (Geraldton Regional Hospital) placement settings. This program is offered as completely supernumerary in an unpaid model.

Students of Edith Cowan University’s dual Bachelor of Science (Nursing) and Bachelor of Science (Midwifery) are required to undertake 960 hours of midwifery clinical placements over four years. They undertake a total of eight placements across the eight course stages. These students are placed as supernumerary in all placements and fully supervised. Currently they have 25 students a year. Placement arrangements for students are established with the public obstetric service at the Joondalup Health Campus. Ramsay Health Care is contracted to deliver this service under a public/private partnership model. Edith Cowan University also has arrangements for student placements with Osborne Park Hospital, Mercy Hospital and St John of God Subiaco Hospital.

Edith Cowan University offers a Master in Midwifery Practice course for registered nurses working in an employment model and delivered over two years from their Joondalup campus. They currently have thirty students across the two years of the course. The students carry out the clinical practice component of their program in care settings within which they are employed.

Recently it became a national requirement that students must also demonstrate they have provided continuity of care to 20 women. This requires students to have:

- experience of continuity with individual women through pregnancy, labour and birth and the postnatal period;
- participated in continuity of care models involving contact with women that commences in early pregnancy and ends four to six weeks after birth;
- a minimum of eight continuity of care experiences towards the end of the course and with the student fully involved in providing midwifery care with appropriate supervision;
- engagement with women during pregnancy and at antenatal visits, labour and birth as well as postnatal visits according to individual circumstances; and
- overall, it is recommended that students spend an average of 20 hours with each woman across her maternity care episode.

Undertaking the required number of continuity of care experiences may be achieved in the scheduled clinical placements. However, if it is not, students must complete this course requirement in their own time. The estimated practical working time for achieving the continuity of care experiences is approximately 400 hours. Generally, experience is gained in several block placements in the first twelve months and final six months, optimising prospects for the student to achieve their continuity of care experiences necessary for registration.

Table 9.1 details the educational providers delivering midwifery courses in WA, the duration of the courses, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in place.
Table 9.1: Placement activity

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Science (Midwifery)</td>
<td>3 years</td>
<td>Six semesters across the course and placements occur in each semester. Placements occur in each of the three semesters</td>
<td>1,500 hours</td>
<td>Public and private hospitals.</td>
</tr>
<tr>
<td></td>
<td>Graduate Diploma of Midwifery</td>
<td>1.5 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The University of Notre Dame Australia</td>
<td>Graduate Diploma of Midwifery</td>
<td>1.5 years</td>
<td>Placements occur throughout the course</td>
<td>25 weeks across 5 x 5 blocks in year 1 10 weeks (1,200 hours) in year 2</td>
<td>Placements occur in the following hospitals:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>– St John of God Subiaco</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>– Mercy</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>– Kaleeya</td>
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<td></td>
<td>– Armadale</td>
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<td></td>
<td>– Busselton</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>– Bunbury</td>
</tr>
<tr>
<td>Edith Cowan University Joondalup Campus</td>
<td>Bachelor of Science (Midwifery)</td>
<td>4 years</td>
<td>8 placements in 8 course stages. Stage 1: 40 hours, Stage 2: 80 hours, Stage 3: 40 hours, Stage 4: 80 hours, Stage 5: 80 hours, Stage 6: 160 hours, Stage 7: 240 hours, Stage 8: 240 hours Total hours: 960. Continuity of care total hours 400.</td>
<td>960 hours</td>
<td>Placements occur in the following hospitals:</td>
</tr>
<tr>
<td></td>
<td>Graduate of Science (Midwifery)</td>
<td></td>
<td></td>
<td></td>
<td>– Joondalup</td>
</tr>
<tr>
<td></td>
<td>Students are not employed when undertaking these clinical placements.</td>
<td></td>
<td></td>
<td></td>
<td>– Osborne Park</td>
</tr>
<tr>
<td></td>
<td>Students are not employed when undertaking these clinical placements.</td>
<td></td>
<td></td>
<td></td>
<td>– SJOG Subiaco</td>
</tr>
<tr>
<td></td>
<td>Students are not employed when undertaking these clinical placements.</td>
<td></td>
<td></td>
<td></td>
<td>– Mercy</td>
</tr>
<tr>
<td>Master in Midwifery Practice</td>
<td>After first 6 months: 3 semesters working 2 to 3 days/week</td>
<td>2 years</td>
<td></td>
<td>1274 hours</td>
<td>Students are rotated in antenatal, post natal wards, birth suite, special care nursery, complex care settings, community and home visiting settings throughout the course of the program.</td>
</tr>
</tbody>
</table>

9.2 ENROLMENT CAPACITY AND COMPETITION

Curtin University and Edith Cowan University have provided midwifery training in WA for over the past 10 years. Recently two new courses have been introduced:

(1) Bachelor of Science (Nursing) and Bachelor of Science (Midwifery) at Edith Cowan University. Its student numbers are capped under interim accreditation provisions with its first graduates scheduled to complete their course in December 2013. It is anticipated the course will at this time be re-accredited and based on the prevailing evidence of demand (80 to 90 applications each year) the university is predicting scope for enrolment growth.

(2) Graduate Diploma of Midwifery at The University of Notre Dame Australia, which is aiming to increase student numbers to 25 per annum.

The introduction of these new courses has introduced increased demand for placements and there are significant levels of competition associated with securing placements which is impacting on universities’ abilities to attract student enrolments. Concerns were raised that the Graduate Diploma of Midwifery was established without industry consultation at a time, when the number of midwifery students in WA was already at capacity. It was suggested that there is a need for discussions between all stakeholders to address the issues of capacity and sustainability of midwifery student clinical placements under the existing model of maternity care.

Universities were concerned about the difficulties currently experienced in accessing placements in private hospitals and public services managed by private providers, where a large number of births occur. Given increasing numbers of public facilities are being managed
by private providers, universities were also concerned there may be a loss of access to these placements without continued vigilance on the part of the Department in ensuring contracts with private providers require them to support clinical placements.

King Edward Memorial Hospital is Perth’s only tertiary maternity hospital. Whilst it takes equal numbers of graduate midwifery students from both Curtin University and Edith Cowan University, it is unable to provide placements to meet the current level of demand.

Some stakeholders referred to analysis undertaken by the Department of Health which modelled the number of birthing women required each year to enable students to meet registration requirements. This analysis reportedly showed that the number of birthing women accessible to student midwives (i.e. predominantly those occurring in traditional metropolitan and larger regional public hospital settings) may not be sufficient to enable them to easily achieve the experience and competencies necessary for registration. This was thought to indicate that planned growth in volumes of midwifery students will command that students access higher numbers of birthing women. There is some concern across the sector that the current situation could jeopardise the goal of educating and training enough students to ensure an adequate midwifery workforce for the future.

This leads to an argument for the need to develop contemporary models of care which is beyond the scope of this project. However, viewed through the lens of growth and competition, it underpins the need to open up as many options as possible within the entire maternity care system to ensure: midwives get proper training; and there is a sufficient supply of midwives.

With the establishment of the new Fiona Stanley Hospital it is expected there will be increased capacity for more women to give birth in the public sector and therefore a greater capacity to take students.

A hospital clinical coordinator expressed the view that the key issue that needs to be considered is whether public health services should continue be the major funder of midwifery student education. They said the employment model is an expensive one, and if they were not having to pay students, they may be able to place more midwifery students. Whilst the employment model of training midwives is very popular with students and reasonably popular with health services (as it supports their recruitment efforts), some of the newer educational providers place students in hospitals in an unpaid model. The stakeholder raising this issue thought it was timely for the sector to discuss whether a change was required in the approach to strengthen capacity of midwifery clinical placements.

**9.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION**

Supervision and facilitation models varied across facilities depending on whether students were undergraduate students or postgraduate students and whether they were working under an employed model of placement or not.

The models of supervision in midwifery care varied from 1:1 to 1:4 supervisors to students. Undergraduate students tend to be supported by clinical facilitators. At some services the facilitators were provided by the universities, whilst at others the health services were funded to provide this support. Ratios of supervisors to students varied from ratios of 1:2 to 1:10.

Students have very specific areas of practice they need to cover in undertaking their placements and these are assessed by their supervisor.

Clinical staff in patient care areas (birth suite, post natal wards, antenatal clinic) are very well informed about student needs and scope of practice as they progress through the stages of their training. Clinical staff are actively involved in supporting students whilst on placement.
Table 9.2 presents the supervision and facilitation models at the services HMA visited.
### Table 9.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health service type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year (may be approximate)</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Public hospital     | King Edward Memorial Hospital | • Undergraduate students: 20 from Curtin University  
\n• Postgraduate students: 12 from Curtin University and 12 from Edith Cowan University | • 1:10  
\n• 1:10 | • Clinical facilitators and preceptors support undergraduate students on clinical placements.  
\n• All postgraduate midwifery students are allocated individual preceptors they work with. In the first semester students are supernumerary giving them the opportunity to learn about the role and they work alongside their preceptor. In the final 12 months the students work as part of the workforce under the supervision of a preceptor. In addition, a clinical facilitator (ratio of 1:10) provides clinical teaching support, assesses students, provides top up support students in new environments or address deficits and assist with clinical debriefing. | • The clinical coordinator at King Edwards Hospital has a joint appointment at Curtin University. This role has responsibility for facilitating all placements at the hospital. |
| Public hospital     | Kaleeya Maternity Unit – part of the Fremantle Hospital and Health Service | • Undergraduate students: 2 Curtin University  
\n• Post graduate students: 3 from The University of Notre Dame Australia and Curtin University | • 1:2 for undergraduate students  
\n• 1:3 for post graduate students | • Clinical supervision for undergraduate students is provided directly by the university.  
\n• Kaleeya staff provide clinical supervisors for Curtin University postgraduate students. The hospital is reimbursed for these costs.  
\n• Kaleeya provides the clinical preceptors/mentors for the students who are their employees | • When student numbers for each placement group are known the coordinator and staff development midwife work up rosters – assess student needs and incorporate into rotations into different care areas and assign to supervisor/mentor. |
| Public hospital (operated by a private provider) | Joondalup Health Campus | • Post graduate student positions: 5-6 from Edith Cowan University and Curtin University  
\n• Undergraduate student places (for double degree and direct entry students): 18 students  
\n• Post graduate 2 year masters students: nu numbers provided | • 1:4 | • Universities fund clinical supervision by hospital staff for groups of students. The hospital is reimbursed for these costs.  
\n• The hospital uses these clinical supervision hours by arranging for each student to have a full day working directly with their clinical supervisor one on one. | • Two senior midwives/clinical placement coordinators have 2 days a week allocated to administration and facilitation functions. These are the same individuals who provide Clinical Supervision for students. |
Interprofessional education

It was mentioned that there would be some value in exploring interprofessional learning settings for student midwifery and medicine students as a precursor to enabling future collaborative care models.

9.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIER

This section provides an overview of the enablers and barriers identified in the consultations.

9.4.1 Enablers to placement establishment and continuation

Key enablers identified included:

1. The single head agreement that covers placements in public health services has streamlined the process for universities entering into formal agreements with specific hospitals and other types of public sector services.
2. Facilitation and clinical supervision systems within hospitals that cater for student midwives from a range of different courses, that are well supported by the universities.
3. Happy, welcoming and supportive workplace cultures that foster a learning environment.
4. Clear expectations set that supervision of students is a role for all staff which is formalised by incorporation of these responsibilities into midwives’ position descriptions.
5. Funding supporting adequate numbers of facilitators and supervisors being available to provide a good learning and teaching environment.
6. Keeping a good balance between student productivity and the value that provides to placement providers on the one hand; and ensuring students and their preceptors have adequate time to work together and facilitate learning without undue workload pressures.
7. Having strong champions coordinating and providing placements of the wards.

Motivators driving health services to host student placements included:

1. A strong commitment by midwives to actively contributing towards the development of new professionals.
2. Staff finding the post graduate students they work with to be highly motivated and are proud of them getting a well-rounded set of learning experiences. Coordinators said that this in turn motivates their staff to fully engage in supporting experiential learning opportunities and providing quality supervision and mentoring.

9.4.2 Barriers

Barriers to clinical placements identified include:

1. Lack of space and resources to support the students.
2. Lack of appropriate supervisors. Increasing numbers of midwives are working part time and/or opting for Monday to Friday jobs were no shift work is required. This was reported to be common amongst younger midwives seeking to work within family friendly hospitals where there is little or no shift work required. This is forecast to continue to provide staffing and teaching capacity challenges as alternative midwifery
models of care become a more attractive work/life balance option for many. Additionally as the workforce ages, more experienced practitioners who have undertaken these roles in the past, may be retiring.

(3) Burdensome requirements to: negotiate and develop individual contracts for placements in private hospitals; and check all students have the mandatory prerequisites.

(4) Limited access to training opportunities in private hospitals and public services managed by private providers. There is concern that the model of care delivered in private hospitals is not conducive to clinical placements. Additionally, as increasing numbers of public facilities are being managed by private providers there is concern there will be a loss of access to placements in the public services.

(5) Where students were not supernumerary, there was some concern that there was not sufficient time for learning with their preceptor.

Strategies that people have suggested to overcome the barriers included:

(1) Strengthening planning and coordination processes to ensure equitable access to the placements students require to attain the specified midwifery competencies. One particular stakeholder’s comment was shared by many:

“It is all a bit fragmented really. It would be much better if the process was more workforce outcome focussed and not built around separate universities”

Health service coordinator

(2) Strengthening student and teaching outcomes by ensuring clinical supervisors are supernumerary to rostered staff.

9.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

The following is simply a list of the various internal and external groups stakeholders were aware of:

(1) Nursing and midwifery course clinical coordinators meet at state and national levels. They discuss common issues associated with clinical placements such as workplace safety and immunisation status policies.

(2) The WA Country Health Service has a Clinical Supervision Steering Committee.

(3) There is a regular heads of departments meeting once or twice each year across the South Metropolitan Health Service where evolving issues are identified and responses and coordination mechanisms agreed.

(4) Nursing and Midwifery Office in the Department of Health coordinates a group undertaking mapping workforce training which involves all education providers educating nurses and midwives.

(5) The Nursing and Midwifery Office has a Midwifery Workforce Advisory Committee which has Executive Director of Nursing and Midwifery sponsorship and representatives from public and private maternity units.

(6) The deans of universities meet regularly with the Chief Nursing and Midwifery Officer and Principal Midwifery Consultant every three months.

(7) The Women and Newborn Health Service has a workforce development group which leaders from public sector maternity services participate in.

(8) There is a Fiona Stanley Clinical Services Planning Group which is planning for the re-location of their maternity service to the Fiona Stanley campus. This planning process is considering the impact of the transition process on clinical placements.
(9) There is a Continuity of Care Committee facilitating the establishment Midwifery continuity of care models in WA. The Women’s and Newborn Health Network, Department of Health Principal Midwifery Advisor, Midwifery Director State Obstetrics Support Unit and midwifery service leaders from around the public sector participate. Proliferation of services offering women centred continuity of care by midwives is seen as pivotal in strategic reform to improve choices and services to women and create service models aligned to contemporary midwifery education and training.

(10) Universities have curriculum consultative committees involving industry members, consumer advocates and professional associations that enable broad input into the design of midwifery education and training courses.

9.6 KEY OPPORTUNITIES FOR THE FUTURE

Into the future key opportunities to strengthen clinical placement capacity and quality of placements include:

(1) Strengthening clinical placement opportunities for student midwives that give them a very well rounded exposure to hospital, home and community based models of care for women and opportunities to work within systems designed for both high risk/complex cases and low risk/uncomplicated cases are a shared goal. Establishment of woman centred midwifery models such as Midwifery Group Practices could provide many more continuity of care training opportunities for training students.

(2) The establishment of the Fiona Stanley Hospital is expected to provide more infrastructure and service capacity. Along with that, it is expected there will be more placement opportunities for students.
10 Nursing

This disciplinary summary provides an overview of nursing discipline courses and clinical placement activity.

10.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the authority responsible for accrediting all nursing courses. The Nursing and Midwifery Board of Australia is responsible for the registration of nursing students. Only students that have studied accredited courses are eligible to apply to the Nursing and Midwifery Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered.

An overview of the graduate and postgraduate courses provided by educational providers in metropolitan Perth is detailed below. In addition the universities also offer enrolled nurse to registered nurse conversion programs, overseas bridging programs and return to practice programs.

The University of Notre Dame Australia

The University of Notre Dame Australia, Fremantle Campus offer a three year Bachelor of Nursing course requiring students to complete 1240 hours of clinical placement over the three years of their course. They have two intakes of students each year totalling 350 new students each year. In total the University of Notre Dame Australia has placement arrangements with 145 health service providers in public and private hospitals, primary and community health settings, and with mental health and aged care services. The majority of placement arrangements are in the southern metropolitan region. Where students live in other regions, including the country, they generally try to set up placements with providers in these areas. The university encourages rural placements and a range of placements have occurred in Leonora, Kalgoorlie, Laverton, Esperance, Geraldton, Northam, Gnowangerup and Denmark.

International placement opportunities for students are considered and arranged through their affiliate Global Health Alliance.

Edith Cowan University

Edith Cowan University – (Joondalup campus) offer a three year Bachelor of Nursing course where students eligible for registration as a registered nurse on completion. They offer a four year ‘dual degree’ course where students graduate with eligibility for registration as a registered nurse and midwife. The new C33 curriculum strengthens the community focus of placements and involves longer block placements. The students are required to do 840 hours of clinical placement. Dual degree students are required to do 840 hours for the nursing component and an additional 960 hours for the midwifery component as well as another 400 hours to meet continuity of care case number requirement. They have two intakes each year for their undergraduate nursing degree courses and fill a total of 570 new student places each year. Intake numbers for their dual degree course are currently capped at 25 students per year under interim course accreditation. Re-accreditation is planned for 2014, after which they
predict the intake numbers are likely to increase as they already receive 80 to 90 applications for current dual degree course intakes.

Edith Cowan University has a range of well established placement partnerships with Joondalup Health Campus, Osborne Park Hospital, St John of God Hospital Subiaco, Royal Perth Hospital and Mercy Private Hospital and The Sir Charles Gairdner Hospital (which is their biggest placement provider). They seek to provide placements that give students an ‘integrated package’ of experiential learning incorporating acute, aged, mental, community and primary health service exposure. This is possible in areas where health services are integrated under the one management structure and in settings where there is a significant degree of local/regional service networking. The University does arrange rural placements and tries to accommodate a degree of individually customised placements provided the learning needs can be achieved. Students have 21 weeks of structured clinical placements over the three year program and are required to undertake 840 placement hours.

Murdock University

Murdock University (Peel Campus) offers a three year Bachelor of Nursing. Currently there are 500 students undertaking study across the three years. The numbers of students are increasing. This year enrolment levels in first year were 200. A minimum of 728 hours of clinical placements are required across the six semesters of the course. In each semester, students undertake at least 120 hours of placement in aged care, primary health, medical, surgical, mental health, paediatrics, maternity, and placements of their choice that support them consolidate their experience and transition to a graduate nurse.

The university requires students to be available to undertake placements over all seven days of the week and all shifts. They do this for two reasons. Firstly it maximises the capacity and second, it assists in preparing students to be work ready.

Curtin University

Curtin University offers a three and a half year Bachelor of Science (Nursing) at its Bentley Campus. They have two intakes a year and currently there are 1,000 undergraduate students across all years of the course. A minimum of 880 hours of clinical placements is required. Apart from first semester, students undertake placements in each semester across the entire course. In semesters two and three students undertake ‘living well’ placements in community settings (each placement for three weeks). In semester four and five placements give exposure to patients who are critically unwell in hospital medical and surgery areas. (each placement for three weeks). In semester six students undertake a specialty placement and in semester seven they undertake a placement that will assist in consolidating their skills in a clinical area or setting the student wants to work in.

Curtin University also offers a Master of Nursing Practice. At the time of undertaking the consultations the program was not being offered and program was under redevelopment.

The University of Western Australia

The University of Western Australia offers a two years Master of Nursing Science. Currently there are 40 students in first year and 40 students in second year. A total of 896 hours of clinical placement are required. The first two sets of medical/surgery placements occur at the end of first and second semesters in the semester break for periods of two weeks. In the second year, three weeks of clinical placements in paediatrics and child and adolescent health occur in the summer break in January. After six months of theory students undertake a range of placements in the last half of the year. These include: critical care (two weeks), inpatient
mental health (two weeks – students go as a group), community mental health (one week – individual placements), interprofessional learning (four weeks), a continuous practicum (four weeks) and rural placement (three weeks).

**Challenger Institute of Technology**

Challenger Institute of Technology – Murdoch Campus offers an 18 month Diploma in Nursing. They take two intakes each year hand have approximately 100 students each year. They also offer students the same course condensed into a 12 month configuration of theoretical and experiential/clinical placement learning. This course has one intake each year with approximately 20 students a year. The Diploma in Nursing requires a minimum of 400 hours of clinical placement. However, the course is structured around students completing 650 hours over 17 weeks of structured placements. Over the eighteen month course students are required to do 800/840 hours of placement over 20 to 21 weeks of structured placements.

Challenger Institute of Technology nursing diploma students are introduced to supervised practical care in aged care settings in their first placements and progress to subacute, mental health/aged care and acute medical/surgical care settings as their learning and practical experience progresses. Leveraging the proximity of the St John of God Murdoch Hospital, the hospital placements are well managed in collaboration by the Hospital. Additionally, arrangements are made for groups of students to be placed in aged care and mental health settings.

The Institute has three simulator (3G enabled) models in their clinical practice labs with camera and audio capability. These are used to build skills and dexterity through practice/repetition and feedback.

**The Institute of Health and Nursing Australia**

The Institute of Health and Nursing Australia offers an eighteen month Diploma in Nursing. Clinical placements occur over four stages of the course in aged care (3 weeks) sub-acute care (2 weeks) mental health (2 weeks) and acute care (3 weeks). They have accreditation for 30 student places for each course they run and currently have 24 students undertaking the course.

They also provide a course designed for international students who are eligible to become registered nurses in Australia once they have successfully completed the necessary bridging course. The course is called the Initial Registration of Overseas Nurses (IRON). They also offer a re-entry course for eligible students who have trained in and/or been previously registered to practice in Australia over eight weeks.

**Central Institute of Technology**

The Central Institute of Nursing offers an eighteen month Diploma of Enrolled Nursing. Currently there are 125 full time and 50 par time students each semester undertaking the course requiring a total of 750 to 850 placements to be organised each year. The placements occur in three stages across the course. In stage one 80 hours of placements occur in aged care and 10 hours in community care. In stage two there are 160 hours of acute medical care placements. Whilst in stage three a total of 120 hours of surgical placement occurring and 80 hours of mental health placements.

To assist with securing community placements, Central Institute of Technology has developed its Roaming Education and Community Health (REACH) program which provides basic health checks (blood pressure blood sugar, cholesterol checks) and health promotion to a variety of groups in the community who may not normally access health services.
The institute is also establishing REACH Wellness Centres which will initially operate at Wandana and St Bartholomew’s clinics in East Perth. They will initially offer health checks as well as stress management and relaxation exercise workshops to support clients maintain healthy lifestyles. Over time it is hoped these clinics will provide a range of services to support clients with chronic health conditions.

**Marr Mooditj**

Marr Mooditj offers an 18 month Diploma of Enrolled Nursing for Aboriginal students. Currently there are 40 students across the three intake periods for the course. The numbers of students has dropped from previous years due to the establishment of processes to ensure students better understand course requirements at commencement of the course. It is hoped this will improve course retention rates in the long term.

Clinical placements occur over all stages of the course. Placements occur in general nursing care (three weeks), acute care (two blacks of three weeks), palliative care (one to two weeks), mental health (two weeks) and paediatric care (two weeks).

Regional education providers. In addition, there are a range of regional education providers that deliver the Diploma of Enrolled Nursing:

- West Coast Institute – Joondalup
- CY O’Connor Northam
- CY O’Connor Narrogin
- Durack Institute Geraldton
- Great Southern Institute, Albany
- Kalgoorlie VTEC
- Pilbara TAFE, South Hedland
- South West Institute, Bunbury
- The University of Notre Dame Australia, Broome Campus

Profiles of these courses delivered in regional areas are detailed in the accompanying *Regional Summaries* paper.

**Rural placements**

Only one of the metropolitan nursing courses offered above requires students to complete a rural placement, though all the universities said they encouraged rural placements where these are requested by the students.

**Overview**

Table 10.1 presents an overview of educational providers delivering nursing courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings that are operating.
Table 10.1: Placement activity in metropolitan nursing courses

<table>
<thead>
<tr>
<th>University/VET</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Notre Dame Australia</td>
<td>Bachelor of Nursing</td>
<td>3 years</td>
<td>Year 1/Sem 1</td>
<td>2 weeks</td>
<td>Aged care</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Year 1/Sem 2</td>
<td>2 weeks</td>
<td>Community/rehab</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 2/Sem 1</td>
<td>3 weeks</td>
<td>Medical ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 2/Sem 2</td>
<td>3 weeks</td>
<td>Medical ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 2/Sem 1</td>
<td>3 weeks</td>
<td>Operating Suite</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 3/Sem 1</td>
<td>3 weeks</td>
<td>Surgical ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 3/Sem 1</td>
<td>3 weeks</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 3/Final</td>
<td>2 weeks</td>
<td>Surgical ward</td>
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<td></td>
<td></td>
<td></td>
<td>(This is based on a full time student for 3 years x 6 stages)</td>
<td>2 weeks</td>
<td>Acute care</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(29 weeks/1240 hours)</td>
<td></td>
</tr>
<tr>
<td>Edith Cowan University Joondalup Campus</td>
<td>Bachelor of Nursing</td>
<td>3 years</td>
<td>Year 1/Stage 1</td>
<td>1 week</td>
<td>Aged care</td>
</tr>
<tr>
<td></td>
<td>(includes nursing component in the dual degree course)</td>
<td></td>
<td>Year 1/Stage 2</td>
<td>2 weeks</td>
<td>Community/rehab</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Year 2/Stage 3</td>
<td>4 weeks</td>
<td>Med/Surg, DPU &amp; rural settings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 2/Stage 4</td>
<td>4 weeks</td>
<td>Mental health including psychogeriatric</td>
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<td></td>
<td></td>
<td>Year 3/Stage 5</td>
<td>4 weeks</td>
<td>Med/surg, cardio, respiratory, paeds</td>
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<td></td>
<td>Year 3/Stage 6</td>
<td>6 weeks</td>
<td>Critical care areas;</td>
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<td></td>
<td>Primary health care</td>
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<td></td>
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<td></td>
<td>Beginner practice</td>
</tr>
<tr>
<td>Murdoch University – Peel Street Campus</td>
<td>Bachelor of Nursing</td>
<td>3 years</td>
<td>There is a clinical placement in each of the 6 semesters over the course.</td>
<td>120 hours</td>
<td>Aged care</td>
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<td></td>
<td></td>
<td></td>
<td>Semester 1</td>
<td>120 hours</td>
<td>Aged care, primary health</td>
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<td></td>
<td></td>
<td></td>
<td>Semester 2</td>
<td>120 hours</td>
<td>Medical/Surgical/Mental Health/Primary Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Semester 3</td>
<td>120 hours</td>
<td>Medical/Surgical/Mental Health/Paediatrics/Maternity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Semester 4</td>
<td>120 hours</td>
<td>Consolidation of skills in planning and coordinating patient care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Semester 5</td>
<td>128 hours</td>
<td>Consolidation of skills that will support the student in their transition to registered nurse.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Semester 6</td>
<td>120 hours</td>
<td>Given the university is geographically isolates, they seek to place students in local hospitals where possible. Offer rural placements. Last year 90 places undertaken. Support international placements if students wish to undertake them.</td>
</tr>
<tr>
<td>Murdoch University – Peel Street Campus</td>
<td>Postgraduate Certificate in Community Neurological Nursing</td>
<td>1 semester</td>
<td>No placements required as students already employed in the sector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University/VET</td>
<td>Programs that require placement</td>
<td>Course Duration</td>
<td>Placement Structure</td>
<td>Approximate hours/days</td>
<td>Placement Settings</td>
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</tr>
<tr>
<td>Curtin University</td>
<td>Bachelor of Science (Nursing)</td>
<td>Three and a half years (7 semesters)</td>
<td>Semester 2</td>
<td>3 weeks</td>
<td>Living well placements in community settings (Silver Chain, disability services, early intervention in schools) and aged care services (predominantly private)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Semester 3</td>
<td>3 weeks</td>
<td>Critically unwell placements Medical and surgical placements in hospitals</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Semester 4</td>
<td>3 weeks</td>
<td>Specialty placement (critical care, palliative care, theatre or specialty community) and 2 weeks in mental health.</td>
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<td></td>
<td></td>
<td>Semester 5</td>
<td>3 weeks</td>
<td></td>
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<td></td>
<td>Semester 6</td>
<td>4 weeks</td>
<td>Consolidation placement in an area the student wants to work in and student is expected to work autonomously.</td>
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<td></td>
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<td></td>
<td>Semester 7</td>
<td>6 weeks</td>
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<tr>
<td></td>
<td>Master of Nursing Practice</td>
<td>Course was not being offered at time of consultation as was under redevelopment.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The University of Western Australia</td>
<td>Master of Nursing Science</td>
<td>2 years</td>
<td>3 semesters over the 2 years, After the first semester in the semester break</td>
<td>2 weeks</td>
<td>Medical/surgery placement at Sir Charles Gairdner Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In second semester there is 14 weeks of theory followed by placements</td>
<td>2 weeks</td>
<td>Medical/surgery placement at Sir Charles Gairdner Hospital</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>In the second year over the summer break in January</td>
<td>3 weeks</td>
<td>Paediatrics placements (2 weeks at Princess Margaret Children’s Hospital and 1 week at Child and Adolescent Community Health)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Then 14 weeks of theory followed by a range of placements in second semester</td>
<td>2 weeks</td>
<td>Critical care setting at Sir Charles Gairdner Hospital</td>
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<td></td>
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<td></td>
<td>2 weeks</td>
<td>Mental health inpatient setting at Graylands Hospital</td>
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<td></td>
<td>1 week</td>
<td>Community mental health placements</td>
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<td></td>
<td></td>
<td>4 weeks</td>
<td>Interprofessional learning in a choice of 2 settings (Bright Water (Aged Care), Sir Charles Gairdner Hospital, Bethesda (Palliative Care) or Silver Chain)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>4 weeks</td>
<td>Continuous practicum placement in an area that students want to work in (half of the students do placement at Sir Charles Gairdner and half in a range of other settings)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 weeks</td>
<td>Rural placement with supported accommodation</td>
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<td></td>
<td>23 weeks/896 hours</td>
</tr>
</tbody>
</table>

WA Clinical Training Network
Profile of clinical training placement stakeholders and models of clinical supervision and Discipline Summaries
<table>
<thead>
<tr>
<th>University/VET</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenger Institute of Technology</td>
<td>Diploma of Nursing</td>
<td>1.5 years</td>
<td>Year 1/Stage 1 Year 1/Stage 2 Year 2/Stage 3 Block 1 Block 2 Block 3 Block 4 Block 5 Block 6</td>
<td>3 weeks 7 weeks 7 weeks (17 weeks/650 hours) 3 weeks 4 weeks 4 weeks 4 weeks 4 weeks 4 weeks 4 weeks 4 weeks 4 weeks (20–21 weeks/800–840 hours)</td>
<td>Aged care Mental health, med/surgical; Mental health, med/surgical, medical clinics</td>
</tr>
<tr>
<td>Institute of Health and Nursing Australia</td>
<td>Diploma of Nursing</td>
<td>1.5 years</td>
<td>Year 1/Stage 1 Year 1/Stage 2 Year 1/Stage 3 Year 2/Stage 4</td>
<td>3 weeks 2 weeks 2 weeks 3 weeks (10 weeks/400 hours)</td>
<td>Aged care Sub-acute care Mental health Acute Care</td>
</tr>
<tr>
<td>Central Institute of Technology</td>
<td>Diploma of Nursing</td>
<td>18 months</td>
<td>Placements occur over the 3 stages of the course. Stage 1 Stage 2 Stage 3</td>
<td>80 hours 10 hours 160 hours 120 hours 80 hours 450 hours</td>
<td>Aged care and community care Acute medical care Surgical Mental Health</td>
</tr>
<tr>
<td>Marr Mooditj Training Inc</td>
<td>Diploma of Nursing</td>
<td>18 months</td>
<td>The placements undertaken as part of each of 9 blocks of training: Stage 1 Stage 2 Stage 3</td>
<td>3 weeks 2 blocks of 3 weeks 1–2 weeks 2 weeks 2 weeks 600 hours</td>
<td>General nursing care Acute care Palliative care Mental health Paediatric care</td>
</tr>
</tbody>
</table>
10.2 ENROLMENT CAPACITY AND COMPETITION

Universities and VET providers expressed the view that significant growth for student placement has been growing in recent years and with workforce shortages forecast to continue until 2020 there will be sustained pressure to increase the number of properly facilitated and supervised nursing clinical placement opportunities. It was also recognised that it is much more challenging for educators and health services to plan for and manage the demand in light of both increased volume and the varying learning needs and related setting requirements for students in different courses and stages of their education and training.

Additionally the graduate program placements are also under pressure. This was reported to be related to staffing/cost controls by hospitals.

None of the universities and RTOs interviewed planned to materially change their future course placement numbers for students, with the following exceptions:

1. Edith Cowan University’s dual degree course yearly intake is currently capped under existing accreditation. They anticipate the course being re-accredited in 2014 and signalled substantial growth in student intake numbers each year after re-accreditation; and

2. The Institute of Nursing and Health Australia advised that as a relative newcomer in Perth they are still in ‘growth mode’ and are actively seeking to increase numbers in their nursing course.

3. Murdoch University Bachelor of Nursing, is projecting significant growth in nursing students. This year their initial intake of first year students increased to 200 students. There has been a significant population growth in the area where the university is located, and it is projected this will continue with young families and older people moving to the area. Accordingly they project the local health services will continue to grow and consider that the university is well placed to educate local students to meet the projected demand for nursing.

University providers of nursing degree courses advised that the supply of training places was currently only just adequate. To ensure they have capacity, clinical placement coordinators need to actively plan and collaborate with an increasingly large number of health provider organisations to get the placements they need. This requires:

- strong forecasting skills to ensure they can position with providers to achieve the numbers they require a year in advance;
- maintaining and building productive relationships, and developing strong partnerships with health services to enable placements in conducive learning settings;
- participation in liaison, planning and coordination meetings with health service managers to plan and coordinate student placement programs for a forthcoming year.

A number of stakeholders voiced concerns that it is becoming more challenging to find enough of the right type of placements for students and they need to keep looking further afield. One VET provider reported that as initial placements for nursing students are in aged care settings, they are finding it particularly difficult to secure places for their students as most of places are already committed to the other educators. A number of universities and VET providers said that whilst they might find a place for each student it can be in a configuration which is costly and inefficient for their Institute or University to supply clinical facilitators.
Access to Child and Adolescent Community Health placements recently became more difficult for undergraduate students. The services will now only allow placements for these students for up to a week. This is because they want to ensure postgraduate students are able to have sufficient access to these placements.

Across the range of stakeholders spoken with, there was general agreement about the sheer volume of clinical training placements and the complexity associated with organising placements in a variety of settings. The ‘old way’ of organising things was suggested to ‘work for some but not all’. Some stakeholders spoke of some universities as having developed priority and/or reasonably exclusive agreements with particular health services. This was noted to have worked reasonably well in the past as other educators would seek out opportunities and agreements further afield or with other types of providers. However, now, a number of stakeholders believe a more sophisticated approach needs to be developed to support effective planning and managing of clinical placements.

Many of the nursing degree course coordinators have worked in one or more of the health services and a number have also worked at other universities. This has provided these coordinators with an understanding of the overall picture of what is happening across the sector as well as an appreciation of the challenges different organisations face. Despite significant levels of competition for placements, it was reported that there is a strongly shared commitment across the nursing sector to ‘making it all work’ for all stakeholders.

**Placement preferences**

The educational providers HMA spoke with expressed the view that as students are supernumerary and working under clinical supervision at all times there should generally be no preference for the students they take. However, they did recognise that as students developed their competencies they are more able to participate in care provision for clients with their preceptors and team members.

To make the most effective use of available placements, final year bachelor degree students are ideally allocated to placements designed to be ‘beginning practitioner’ in nature. Whilst having a more limited scope of practice, final year students can undertake a broader scope of work with less intense clinical supervision.

Child and Adolescent Community Health expressed a preference to have undergraduate students who are well progressed in their courses. They believe more advanced students are able to appreciate the differences in service philosophy and that the model of care is quite different from more hands-on clinical care settings. Their experience is that more advanced students and are better able to gain value from their community health placements.
10.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

All education institutions have their own in-house course clinical placement coordinators who liaise closely with health service managers in planning and coordinating clinical placements. Across the sector, hospitals taking large volumes of nursing students supervise clinical placements using one of two broad approaches:

The education institution provides a clinical educator, also known as a facilitator. They attend the placement and supervise a group of eight students. The role of the facilitator includes orientating the student, providing clinical education and supporting the students, and liaising closely with the preceptors in the health service (who provide practical support to students assigned to them). If any issues arise with the student’s performance, the facilitators will deal with these and provide extra support where appropriate. The facilitator also assesses the student’s performance against the required competencies associated with the placement.

The health service that has students on placement takes full responsibility for supervising the student. Under this approach, the university provides financial support to the health service to cover the costs of supervising the students. The funding allows the health service to appoint a staff member to supervise and facilitate the student placements. Alternatively, if the health service does not have their own staff readily available at the time of the placement, the health service will engage a facilitator to support the student placements. The roles of these facilitators are generally the same those that are supplied by the university.

Obviously, there are various in-house styles encompassed within this overall approach and the roles vary slightly.

As students enter into their final placements they are expected to be working autonomously. Although there continues to be a need for a level of supervision, what is required is not as intensive. Some universities have developed liaison officer positions that support these students. The University of Western Australia utilise staff known as Practitioner Scholars, whilst Curtin University staff call these positions Clinical Liaison Academic Support Practitioner (CLASP). They will often spend one to two hours with students in groups and provide support to preceptors if required. These officers may support up to 20 students.

Table 10.2 presents the supervision and facilitation models at the services HMA visited.
Table 10.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Public hospital     | Fremantle Hospital and Health Service | 1,600 placements including enrolled nurses, graduate and postgraduate nurses and midwifery only students | 1:8 students | • Utilise a home warding and team leader model to supervise students.  
• Home warding is a concept where students come in a group from the one educational institution and all students are at the same year level. They are all allocated to the same ward and the one placement facilitator is responsible for supervising all students on the ward.  
• The team leader model involves a registered nurse being the supervisor of both a graduate nurse and a student. Together they work as a team on the ward with the registered nurse supporting their team member.  
• A placement coordinator at Fremantle Hospital liaises with all universities in respect of the numbers of placement that can be taken and takes responsibility for allocating the students across all its facilities.  
• A hospital orientation handbook is available and students are expected to have read this prior to the placement.  
• Students are oriented to the facility by the facilitator that is supporting the students.  
• The facilitator is available to support all students whilst on placement, providing education and additional support as required. The facilitator is responsible for assessment of all students. | |
| Public Hospital     | Princess Margaret Children’s Hospital | 817 placements. | 1:8 students | • University facilitators are responsible for the supervision and assessment of students. On the wards students are paired with a ‘buddy’ nurse.  
• For placements longer than the normal six week placements students are ‘buddied’ with one nurse whom work every shift that nurse works including nights.  
• For shorter placements the ‘buddy’ may be one of a few people, that change from shift to shift. This is due to there being lots of part time staff. The full time staff tend to be buddied with students on longer placements. | |
| Public Hospital     | Rockingham Hospital | 294 students for 3,715 days of placement, Range of ratios ranging from: 1:1 if a single student on placement 1:8 if students come in a group | | • If the student comes in small numbers then a hospital staff member will be appointed to be the preceptor. The staff development nurse provider orientation and information about safety policies. The university is then invoiced for the cost of supervising the student.  
• If the students come in large groups then the university is required to provide a clinical facilitator. | • The preceptors and clinical facilitators have responsibility for assessing the students. |

WA Clinical Training Network  
Profile of clinical training placement stakeholders and models of clinical supervision and facilitation  
Discipline Summaries
<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospital</td>
<td>Royal Perth Hospital</td>
<td>995 students. Of the undergraduate students; 26 first years; 236 second years and 509 third years. Of the diploma students: • 16 were from stage one; 81 from stage two; and 79 stage from stage three. • 48 students were doing a bridging course</td>
<td>1:8</td>
<td>University facilitators supervise groups of students and students allocated to a preceptor(s) on the wards who support the student during their placement.</td>
<td>The Staff Development Educator is responsible for liaising with the universities and departments of the hospital to support the placement of the students. Given the volume of students as much information as possible has been incorporated into resource materials and both students and facilitators. Online information packages have been developed for students to support them prepare for the placements. University facilitators have responsibility for orientating students, providing clinical education, supporting students as required and assessing the students.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Graylands Hospital</td>
<td>5,779 clinical placement days (calendar 2012); 580 students</td>
<td>1:6</td>
<td>Home warding’ model: students are allocated to units, which typically have 25 to 36 inpatients. Each student has a staff preceptor in the unit who acts as a resource for advice and support. Students are given learning objectives and progress is recorded in a Learning Objectives Book</td>
<td>The Clinical Coordinator position based at Graylands Hospital is funded by a Health Workforce Australia grant (upfront capital for central training facility improvement ($0.554m) and recurrent funding of ($0.880m per annum)). Funding is due to cease at the end of 2013. The coordinator liaises with 6 universities to arrange undergraduate clinical placements in the mental health area. The facility coordinates 10 rounds of rotations each year. The Clinical Coordinator manages the rostering of the clinical places across the facility units. Students are expected to have completed their basic mental health nursing theory units before their clinical placement. Students work on morning and afternoon shifts but not night shifts. The Clinical Coordinator has bi-annual meetings with the universities to discuss learning objectives, clinical placement booking arrangements, and provision of clinical supervision.</td>
</tr>
<tr>
<td>Private Hospital</td>
<td>St John of God Hospital – Subiaco</td>
<td>650 students for 8,000 days.</td>
<td>1:8</td>
<td>Facilitators provide support to groups of 8 students. Each student is allocated a preceptor who supports them during the placement. The facilitator has responsibility for assessing the student.</td>
<td>The Learning and Development Coordinator takes responsibility for facilitating the placements and the supervision of all students. There are 19 facilitators across the site supporting the students (2.8 FTE). The Learning and Development Coordinators plays a key role in liaising with all the educational providers in scheduling the placements and ensuring that the scope of practice for each group of students is clear. They coach all the facilitators and provide support to them as required. Preceptor workshops are held four times a year to support staff in this role.</td>
</tr>
<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
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<tr>
<td>Private Hospital</td>
<td>St John of God Hospital – Murdoch</td>
<td>Varies from 1:1 to 1:8 based on model utilised.</td>
<td>• A dedicated placement approach is used which is a hybridisation of the preceptor model combined with home warding, within a team nursing approach. Under this model up to 6 students are placed in a block per 30 bed ward. Three students are rostered on the morning and 3 students in the afternoon. One student is allocated to a team of two nurses one of whom must be a registered nurse who preceptor the students they are allocated. • Final semester students are preceptored by a registered nurse and are encouraged to work their preceptor’s shifts including weekends and night shifts. • For ECU, Murdoch and Curtin Universities, clinical facilitators are provided by the University to support students and preceptors, give relevant education and provide avenues for debriefs as well as assess the student’s clinical competencies. • Central Institute students have a clinical facilitator who works across the shifts of the students and supports the students and preceptors and carries out student assessments. • Challenger Institute program is run in partnership with St John of God Murdoch and students are generally supported by ward nurses with supervision provided by the program coordinator and nurse educators. • The University of Notre Dame Australia provides a CELO to support the students and preceptors. The CELO does not provide any direct patient supervision or clinical support, but act as an avenue for communication between the hospital and University.</td>
<td></td>
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<tr>
<td>Private Hospital</td>
<td>Waikiki Private Hospital</td>
<td>6 to 8 students 1:1</td>
<td>• Overseas trained nurses seeking registration in Australia undertake a bridging course run by Institute of Health and Nursing Australia. Waikiki Private Hospital offers 6 week placement in the general acute ward. The overseas trained nurses are rostered to work under the direct supervision of a registered nurse</td>
<td>• Each nurse has a competency book and the Nurse Manager is responsible for its sign off.</td>
<td></td>
</tr>
<tr>
<td>Health Service Type</td>
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</tbody>
</table>
| Aged Care             | Bethanie Aged Care                                          | • 50 students for a total of 1,266 days of placement | • Models vary from 1:1 to 1:8 based on the nature of the placement | • Universities from Murdoch University and ECU send a facilitator to supervise their students.  
• Curtin University and Notre Dame students are preceptored by Bethanie staff. At larger facilities they are also supported by the workplace educators.  
• Students are rostered over 7 days and on weekends Bethanie staff supervise and support the students. | • A student coordinator position liaises with all the educational providers and organises all the student placements across the organisations residential aged care facilities and community services. |
| Community health      | Child and Adolescent Community Health Service (CACHS)       | • 400 – 500 (undergraduate nursing students) | • Generally 1:1 ratio     | • Expert community health nurses employed by CACHS supervise students.                                                                                                                                                          | • CACHS provide a fully funded in-house facilitator who liaises and plans with all the educational institutions seeking placements and places students across the 170 health teams/services.  
• The Clinical Nurse Manager at each site assigns students to experienced community nurses who then have responsibility for supervising the students whilst on placement. |
Differences in models according to setting type

The models of supervision and facilitation were broadly similar across hospital settings: with a student facilitator supervising and supporting eight students. In some hospitals the facilitator will be a university staff member and in others the facilitator role will be undertaken by hospital staff. This model has developed given students generally go out in groups to hospitals. Additionally, each student is generally linked with a preceptor/buddy nurse who supports the student whilst on the placement. The facilitator also has responsibility for educating and assessing students and providing support to students and preceptors as required. Whilst in community health services students often go out individually or in smaller groups. The models of supervision used in community tend to involve a 1:1 supervisor to student model.

Interdisciplinary placements or interprofessional education

Brightwater Madeley (a high and low care residential facility) in partnership with Curtin University has developed an interprofessional learning placement that supports students contextualise interprofessional practice. Students are involved in the day to day care of residents and social activities. They participate in weekly case study presentations to a group of IPE students, the interprofessional educator and medical supervisor. In participating in this activity the student group work together to collate a case study presentation on one of more residents, which involves the students gathering background information on the resident’s medical history and undertaking evaluations of their care needs, including occupational therapy, physiotherapy, speech pathology assessments with a view to creating or updating a resident care plan. This project has been funded by HWA.

An interprofessional education model has been developed by Curtin University and Royal Perth Hospital involving an interdisciplinary mix of students who are responsible for the care and management of patients in a general medical ward. The model is based on an interprofessional model operating in Sweden, and now in Denmark and the UK. The model has been evaluated in Sweden and found that graduates were selected above other students by the industry – as they are work ready and work as a team. Under the model, two students from each profession (medicine, nursing, pharmacy, physiotherapy, occupational therapy, social work and medical imaging) undertake a two week placement. The ward provides a practice-based learning environment for undergraduate students to develop the knowledge, skills and attitudes required for effective patient centred collaborative practice. There is a focus on teamwork during patient contact, handover and discharge planning. Facilitators from social work, physiotherapy, occupational therapy, pharmacy, and medicine are rostered on for part of each day. A nursing facilitator is on the ward full time and a patient advocate attends one day a week and provides feedback to students each week.

10.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.
10.4.1 Enablers to placement establishment and continuation

Key enablers identified that supported the establishment of placements, particularly where new models or significant growth was occurring were:

(1) **Funding new initiatives and innovations via Health Workforce Australia** was seen as a very positive enabler.

(2) **The establishment of coordinators supporting smaller services to take students.** Positions such as those established at Bethanie Aged Care, and Child and Adolescent Community Health Services have improved the efficiency and capacity to place students in small community based services. Previously education providers would have to individually liaise with each site.

(3) **Establishment of the Global Alliance, WA** by the Nursing and Midwifery Office has enabled expansion of international placements for university students.

Key enablers that support the continuation of placements include:

(1) **Clear guidelines, common tools and good rostering that prevent teaching fatigue.**

\[\text{The movement to a national tool to assess the competence of a student is a great advance as it will assist in simplifying processes for health services.} \]

\[\text{Health service clinical coordinator} \]

(2) **Long standing and mature relationships**, agreements and formal and informal processes that support strong partnerships.

\[\text{It works well when we understand each other’s needs} \]

\[\text{Health service clinical coordinator} \]

(3) **The growing ‘modularising’ of the standard orientation material common to all health settings**, ensuring the best quality information is available for all. This supports the efficient use of resources and saving repetitive work at individual health services.

(4) **Recognition of the contribution preceptors make to student education.** An example given was the way in which The University of Notre Dame Australia students are able to nominate mentors for to show appreciation and give recognition to the champions in the field.

(5) **Continued provision of preceptors training programs** supporting staff new to the role of supervision.

(6) **Student rooms** with desks and computers that enable students to write up their assignments.

(7) **Statewide meetings of clinical placement coordinators involving education providers and health services** that support good communication and liaison and facilitate joint planning to address supply and demand issues.

(8) **The common ‘umbrella agreement’ developed by Department of Health** which covers the placement of students in all WA public hospitals.

10.4.2 Barriers to placement continuation or expansion

The key barriers to health services taking students on clinical placement identified include:

(1) **Offers or requirements that result in inefficient placements.** Currently some health services only offer a small number of placements yet still require they provide an external facilitator. Educational providers need a cohort of eight students for the engagement of a facilitator to be efficient. Currently an educator will manage this by having a facilitator support students over two sites or by educational providers coming together and sharing the costs of employing a joint facilitator. To better respond to the
economic pressures educational providers face, some health services have moved to home warding models of placement.

(2) **Cancellation of placements.** There is concern that some education providers overbook what is required as a strategy to secure the placements they require. Health service providers report when this occurs it creates inefficiencies. One health service reported that 16% of their placements were cancelled which contributes to significant wastage or inefficiency.

(3) **Established alliances between hospitals and health services that restrict access.** A number of strong alliances have developed over time and there is concern that the exclusive relationships are preventing new entrant universities accessing placements for their students. The newer entrants are keen for processes to be established that are more transparent.

(4) **Fees charged by Ramsay Health for student placements are viewed by many educational providers as too expensive** and is preventing access to a wide range of placements.

(5) **Requirements for a direct supervision approach.** One stakeholder questioned whether direct supervision was required for all activities given a number of allied health disciplines utilise direct, indirect and remote supervision models. This stakeholder suggested opportunities may exist for more efficient models of supervision to be developed.

(6) **Availability of appropriate supervisors.** The ageing of very experienced nurses, budget controls, increasing workloads, and staff reducing their participation in the workforce to part-time or less demanding roles were variously mentioned as background factors impinging upon capacity for student placements. Additionally in February and August each year new graduates commence work and this has impacts on the capacity of health services to take students at this time.

(7) **Logistical difficulties and cost barriers associated with placements in rural and remote areas** include cost of travelling to remote location, lack of transport in regional areas and the high costs of accommodation. Education providers are aware some areas of the regional health system offer a wide range of care settings and learning opportunities for students due to the networked nature of the services. However, this is also tempered to some extent by the low volumes and sporadic nature of health service activity, the lack of procedural services and the staff shortages which impacts on capacity to supervise students.

(8) **Many of the students do not drive until they are 25 years of age and are unwilling to take early shifts.** The lack of transport in some locations combined with students’ inability to drive creates challenges for rostering.

| There is a need for students to get a realistic view from the start of what is required in being a nurse. |
| Health service student coordinator |

### 10.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

The Clinical Coordinators Network involves coordinators and clinical service managers from across the State. They meet bimonthly to plan and work on issues of common concern. They like to get the student numbers and needs of educators out on the table so everyone knows what the demand is going to be and then seek to resolve any anticipated barriers to executing forthcoming student placement arrangements. Guest speakers are often invited to the meeting to bring participants up to date on current or emerging issues. Many stakeholders said they
valued the opportunity to network with other coordinators and health managers. Currently the network is working on developing a guide on the role of the clinical facilitator that can be used across universities and health services. One person commented:

The coordinators who meet have generally been in the system for a long time and in various roles and they have a broad understanding of the issues from both university and provider perspectives. This helps them 'get down to business' and really aim to get things sorted out in a way that meets needs across the board.

A national clinical coordinators network exists. They have an annual meeting involving a wide range of stakeholders from across Australia. They work together on core issues such as workplace safety for students, immunisation status and legal and indemnity issues. They have an e-mail network that allows coordinators experiencing challenges to pose questions to their colleagues and seek their advice.

HMA was advised that a WA Country Health Services has a Clinical Supervision Steering Committee. However, the stakeholder who advised of this was not able to describe the role it undertakes.

The RTOs have representatives that sit on the Community Services, Health and Education Training Council and on the Community Services and Health Industry Skills Council. These organisations have a key role in enabling the industry and educators to input into the design and development of course modules.

A number of universities spoke of the curriculum advisory committees they had established to get industry input into the design of their courses.

There is a three monthly meeting between the university deans and the Chief Nurse and Midwifery Officer in the WA Department of Health. These meetings allow the universities and the Nursing and Midwifery Office to discuss current and emerging workforce issues on a regular basis.

**10.6 KEY OPPORTUNITIES FOR THE FUTURE**

Stakeholders identified a range of opportunities to strengthen the capacity of clinical placements. These included:

1. **Evolving to a more sophisticated, formalised and sustainable system for planning and managing student placements.** There is a need for a more sophisticated and transparent system that supports good planning and efficient allocation of placements guided by agreed principles based on students learning and competency attainment needs and equitable access to placements in regional areas and across placement settings. Data management tools that are able to estimate placement supply and demand, show placement demand peaks and supervisory capacity would assist the sector to plan.

2. **Strengthening efficiency of placements:** Health service providers need to be aware the cost structure associated with funding facilitators and the preference of educational providers to have groups of eight students undertaking placements. Additionally education providers need to be aware that overbooking of placements and cancellations at the last minute leads to significant inefficiencies for health services and opportunity costs for the system as a whole. Understanding the cost drivers and working together to improve the efficiency of the placement system is a priority with nursing placements projected to increase over the foreseeable future. A number of stakeholders suggested the broad adoption of home warding models across hospitals could strengthen capacity and placement efficiency. The approach taken by St John of God Subiaco Hospital was also described as very efficient by stakeholders.
We need to work smartly and think of ways of getting rid of the administrative components so we can focus on students when they get on placements.

Nurse Manager

What we need is a provider that can manage all the compliance checking of students to ensure they are ready for placement. This task has to be done but it is very inefficient to do it ourselves.

Clinical Coordinator

(3) **Strengthening opportunities for placements in new and innovative areas** including aged care settings, disability services, new super clinics, emergency departments, community settings, emergency response services such as Royal Life Saving and large community/public events.

(4) **Streamlining of processes** including common position descriptions for students and facilitators, the development of common tools to support placements and processes to ensure police checks, working with children certificates and immunisations are undertaken. Stakeholders spoke of work being duplicated by a large number of organisations. Agreement on common approaches could maximise effective and efficient use of valuable resources across the sector. It has been suggested that a national clearance system and the issuing of a card to students that they can carry with them indicating they are compliant with mandatory requirements could assist in simplifying processes.

(5) **Development of a standard agreement process with private providers.** The standard agreement with public health services is valued and a similar approach could be adopted to facilitate placements with private providers.

(6) **Expansion of placements across all shifts and across the calendar year.** There are opportunities to increase capacity for placements if all shifts were utilised, including weekends. Some hospitals require their students to be available to be rostered over all shifts. It was reported that Ramsay Health is currently piloting surgery placements at night. Graylands Hospital said that use of night shifts was inappropriate for mental health placements (where patients are encouraged to develop healthy sleeping patterns). The hospitals that provide placements over all shifts believe that whilst it improves their capacity to take students it also prepares students to be work ready. Currently many educational providers contain their placements to the academic year. By expanding placements across the calendar year, capacity of health services could be expanded.

(7) **Establishment of new facilities.** It is presumed that the new Fiona Stanley Hospital and will be a positive/enabling force in clinical placement opportunities for students although there is an aspect of concern about the impact on placements in the short term.

(8) **A strategy to build ‘on and around’ the already established Rural Clinical School infrastructure to support and enhance clinical placement opportunities in regional areas** was discussed by a number of stakeholders. The general concept of having a training, mentoring, resource centre, collegiate support and accommodation resource base for nursing students and which could be used for and by other disciplines during training placements was acknowledged to have some attraction. It was considered to be especially attractive in terms of opening up more placement opportunities in the north west regions where the current logistics and costs tend to place these student placement options out of affordable range.

(9) **Continuing to promote and engage nurses in preceptoring.** A number of stakeholders said that preceptors attitudes to placements influence whether placements are good or bad based for students. Health services need to continue to engage and support nurses in taking on this role. Easy access to preceptorship training, access to
support when preceptors have a difficult student, mechanisms to look after preceptors so they do not suffer training fatigue and recognising the contribution they make are all important in maximising nurse engagement.
11 Occupational Therapy

This discipline summary provides an overview of occupational therapy courses in WA and associated clinical placement activity.

11.1 GENERAL OVERVIEW OF OCCUPATIONAL THERAPY COURSES AND PLACEMENT ACTIVITY

The Occupational Therapy Board of Australia is responsible for the registration of occupational therapists and occupational therapy students. Only students who have studied accredited courses are eligible to apply to the Medical Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered with the Medical Board of Australia. Courses are accredited by The Occupational Therapy Council (Australia & New Zealand) Ltd. To attain accreditation the courses must meet the World Federation of Occupational Therapist (WOFT) standards of ensuring students undertake a minimum of 1,000 hours of clinical placement.

Curtin University and Edith Cowan University both offer four year undergraduate Bachelor of Occupational Therapy courses. Curtin University also offers a two and a half year graduate entry Master of Occupational Therapy.

The two universities have aligned the final year seven-week blocks in their clinical placement calendars. However, the distribution of placements spread across the course do differ. Edith Cowan University distributes their clinical placements across the whole course, with their first major block in third year, whilst Curtin University placements are limited in first, second and third year with the bulk of placements in the final year. In the graduate entry masters (GEM) program, the majority of placements are in the final year.

Neither university has a requirement for students to undertake a placement in a rural area. However, at Curtin University approximately 60% of students in 2013 are completing one in a rural or remote area. Edith Cowan University equally has a high success rate with rural placements, which are particularly popular in third year. Curtin University also has a ‘Go Global’ program. Approximately 60% of its students complete one of their seven-week placement blocks in Cambodia, China, India, Philippines or the Ukraine.

Table 11.1 presents an overview of educational providers delivering occupational therapy courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in place.
Table 11.1: Placement Activity

<table>
<thead>
<tr>
<th>University/VET</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edith Cowan University</td>
<td>Bachelor of Occupational Therapy</td>
<td>45 in year 1, 182 in total between year 1-4</td>
<td>4 years</td>
<td>Throughout the course, large blocks are towards end</td>
<td>Minimum 1,000 hours for accreditation</td>
<td>• hospitals (public and private) • aged care • community health including NGOs • mental health • schools</td>
</tr>
<tr>
<td>Curtin University</td>
<td>Master of Occupational Therapy</td>
<td>65 per year</td>
<td>2.5 years</td>
<td>Majority of placements in second year first semester</td>
<td>1,000 hours for accreditation</td>
<td>Placement Settings</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Occupational Therapy</td>
<td>201 in year 1 125 in year 4</td>
<td>4 years</td>
<td>Observation based placements in first three years. Majority of placements occur in fourth year</td>
<td>Minimum of 1,000 hours for accreditation. Approximately 1,400 hours per student:</td>
<td>Placement Settings</td>
</tr>
</tbody>
</table>

11.2 ENROLMENT CAPACITY AND COMPETITION

The School of Occupational Therapy at Curtin University currently has the largest number of student enrolments. In 2013, 125 students are enrolled in the final year of the Bachelor of Occupational Therapy and 65 in the Master of Occupational Therapy. Whilst the numbers of students in their first year of the Bachelor of Occupational Therapy is 201, which represents a 60.8% increase in enrolments over the past four years.

Edith Cowan University offers a Bachelor of Science (Occupational Therapy) which is a four-year undergraduate degree. There are 182 students undertaking the Edith Cowan University Bachelor of Science (Occupational Therapy), 45 of these students are in the first year of the course.

A key reason for the increase in numbers at Curtin University’s Master of Occupational Therapy is related to Edith Cowan University having recently closed their graduate entry masters course. Curtin University is now the only university in WA offering a Master of Occupational Therapy.

Curtin University requires approximately 700 placements this year, which are supported by approximately 24 different health services. Around 170 of the placements are in hospital settings, with 95% of these being in public hospitals. Edith Cowan University require approximately 300 placements, half of which are full time blocks. The one day a week placements tend to be in non-traditional community organisations and schools where there may not be an occupational therapist supervisor. The larger block placements tend to be in hospital settings.
Currently, Curtin University has an oversupply of clinical placements and Edith Cowan University’s supply of placements offered is meeting their level of demand. Both universities have recently commenced primary school based placements. For Curtin University, these placements occur in a 1:4 supervisor to student model, across five schools with supervision provided for ten hours a week by an occupational therapist paid for by the university. For Edith Cowan University, these placements occur in 1:4 supervisor to student model in seven schools with the university providing the supervision. These school-based placements have assisted both universities provide enough student placements.

The majority of health services consulted with prefer to have final year students on clinical placement as they can watch a student develop during the placement and by the final weeks top-performing students can assist staff with their workload. As the bulk of placements are in the final year of their course, this preference is usually accommodated. Edith Cowan University has a six-week block at the end of third year, which is the hardest block to arrange placements for. This is despite students having finished all core subjects so they are at the same level as a student commencing fourth year.

A number of the health services take students from earlier years as they are short placements, which are easy to support and provide experience for their more junior staff to gain experience in supervising students.

The universities do not collaborate in organising clinical placements, apart from aligning their calendars. Their university requests go out separately and they collect offers individually. Neither university described the environment as competitive. Both universities liaise informally as required. Curtin University reported recently assisting a South Australian university which was short of placements. This was an informal collaboration.

### 11.3 Models of Clinical Supervision and Facilitation

The majority of health services said minimal direction was given by the universities on the model of supervision they use. Amana Living and Autism Association of WA, who have recently commenced taking students reported that Curtin University was extremely helpful in supporting them develop their model of supervision so that it worked for them.

The most common model of supervision used is a 1:1 followed by a 2:1 supervisor to student model. When staff members work part-time or work across different areas 2:1 models are commonly used.

A number of clinicians said they were uncomfortable with multiple student models. The reasons given for these models not working in the past included:

- being too difficult for the supervisor to manage;
- a lack of physical space (both office space and space to see clients is limited); and
- it was not appropriate to have multiple students seeing a client in the setting.
Best Practice Box:

**Amana Living**

At Amana Living residential aged care facilities students work with residents who have a diagnosis of dementia and their families to create “life stories”. Residents can then use the life stories to help their memory when they are confused or distressed. With so many residents in the facilities, this work could never be completed for the residents without the assistance of the students. Amana Living operates a 1:2 supervisor to student model. Four students attend at once at two different residential aged care facilities. One pair receives weekly supervision from a dementia specialist occupational therapist and the other pair receives supervision from an occupational therapist from Alzheimer’s Australia WA. Part-time occupational therapists at each residential aged care facility perform the day-to-day supervision. The students work independently for approximately 3 days per week, but have close email contact with their supervisors. This model works well despite a supervisor not always being on site as the life stories are a discrete task, and students receive advice on what assessments to use when assessing the residents. This placement provides valuable opportunities for students to develop their skills in communication with families, managing dementia and completing standardised assessments. Amana living reported students develop a strong interest working in aged care in the future and the placements make an important contribution to strengthening client outcomes.

All health services had formal supervision sessions with students to complete the mid-way and final Student Practice Evaluation Form-Revised (SPEF-R)\(^4\) Assessment (the assessment tool used by all universities teaching occupational therapy nationally). If the student is at risk of failing the placement mid-way, the supervisor or student placement coordinator contacts the university. All health services reported this situation happens rarely, but when it does, the universities were seen to be supportive.

All health services had one key person responsible for facilitating student placements as part of their role. This role is often undertaken on top of the staff member’s usual clinical caseload or management duties. However, a number of health services reported that the funding the organisation received for taking students went towards covering a small portion of the facilitator’s position.

All services said the process of communicating with the university to organise placements for forthcoming years was straightforward and efficient.

Table 11.2 presents the supervision and facilitation models at the services HMA visited.
Table 11.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Public hospital     | Royal Perth Hospital (RPH) | • 34 total students completing their final year seven week placement  
                    |                        | • 1:1 or 2:1  
                    |                        | • 1:2 model for first year | 1:1 model operating for all 7 week placements.  
                    |                        | • First year placements run a 1:2 model as placements are only for a day of observation. |
|                     |                        | 100 first year day placements |                        |                                | Both RPH sites have a clinical education coordinator (CEC) who facilitates student placements. Their role includes:  
|                     |                        |                                |                        |                                | • providing offers to the university for the following calendar year of their capacity to take students;  
|                     |                        |                                |                        |                                | • allocating students to staff;  
|                     |                        |                                |                        |                                | • liaising with student before they commence;  
|                     |                        |                                |                        |                                | • completing orientation to students on first day; and  
|                     |                        |                                |                        |                                | • liaising with university if a student is struggling. |
|                     |                        |                                |                        |                                | Their CEC position is supported by the occupational therapy manager who can provide assistance as required. |
| Public hospital     | Armadale Health Service | • Minimum of 12 students, in their final year for a 7 week blocks.  
                    |                        | • Have option to swap one final year for two 1 week second year students. | 1:1 or 2:1 | 2:1 model operating due to a high proportion of part time staff and staff working across multiple areas. Students are attached to a supervisor rather than a clinical area. |
|                     |                        |                                |                        |                                | Have senior occupational therapist in charge of facilitation of student placements. Their role includes:  
|                     |                        |                                |                        |                                | • providing offers to the university for the following calendar year of their capacity to take students;  
|                     |                        |                                |                        |                                | • allocating students to staff;  
|                     |                        |                                |                        |                                | • liaising with the student before they commence;  
|                     |                        |                                |                        |                                | • completing orientation on the student’s first day; and  
|                     |                        |                                |                        |                                | • liaising with the university if a student is struggling. |
| Private Hospital    | Joondalup Health Campus | • 24 year 1 students for 1 day  
                    |                        | • 6-8 students per year in 7 week blocks | 1:1 | 1:1 student model. Part time staff do not take students. |
|                     |                        |                                |                        |                                | Have senior occupational therapist in charge of facilitation of student placements. Their role includes:  
|                     |                        |                                |                        |                                | • providing offers to the university for the following calendar year of their capacity to take students;  
|                     |                        |                                |                        |                                | • allocating students to staff;  
|                     |                        |                                |                        |                                | • liaising with the student before they commence;  
|                     |                        |                                |                        |                                | • completing orientation on their first day; and  
<p>|                     |                        |                                |                        |                                | • liaising with the university if a student is struggling. |</p>
<table>
<thead>
<tr>
<th>Health Service Type</th>
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<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged care</td>
<td>Amana Living</td>
<td>24 students in total in their final year for a 7 week block - 4 students each block</td>
<td>1:2</td>
<td>1:2 model with 2 students at two different residential aged care facilities for each placement block. One pair receives weekly supervision from dementia specialist occupational therapist at Amana living, and the other pair with an occupational therapist from Alzheimer’s Australia WA. Part time occupational therapists at each residential aged care facility perform the day-to-day supervision. Students work independently for approximately 3 days per week. Students have close email contact with their supervisors and have structured project tasks involving patient contact.</td>
<td>The placements are project based placements for which students complete “life stories” for a caseload of clients in the residential aged care facility with dementia. The dementia specialist occupational therapist facilitates student placements through: providing offers to the university for the following calendar year to take students; liaises with student before they commence; completes orientation on first day; communicates with the supervisor at Alzheimer’s Australia and at the aged care facility; liaises with the residential aged care facility where the students will be based; assigns each student a caseload; and manages the budget of the project.</td>
</tr>
<tr>
<td>Aged care</td>
<td>Silver Chain</td>
<td>6 students in their final year for a 7 week block (1 each block)</td>
<td>1:1 or 2:1</td>
<td>1:1 model operating for all 7 week placements. Except for part time staff sharing one student between two staff in a 2:1 model. Occupational therapist, physiotherapist and nurses work in a generic role giving students the opportunity to work with staff from other backgrounds.</td>
<td>Have senior allied health members in charge of the facilitation of placements. Their role include: providing offers to the university for the following calendar year of their capacity to take students; allocating students to staff; liaising with students before they commence; and completing orientation on first day.</td>
</tr>
<tr>
<td>Mental health</td>
<td>Graylands Hospital</td>
<td>11 students in total in their final year for a 7 week block. (2 in each placement block except for 1)</td>
<td>1:1 or 2:1</td>
<td>1:1 and 2:1 model operating, but prefer students to come in a pair for peer support. All staff supervise at least one student throughout the year, including part time staffs who share students on 2:1 model.</td>
<td>Have senior allied health member in charge of facilitation of placements. Their role includes: providing offers to the university for the following calendar year of their capacity to take students; allocating students to staff; liaising with students before they commence; and completing orientation on first day.</td>
</tr>
<tr>
<td>Mental health</td>
<td>Inner City Community Mental Health</td>
<td>6 students in total in their final year for a 7 week placement block.</td>
<td>2:1</td>
<td>Students generally have two supervisors each working across two different clinical areas. Making it easier for supervisors and giving students more exposure to clinical areas of mental health.</td>
<td>Have senior occupational therapist in charge of facilitation of placements. Their role includes: providing offers to the university for the following calendar year of their capacity to take students; allocating students to staff; liaising with students before they commence; and completing orientation on first day.</td>
</tr>
<tr>
<td>Community</td>
<td>Autism Association of WA</td>
<td>10 students both 7 week final year placements and second year for 1 week</td>
<td>1:1 or 2:1</td>
<td>1:1 and 2:1 model operating. All staff takes a minimum of one student throughout the year, including part time staff who share students in a 2:1 model. This model is also used when less experienced staff take students for the first time. This allows the juniors staff member to team up with more experienced staff member for support.</td>
<td>Have senior occupational therapist in charge of facilitation of placements. Their role includes: providing offers to the university for the following calendar year of their capacity to take students; allocating students to staff; and liaising with students before they commence.</td>
</tr>
<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
<td>Number of students taken each year</td>
<td>Supervisor to student ratio</td>
<td>Description of supervision model</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Vocational rehabilitation</td>
<td>Advanced Personnel Management</td>
<td>12 total final year 7 week placements offered, 6 in metropolitan Perth and 6 rural/remote areas. (the majority of the rural/remote placements don’t get used)</td>
<td>1:1</td>
<td>1:1 model with students allocated a specific supervisor. Occupational therapists work in a generic role with a physiotherapist and exercise physiologist. Students have opportunities to attend sessions with other professionals.</td>
<td>Have senior occupational therapist in charge of facilitation of placements. Their role includes: providing offers to the university for the following calendar year of their capacity to take students; allocating students to staff; and liaising with students before they commence.</td>
</tr>
</tbody>
</table>

*Model developed as lack of supervisors at Amana living but capacity to support more students, and Alzheimer’s association had the ability to provide supervision but no caseload...
Differences in models according to setting type

There were no major differences across setting types in occupational therapy, with nearly all sites operating on a traditional 1:1 or 2:1 model. Facilitation models were also similar across settings with one person taking primary responsibility for planning and coordinating clinical placements. Amana Living is the only health service visited operating on a 1:2 model. This model has only recently commenced and stands out as an innovative model in aged care that if expanded further has the potential to increase capacity in residential aged care facilities (RACF) and contribute to improving health outcomes for older people.

11.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

11.4.1 Enablers to placement establishment and continuation

Both universities reported the main enabler of placement establishment and continuation is developing strong relationships with health services. Health services confirmed this, frequently reporting the university contacts to be extremely helpful. Health services all said that if they had a problem the university was responsive to offer assistance either by phone or a face to face meeting.

Health services reported they felt no pressure from the university to increase the capacity or take a set quota of students each year. As a result, if the university seeks to source a placement at the last minute they are generally willing to try to assist.

The university said the continuation of placements is supported by the health services goodwill. Health services listed motivators to host student placement to include:

- a personal belief to give back to the profession;
- part of a teaching hospital or organisation;
- as a way to promote their organisation;
- a desire to ensure that the quality of graduates is high;
- for future recruitment; and
- to connect with the university and gain access to their resources.

“It’s an excellent way to screen future employees. Lots of our current staff were students here.”

“It keeps staff relevant, it keeps them on their toes; It’s a way for us to keep up with the current school of thought.”

“We just get some fantastic students who motivate and challenge you to become a better professional.”

Curtin University offer funding for health services who take more than ten students at approximately $600. This funding is also available for students completing placements in rural and remote areas, with $300 allocated to the health service and $300 to the student. This funding was frequently reported as an enabler by the health services, allowing them to:

- backfill staff for supervision;
- use for their own staff professional development including guest speakers;
• buy new equipment;
• increase their capacity to take students;
• cover their own costs and overheads; and
• purchase computers for the students.

Two of the sites visited reported that they are aware that the service does receive funding but the occupational therapy department does not see the funding directly. For Amana Living who run a project based placement as discussed above, this funding is crucial to their ability to take students as it covers the costs of the students producing the “life stories” for their clients.

**11.4.2 Barriers to placement continuation or expansion**

As the system relies heavily on health services taking students out of good will, it can take only one poor performing student to jeopardise the universities’ relationship with the hosting agency, who may then refuse to take further students. This is a risk that needs to be carefully managed.

Barriers for health services were common across sectors. Many organisations reported their ability to expand numbers of placements was limited by:

• staffing or environmental factors;
• physical space;
• a lack of computer access;
• capacity to provide supervisors;
• inability to support multiple student models in clinical area;
• concerns regarding staff “burn out”; and
• a lack of backfill for staff leave and vacant positions

Only one health service reported insufficient clients for the students to see as a barrier to expanding.

Increased funding to allow for university funded positions at the health service or funding to enable backfill was a common strategy suggested to overcoming these barriers. One stakeholder reported that although they had funding for backfilling, the administration and paperwork associated was very burdensome.

**11.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES**

Curtin University and the hospitals consulted with reported meeting bimonthly at a “Clinical Advisory Committee” to discuss issues relating to clinical placements. Health services have reported that Edith Cowan University has a similar meeting twice a year. Those who attend these meetings generally felt they functioned well.

The smaller health services visited did not know of, or were not part of any formal partnerships. Aged care services said they knew how supervision worked at each other’s facilities and had informal contact amongst themselves. In general, most health services reported that they did not feel a need for more partnerships or groups due to insufficient time available to participate in such groups, and a belief that the clinical placements are currently working well.
11.6 KEY OPPORTUNITIES FOR THE FUTURE

Curtin University reported disability as a health area where clinical placements could be expanded in the future. However they said this may be difficult to do as the disability services tend to have limited funding.

Curtin University is interested in the use of standardised patients (actors) for simulation, but not as means to replace clinical placement hours. Health services all reported not having time and or access to the labs or resources required for simulation.
12 Oral Health

This disciplinary summary provides an overview of clinical placement activity for the Bachelor of Oral Health Therapy provided by Curtin University and associated clinical placement activity.

12.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

Oral health therapist courses are accredited though the Australian Dental Council. The course must demonstrate their graduates are competent. However, there is no minimum number of hours in clinical placement. Upon the completion of the course, students are eligible for registration through the Dental Board of Australia.

Curtin University is the only university in WA that offers the Bachelor of Oral Health Therapy, which is a three year undergraduate degree. It was recently established, and this is the first year that the University has had a full cohort of students.

The course requires students to complete around 1,150 hours of clinical placement, of which 765 involve clinical practice and the remaining hours involve simulation.

Curtin University’s oral health course is located within the Oral Health Centre of WA (OHCWA). The majority of their clinical placements occur at clinics run at the OHCWA or the Mount Henry Dental Clinic, and the students rotate across the two facilities. Both these facilities have extensive simulation laboratories where regular practical sessions are undertaken as well as clinical chairs where clients are seen. In the final semester of third year, students are also exposed to clinical placements in the delivery of clinical services at schools, domiciliary and aged care services and special needs clinics. Students rotate across all the different clinical areas, as they need to maintain their skills in all areas of oral health.

Currently there are 34 students. They commence simulation activities in their first year, but do not treat clients until the second semester of second year. Initially they commence learning operative techniques half a day a week, and then progress to 1.5 days a week in the first semester of year two. In second semester of year two they start treating clients but do not use a handpiece until they have received a licence to do so. In the first semester of year three they are involved in 2.5 days of clinical placements and in second semester four days.

The course does not have rural placements at present.

Table 12.1 presents an overview of the Curtin University oral health therapy course including: the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.
Table 12.1: Placement Activity

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. no. of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Oral Health Therapy</td>
<td>34 each year</td>
<td>3 years</td>
<td>• First year half day a week learn operative techniques via simulation</td>
<td>1150 clinical placement hours</td>
<td>• University clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• In semester 1 of year 2 students spend 1.5 days on operative techniques.</td>
<td>Approximately 700 hours clinical placement treating clients with the remaining hours being simulation experience</td>
<td>• School dental services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• In semester 2 of year 2 students spend 2.5 days in clinical practice in university clinics. Initially do things not requiring a hand piece until they attain a hand piece license.</td>
<td></td>
<td>• Domiciliary and aged care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• In semester 1 of year 3 students undertake 2.5 days of clinical placements.</td>
<td></td>
<td>• Special needs clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• In semester 2 of year 3 students undertake 4 days of clinical placements across all setting types.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12.2 ENROLMENT CAPACITY AND COMPETITION

The oral health course at Curtin University has an enrolment cap of 36 students. Numbers will not increase in coming years. The degree to which they can expand is limited by the number of dental chairs available within the simulation labs.

Competition for clinical placements is not an issue as no other WA universities offer oral health therapy. The University of Western Australia owns OHCWA and places it students here and in the Mount Henry Dental Clinic.

The current supply of clinical placements meet demand, however ideally the University would like to expand the number of external placements in private practices and aged care services.

12.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

When students commence clinical placements they are supervised on a ratio of 1 supervisor to 3 students and as they develop the ratio is relaxed to 1 supervisor for 4 students.

To ensure standards of care remain high, students are monitored closely by their supervisor. The open plan clinic allows the supervisors to monitor what is occurring at all times. There are strict procedures that require the student to gain authority from the supervisor to commence treatment. At critical stages through treatment the student must involve the supervisor, including prior to the client leaving, when the supervisor signs off on the treatment provided in the client’s dental record.

The supervisor grades each treatment on a number of dimensions and scores are collated for each student and fed back to them two times a semester. The quantitative data provides the capacity to measure improvements in performance as well as identifying dimensions where improvement is needed. This is complemented with qualitative feedback from the student’s supervisor.

Table 12.2 presents the supervision and facilitation models at the service HMA spoke with.
### Table 12.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public dental clinic</td>
<td>Oral health Centre of WA</td>
<td>• 34 students will complete multiple single days of clinic and simulation activity during the course - makes up close to half of all hours</td>
<td>• 1:8 in simulation • 1:4-6 in clinic</td>
<td>• Each student has own dental chair and own clients • They will assess each client then liaise with supervisor on treatment plan • Will be supervised on completing tasks directly depending on experience and complexity • Students are supervised by dentists</td>
<td>• Is facilitated directly with Curtin University as located within OHCWA • Calendar is decided at the commencement of each semester</td>
</tr>
<tr>
<td>Public dental clinic</td>
<td>Mount Henry Dental Clinic</td>
<td>• 34 students will complete multiple single days of clinic and simulation during the course - makes up close to half of all hours</td>
<td>• 1:8 in simulation • 1:4-6 in clinic</td>
<td>• Each student has own dental chair and own clients • They will assess each client then liaise with supervisor on treatment plan • Will be supervised on completing tasks directly depending on experience and complexity • Students are supervised by dentists from Mount Henry Dental Clinic and University dentists</td>
<td>• Is facilitated by Mt Henry Dental Clinic in close partnership with Curtin University and OHCWA. • Calendar is decided at the commencement of each semester.</td>
</tr>
</tbody>
</table>

## 12.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

### 12.4.1 Enablers to placement establishment and continuation

Key enablers to the establishment and maintenance of clinical placements have been:

1. Having the strong support of IT people who have computerised the appointment system, which enables a large number of placements to be booked;
2. Strong executive support for supervising students which assists with services recruitment of staff;
3. Great staff who are committed to providing public dentistry services, teaching students and who are proud of the health outcomes they are achieving.

“It’s our culture that makes it work. We have tutors with a lot of drive and ability to pass on their knowledge and expertise to students. They are committed to making a difference and are very proud of the oral health outcomes they have achieved for people.”

Supervisor of Oral Health Students
13 Paramedicine

This discipline summary provides an overview of paramedicine courses in WA and associated clinical placement activity.

13.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

Paramedicine courses are accredited though The Council of Ambulance Authorities. Edith Cowan University paramedicine courses are fully accredited. However, as Curtin University’s course only commenced in 2013, it only has preliminary accreditation. Paramedics in Australia are not currently required to be registered with AHPRA. However there is overwhelming support for this to occur and preliminary steps towards this have been undertaken by the Paramedics Australasia who have completed a national regulatory survey.5

Curtin University and Edith Cowan University both offer three year undergraduate Bachelor of Science (Paramedical Science) courses. Additionally, Curtin University offers a one year Graduate Certificate in Paramedicine for students already qualified as registered nurses with two years’ experience in an acute setting. Edith Cowan University offer a two year Master of Paramedicine for students with a related bachelor degree.

To successfully graduate, students must have achieved the required competencies for each course. However, the courses do not specify a required amount of clinical placement hours that need to be completed. The structure of clinical placements is very different at the two universities.

Until 2013, Edith Cowan University was the only university in WA offering paramedicine, with the majority of their placements occurring at St John Ambulance WA. Recently Curtin University established its course in partnership with St John Ambulance. Students are required to gain employment at St John Ambulance WA in order to apply to Curtin University. This means from the second year of the bachelor degree and in the one-year graduate certificate students are employed as student ambulance officers. Within the Curtin University course, students also complete a five day anaesthetic placement within a hospital operating theatre.

Edith Cowan University, aware of the fact that only one in three graduate paramedics work as ambulance officers has restructured their clinical placements to support students gain experience in a wide range of health settings. Clinical placements now occur in hospitals on wards and within operating theatres, community organisations, aged care and mental health settings.

Simulation within decommissioned ambulances at Edith Cowan University and actual ambulances at St John Ambulance WA is an integral part of both courses. Curtin University has no rural placements, as volunteers staff ambulances in rural WA. Edith Cowan University do offer students rural placements and students studying off campus complete placements in their local area. Edith Cowan University also has an agreement with St John Ambulance Northern Territory to take students for on road placements. The uptake of this is minimal, as there is no funding for accommodation and expenses.
Table 13.1 presents an overview of educational providers delivering paramedicine courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in place.

Table 13.1: Placement Activity

<table>
<thead>
<tr>
<th>University/ET</th>
<th>Programs that require placement</th>
<th>Approx. no of enrolled</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edith Cowan University</td>
<td>Bachelor of Science (Paramedical Science)</td>
<td>680 total students</td>
<td>3 years</td>
<td>Throughout course</td>
<td>Placements occur in: aged care, medical centres, respite centres, hospitals (public and private), community health, mental health, drug and alcohol recovery centres</td>
</tr>
<tr>
<td></td>
<td>Master of Paramedical Science</td>
<td>90 total students</td>
<td>2 years</td>
<td>Throughout course</td>
<td>• 120 hours year 1</td>
</tr>
<tr>
<td></td>
<td>Students elect to specialise in one of the following disciplines: critical care, community paramedic, disaster and emergency response</td>
<td></td>
<td></td>
<td></td>
<td>• 80 hours stream specific year 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curtin University</td>
<td>Bachelor of Science (Paramedical Science)</td>
<td>50 per year</td>
<td>3 years</td>
<td>Throughout course- must gain employment at St John Ambulance WA</td>
<td>Placements occur in: hospital settings (public and private), St John Ambulance WA</td>
</tr>
<tr>
<td></td>
<td>Graduate Certificate in Paramedicine (must be a RN with 24 months acute experience)</td>
<td></td>
<td>1 year</td>
<td>• Completion of St John first aid course and volunteer 30 hours with St John Events in year 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• No set hours working as a student ambulance officer for year 2 and 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 5 days in an anaesthetic hospital placement year 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• No set hours working as a student ambulance officer for year 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 5 days in an anaesthetic hospital placement year 3</td>
<td></td>
</tr>
</tbody>
</table>

13.2 ENROLMENT CAPACITY AND COMPETITION

Curtin University has the smallest enrolment levels. The number of students is controlled by how many ambulance officers St John Ambulance require. This course is extremely competitive with over 800 applications for 50 places in the first year. As their model employs students, there is no issue with placement shortages.

Edith Cowan University has larger enrolment numbers that have steadily increased over time. With the introduction of the Curtin University course, Edith Cowan University has had issues finding enough clinical placements for their students. This process has involved educating health services about the role of paramedics can play in service delivery as being far broader then just working in an ambulance.

Since the introduction of the Curtin University course the clinical placement environment has become competitive. As the majority of Curtin University’s placements are secure, this impacts on them to a lesser degree.

However, both universities do compete for anaesthetic placements within hospital settings. One of the main difficulties in securing placements for Edith Cowan University is they are competing with nursing and medical students as well as other paramedic students. Edith Cowan University are hopeful with time they will build strong relationships making this process easier.
13.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

In paramedicine placements, the predominant model is a 1:1 supervisor to student ratio. Student ambulance officers work alongside ‘on the road’ tutors (who are paramedics and have undertaken mentoring training). Additionally the student ambulance officers receive support from The College of Pre Hospital Care. Call outs to emergencies are graded on a severity rating which assists in ensuring learning opportunities are graded to student’s skills and experience.

In hospital placements within operating theatres, students receive supervision from an anaesthetist in a 1:1 supervision model. HMA did not consult with any health services taking students in hospital ward-based settings, as they have not yet commenced. Edith Cowan University intends that these placements will utilise a preceptor with a 1:8 supervisor to student model similar to nursing, with a single facilitator to support the students. Edith Cowan University does not fund health services to take students.

Facilitation at health services is commonly the responsibility for one staff member. The number of students and the days of the week they will attend is decided early in the year, with names of students sent to health services in the days leading up to the placements. Curtin University and St John Ambulance work collaboratively to roster the students work as a student ambulance officer around class times. The assessment tool for each university is individual to each university.

Table 13.2 presents the supervision and facilitation models at the services HMA visited.
**Table 13.2: Model of supervision and facilitation for services consulted**

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance service</td>
<td>St John Ambulance</td>
<td>• 50 students a year employed by St John Ambulance</td>
<td>• 1:1</td>
<td>Supported by The College of Pre Hospital Care at St John Ambulance. Qualified paramedics provide the supervision. Supervisors have undergone a mentorship program to become “on road tutors” which requires a certain level of experience. Call outs to emergencies are graded on a severity rating which assists in ensuring learning opportunities for students are graded to skills and experience. Simulation in a group environment using the ambulance as a classroom assists in learning skills.</td>
<td>St John Ambulance employs students. All facilitation occurs internally in partnership with Curtin University.</td>
</tr>
<tr>
<td>Public Hospital</td>
<td>Fremantle Hospital</td>
<td>• 49 students throughout the year</td>
<td>• 1:1</td>
<td>Supervision will be provided in 1:1 setting from an anaesthetist. Competency based placement.</td>
<td>Approached in December 2012 for the first time to take paramedic students had not commenced at time of consult.</td>
</tr>
<tr>
<td>Drug and Alcohol Centre</td>
<td>Fresh Start</td>
<td>• 1-2 a week during University semester</td>
<td>• 1:1</td>
<td>N/A as the placement is a one day observational community placement only and not a clinical placement.</td>
<td>Placement organisation occurs throughout the year. University email names of student the day before. Central coordinator allocates student to staff.</td>
</tr>
</tbody>
</table>
Interdisciplinary placements or Interprofessional Education (IPE)

There are no formal opportunities for paramedic students to participate in IPE currently. However, during their placements students receive supervision from non-paramedics including nurses and doctors.

13.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussions with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

13.4.1 Enablers to placement establishment, continuation and quality

The collaboration between Curtin University and St John Ambulance where students work as student ambulance officers enables clinical placements. Paramedics are required to have at least three years of experience before they can complete the mentoring training to become an on road tutor, which ensures the quality of supervision is high.

Clinical placements at Edith Cowan University have undergone major changes this year, meaning many clinical placements were not finalised when HMA spoke with them. At the time of the consults, students had not attended clinical placements, so HMA was unable to comment on the enablers from a health service viewpoint. Edith Cowan University identified the following enablers of quality placements:

- effective and timely communication between university and hospital;
- knowledgeable and efficient clinical supervisors;
- simple student assessment tools that require minimal input from staff;
- advance notice of student attendance and changes to student attendance; and
- access to a simple and user friendly student allocation database.

13.4.2 Barriers to placement continuation or expansion

Edith Cowan University has had to restructure all their placements this year to be within health services. This has required significant amounts of engagement with health services on the role of paramedics can play within services, which can be significantly broader than working as an ambulance officer. There is still a significant barrier in finding enough placements for students.

13.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

Apart from the formal partnership between St John Ambulance and Curtin University there were no other WA based groups or partnerships identified relating to paramedicine placements.

Edith Cowan University is currently collaborating with Griffith University in a project that is looking to expand capacity in placements in a plus two model. This model would add two non-nursing students to a traditional 1:8 nursing placements increasing the ratio to 1:10.
13.6 KEY OPPORTUNITIES FOR THE FUTURE

Currently, Edith Cowan University hospital placements are at a very limited number of hospitals. They hope to expand capacity to a broader range of health services. Potential facilities that could assist in increasing clinical placement capacity include: corrective services, health centres and mining industry health centres.
14 Pharmacy

This discipline summary provides: an overview of pharmacy courses and clinical placement activity.

14.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Pharmacy Board of Australia is responsible for the registration of pharmacists and pharmacy students. Only students who have studied accredited courses are eligible to apply to the Pharmacy Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered.

On graduation, graduates obtain provisional registration as a pharmacist while they complete an internship year. At this stage, they appear on the public register of health care practitioners published by AHPRA as pharmacists with a notation indicating that they can only practice under supervision. On successful completion of the internship, they can then apply for general registration as a pharmacist.

Curtin University has both a Bachelor of Pharmacy and a graduate entry Master of Pharmacy. Students undertaking the Bachelor of Pharmacy complete a total of 12 weeks of compulsory clinical placement in the final year of their course (six weeks in a community setting and ideally six weeks in a hospital setting). Additionally, students can choose to undertake four weeks of elective placements in second semester. Whilst undertaking placements in a community pharmacy opportunities are provided for students to participate in inter-professional learning opportunities by doing a week of placements in a range of settings including: Silver Chain clinics, Diabetes Education Units and aged care facilities.

Students of the graduate entry Master of Pharmacy must complete ten weeks of clinical placements. The first six weeks are in a community pharmacy. The final four weeks are in a hospital.

The University of Western Australia offers a two year Master of Pharmacy which requires students to undertake 462 hours or 14 weeks of placements (seven weeks of placements occur in a community pharmacy (in year 1) and seven in a hospital environment (in year 2)). Uniquely, this course provides students will a range of experience in five different hospital settings including: mental health, paediatrics, women’s’ health, public and private. In addition, students have an opportunity to participate in attending a home medication review.

Across universities, a small number of placements exist that allow students to be exposed to a broader range of career opportunities. These include the WA Health Department, Alcohol and Other Drug Clinics, Silver Chain Clinics, Diabetes Education Units, WA Poisons Information Centre and ACCHOs.

Table 14.1 presents an overview of educational providers delivering pharmacy courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in place.
Of the 170-210 students undertaking clinical placements in any one year across the pharmacy courses, the majority of students (approx. 65%) are undertaking an undergraduate course. The majority of placements occur in public and private hospitals, community pharmacies and aged care facilities.

Table 14.1: Placement Activity

<table>
<thead>
<tr>
<th>University / VET</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate days/weeks</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Pharmacy</td>
<td>4 year undergraduate degree</td>
<td>Undertake placements in fourth year. In first semester, 6 weeks are based in a community pharmacy and in second semester ideally 6 weeks are ideally in a hospital. If students are not able to have a placement in a hospital, then the university seeks to provide placements in a range of settings such as Silver Chain Clinics and Diabetes Education Units.</td>
<td>12 weeks compulsory and 4 week optional electives.</td>
<td>The majority of placements occur in: • public and private hospitals; • community pharmacies; and • aged care facilities. Approximately 30% of Curtin University students have undertaken placements in a rural setting; To add diversity to the range of placements a small number of placements also occur within: • Department of Health; • Alcohol and Other Drug Clinics; • WA Poisons Information Centre; • Silver Chain Clinics; • Diabetes Education Units; • Rural Clinical Schools; and • Aboriginal Community Controlled Health Services.</td>
</tr>
<tr>
<td>Master of Pharmacy</td>
<td>2 year postgraduate degree</td>
<td>Undertake placements in year 2. Six weeks occur in a community pharmacy and 4 weeks in intensive public hospital placements. Generally these students do 2 weeks in a tertiary facility, 1 week in a private facility and 1 week in a specialised facility.</td>
<td>Postgraduate: 10 weeks at beginning and end of academic year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The University of Western Australia</td>
<td>Master of Pharmacy</td>
<td>2 year postgraduate degree</td>
<td>Undertake 7 weeks in community pharmacy in year 1 and 7 weeks in hospital pharmacy in year 2.</td>
<td>Approximately 462 hours or 14 weeks of placements.</td>
<td></td>
</tr>
</tbody>
</table>

14.2 ENROLMENT CAPACITY AND COMPETITION

In developing its Master of Pharmacy, The University of Western Australia avoided conflict for placements with the Bachelor of Pharmacy at Curtin University by using the summer trimester for clinical placements. Curtin University placements for the Bachelor of Pharmacy generally occur in first and second semester. However, the commencement of these placements in January coincides with 200 graduates annually commencing their internship year, which means that it is a difficult time to secure placements in community pharmacy settings.

Recently, Curtin University established a graduate entry Master of Pharmacy. To graduate, these students must complete four weeks of placement in a public hospital. Given the placement requires intensive supervision of students, the university pays health services to secure the placements. As a consequence, the graduate students are prioritised over the Bachelor of Pharmacy to gain access to the hospital placements.

There is some concern that when the Master of Pharmacy at The University of Western Australia changes from delivering its course from a financial year to a calendar year, there may be increased competition between the universities to secure placements. It has been suggested that there may be a need for greater liaison across the universities with a view to minimising competition.
The University of Western Australia currently has no plans to increase student enrolment or placement days.

Curtin University in the near future is hoping to incorporate an additional 500 hours of clinical practice throughout its undergraduate course to assist student learning. Prior to the establishment of AHPRA, it was a state requirement that students undertook 500 hours of placements prior to their intern year. There is a perception that current students who are working in pharmacies as assistants are exposed to work experiences that build their confidence in working in a retail environment and develops their employability skills. As a consequence there is a desire to introduce placements earlier and scaffold them throughout the course.

A number of stakeholders expressed a preference for taking The University of Western Australia students as they were seen to have more professional edge. One stakeholder said:

_They are more ready to jump in and have a go. They have much more of a patient focus and this is reflected in the way they engage with patients._

Pharmacist

### 14.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Students undertaking Curtin University’s Bachelor of Pharmacy are generally supervised under a 1:1 supervisor to student model in both community pharmacies and hospitals. This is also the case for their Master of Pharmacy students undertaking placements in community pharmacies. Across placement settings, pharmacists spoke of the need for very close observation and checking of all work associated with dispensing medicines. In some larger community pharmacies and hospitals, there will be more than one supervising pharmacist available to supervise the students. For each placement a pharmacist takes prime responsibility for the supervision of the student and signing off that they have achieved the required competencies related to the placement. Curtin University does not make payments for its undergraduate students.

Students undertaking the Curtin University Master of Pharmacy go to hospitals in small groups (six to eight students). The university pays for the placements, and a hospital pharmacist is appointed to precept the students in the group. The supervisor has responsibility for precepting the students and monitoring and assessing their achievements against the required competencies.

The University of Western Australia’s Master of Pharmacy students undertake placements in groups of ten. They are supervised by a facilitator that is paid for by the university. The facilitator has responsibility for: clinical teaching, precepting and assessing students. At some sites, facilitation is undertaken by a hospital pharmacist, whilst at others it is undertaken by a facilitator appointed by the university. Arrangements vary depending on the preference of the hospital. Some hospitals prefer to have their own staff members facilitating the placements, whilst others are comfortable with the university appointing someone and accompanying the students.

Community pharmacists do not receive any payment for supervising undergraduate or postgraduate students.

Table 14.2 presents the supervision and facilitation models at the services HMA visited.
## Table 14.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year (may be approximate)</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>King Edward Memorial Hospital</td>
<td>Curtin University Bachelor of Pharmacy</td>
<td>1:1 preceptor to student ratio</td>
<td>• These students are closely monitored by hospital pharmacists in a 1: preceptor to student model. The students gain experience across four areas of the pharmacy: dispensing, clinical, logistics and drug information.</td>
<td>• The students receive a formal orientation to the hospital. The preceptors supervising the students assess whether they have achieved the required level of competency associated with the placement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The University of Western Australia Master of Pharmacy</td>
<td>1:10 preceptor to student ratio</td>
<td>• A group supervision model in utilised to supervise these students. Students on placements see patients on the ward, review their clinical notes and present with the aim of preparing case studies to their peers when they come together as a group.</td>
<td>• These students come with their own tutor from the university, who takes prime responsibility in orienting, supervising, teaching and assessing the students. Only a small amount of input is required from hospital pharmacy staff in supporting these students.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Curtin University Master of Pharmacy</td>
<td>1:6 to 1:8</td>
<td>• The students are supervised by a pharmacist who has responsibility for all the students on placement. The focus of the placements are to undertake case studies of patients: the student meets with patients on the ward to understand their health issues, reviews the patient notes and then prepare and present the case studies to their peers.</td>
<td>• The Deputy Chief Pharmacist is an Adjunct Associate Professor and is involved in giving some of the preliminary lectures with the students prior to their arrival at the hospital which assists in preparing them for the placement. On arrival the students are orientated to the hospital. This covers the ethos of the hospital and key policies. They are taken on a tour of the hospital. The supervisor of the students is responsible for their assessment in accord with the competency guidelines set by the universities.</td>
</tr>
<tr>
<td>Private Hospital</td>
<td>St John of God Subiaco</td>
<td>The University of Western Australia Master of Pharmacy</td>
<td>40 students</td>
<td>• Pharmacists apply each year to take on the role of supervising the students. They are supported and mentored in the role by the pharmacist who undertook the role the previous year.</td>
<td>• The university guidelines are followed to ensure the student gains exposure to the relevant experience. The pharmacy has developed a set of resources that they are able to use with the student that enables them to support them gaining the required experience.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Curtin University Master of Pharmacy</td>
<td>20 to 30 students</td>
<td>• The manager of the pharmacy generally oversees the supervision of the student, with the support of the pharmacists in the pharmacy.</td>
<td>• The Deputy Chief Pharmacist is an Adjunct Associate Professor and is involved in giving some of the preliminary lectures with the students prior to their arrival at the hospital which assists in preparing them for the placement. On arrival the students are orientated to the hospital. This covers the ethos of the hospital and key policies. They are taken on a tour of the hospital. The supervisor of the students is responsible for their assessment in accord with the competency guidelines set by the universities.</td>
</tr>
<tr>
<td>Community Pharmacy</td>
<td>Craven’s Pharmacy</td>
<td>Curtin University Bachelor of Pharmacy</td>
<td>1 student a year when requested to do so</td>
<td>• The manager of the pharmacy generally oversees the supervision of the student, with the support of the pharmacists in the pharmacy.</td>
<td>• The university guidelines are followed to ensure the student gains exposure to the relevant experience. The pharmacy has developed a set of resources that they are able to use with the student that enables them to support them gaining the required experience.</td>
</tr>
<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
<td>Number of students taken each year (may be approximate)</td>
<td>Supervisor to student ratio</td>
<td>Description of supervision model</td>
<td>Description of facilitation model</td>
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<td>---------------------</td>
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</tr>
</tbody>
</table>
| Community Pharmacy  | Gerald Burns Pharmacy  | Curtin University Bachelor of Pharmacy 3 students a year | 2:1 preceptor to student     | • The model of supervision includes a range of staff within the pharmacy supporting the student’s placement. The manager is the primary supervisor with other pharmacists playing roles in supervising the student as required. The focus of the placements vary depending on the experience of the student. The manager initially works closely with the student to understand their skill base and identify the competencies that need to be developed over the course of the placement. Often the manager will spend time doing role plays to develop the competencies of the student. The students also get exposed to working with the pharmacy assistants.  
• Students also participate in the internal training that the pharmacy provides for its staff.  
• The pharmacists will take students out with them when they do home medication reviews. They will write up their own review and then compare that with the one the pharmacist completes.  
• The manager of the service facilitates the student’s placement. On arrival they student is taken through the orientation check list and again a week later.  
• Having assessed the student competency level and learning goals for the placement, the manager supports the student by seeking to provide experience that will enable them to put their theory into practice.  
• The university’s framework is heavily relied upon to guide the placement. Each week they review progress against the framework and reflect on the student’s learning.  
• Halfway through the placement they utilised a standard questionnaire to check whether the placement is on track and feedback is provided to the student.  
• The manager is responsible for assessing the student has attained the required competency level in the placement. | |
| Community pharmacy  | Feelgood Pharmacy       | Curtin University Bachelor of Pharmacy 3 students a year | 2:1 preceptor to student     | • Two pharmacists are always on the floor which gives a lot of flexibility in preceptoring students. One pharmacist is in the dispensary and one is on the floor interacting with and counselling customers around their health issues and medications.  
• Initially we identify what students can and can’t do, and then try to add value to the placement by focussing on building competencies in areas of need. The less able students will just observe, whilst those students who are more able will be taught and allowed to dispense.  
• Preceptoring of students is very hands on, and takes a lot of energy as you need to be supervising, whilst dealing with clients and attending to the demands of pharmacy practice.  
• Whilst on placement, students/interns don’t do a lot of the actual counselling as from a quality perspective we want to ensure the client received the best advice. However, they are involved in observing.  
• A lot of what we focus on is teaching students/interns how to talk to clients. It’s about providing them with practical skills related to communication.  
• One intern commences at the beginning of the year and the other mid year. This allows the ‘older’ intern to act as a peer mentor supporting the ‘never’ student. It assists in setting expectation that over time they will be able to do what their peer mentor is doing.  
• Students come with their workbooks and these are used as a guide to ensure students gain the required level of experience.  
• The pharmacists responsible for supervising the student take responsibility for assessing that they have attained the required competency level. | |
Differences in models according to setting type

The model of supervision in community pharmacies generally involves a ratio of 1:1 or 2:1 preceptors to students. Postgraduate pharmacy students on placement in a community pharmacy and undergraduate students in a hospital pharmacy are also supervised using similar models. However, the model for postgraduate pharmacy students is different. For these students a group model of supervision being used.

Interdisciplinary placements or Interprofessional Education (IPE)

Pharmacy students from Curtin University are involved in the interprofessional student training wards at Royal Perth Hospital, which provides students with a practice based learning environment where undergraduate students develop the knowledge, skills and attitudes required for effective patient centred collaborative practice. The key focus of the placements is on the application of interprofessional education principles to the delivery of holistic patient care, with an emphasis on teamwork during patient contact, handover and discharge planning. Facilitators from social work, physiotherapy, occupational therapy, pharmacy and medicine are rostered on for part of each day. A nursing facilitator is on the ward full time. A consumer advocate visits the ward each week to listen to patients and provide feedback to the students.

Students undertaking a placement at Craven’s Pharmacy are exposed to working in an interdisciplinary way in the delivery of shared care of patients with a mental illness. The pharmacy has over 600 mental health clients and delivers shared care with the local mental health service at Royal Perth Hospital. The pharmacy supplies medications to clients and regularly monitors compliance and liaises with mental health workers as required. The pharmacy also has a nurse educator who undertakes metabolic tests for clients with a view to identifying those with or at risk of developing chronic health condition. She then develops a good health plans for them and provides education and support to assist clients lose weight or manage a comorbid health issue. Whilst on placement, the pharmacist usually seeks to organise an opportunity for the student to spend a day at the mental health service with the occupational therapist and psychiatrist, so they gain a greater appreciation of the roles clinicians play in the delivery of shared care to clients with complex needs. Placement establishment, continuation and quality: enablers and barriers

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers: placement establishment and continuation; and quality placements.

14.3.1 Enablers to placement establishment, continuation and quality

A key enabler to placement continuation is the commitment and passion of individual pharmacists to developing the next generation of pharmacists.

We have both enjoyed our careers in hospital pharmacy. We want to support younger people as they decide where to go in their career. We have a commitment to developing the future workforce and seeing the opportunities available to them in hospital pharmacy.

Hospital pharmacist

Equally important is organisational commitment at a board and senior executive level. Having strong workforce objectives, beyond the provision of the clinical placements themselves assists in ensuring the program is well targeted to meet organisational needs.

Additionally, strong leadership and ability to think innovatively in the design of clinical placements assists.
Good practice box

At St John of God Hospital, Subiaco it has been a priority of the senior executive team to reinvigorate the long standing commitment of the hospital and clinicians to clinical teaching. In establishing the pharmacy student program, the Deputy Chief Pharmacist was keen for the department be seen as a leader in clinical teaching. Additionally he sought to provide professional development opportunities for his team: by participating in teaching, individual clinicians have the opportunity to grow. Additionally, having the opportunity in the future to inspire more junior staff to aspire to be a mentor.

Each year, team members have the opportunity to apply to be a clinical tutor. To be successful they must have completed some postgraduate student and be well regarded as both a good clinician and communicator. The university provides funding which enables the successful applicant’s clinical roles to be backfilled so that they can support the students on placement full time over the six week period they are on placement. The job is rotated each year. The person who undertook the role the previous year, plays a key role in planning for the following year and acts as a support/mentor for the incoming clinical tutor. This is an important component in ensuring the placement model is sustainable. Rotating the program each year means a variety of people can be involved and it prevents ‘burn out’ of staff.

The design of the program was important in maximising the capacity of the service to take students. Mornings are always busy times in hospitals for clinical staff and patients. So the pharmacy department chose to utilise the afternoons for students to see patients. Given afternoons are generally quiet times for patients, the pharmacy department regularly seeks patients consent to have students visit them in the afternoon as part of their case study exercise. The students then have whole afternoon and evening to research and prepare their presentation for the following morning.

Having senior executive support has been a key enabler as it assists with ensuring the program has appropriate access to teaching space for students and computers.

Additionally, having strong partnerships with the universities that recognise the contribution individuals and organisations make is important to the success of the program.

A number of stakeholders spoke with saw a significant gap in courses to support pharmacists develop their preceptorship skills. “Teaching on the run”, was identified as a positive program that supports clinicians attain skills in preceptoring that is contextually appropriate given the busy work context within which pharmacists operate.

A number of stakeholders want to see AHPRA set standards for preceptors, for example a minimum of three years practice or formal accreditation to ensure that all students receive a quality placement.

Sitting on the examining board I saw students come before me and there was something missing. The question I would pose to myself was: is this related to the quality of teaching or the quality of the clinical placements? It’s a big jump for students: one day everybody is checking their scripts and then they graduate and are unsupervised. The postgraduate degrees require students to develop proficiency in a range of complex tasks in a very short period of time, when actually it takes time to learn and consolidate the skills. I think the key element that makes the difference occurs whilst the student is on placement – it relates to the quality of the placement. Some placements let our students down. There is a need for preceptors to have a minimum level of experience, and some form of accreditation for preceptors to improve consistency in the quality of placements.

Pharmacist

14.3.2 Barriers to placement continuation or expansion

A barrier to students maximising the benefits of the placement can be that they do not know what to expect of placements and how to get the most out of them. One preceptor said there was a need to universities to provide more guidance to students on what to expect and how to approach placements. They also felt that more structured placements made it easier for students and preceptors alike.
A number of pharmacists involved in preceptoring students, identified a barrier to quality placements lay in the fact that pharmacists have not been taught to teach. Increased access to professional development programs to provide opportunities for pharmacists to develop their skills in preceptoring was identified as a way of strengthening the quality of placements.

Because pharmacy students have to be closely monitored in the dispensing environment under a 1:1 preceptor to student model, supervision of students can be particularly demanding. The lack of funding coming with students to enable backfilling of staff positions involved in teaching can be a barrier to pharmacies taking on students, given the high clinical workload that has to be maintained.

Another barrier identified was the lack of physical space to accommodate students. Stakeholders spoke of the need for desks and computers for students to work at, lockers to store bags and access to rooms for teaching purposes. When new facilities are being designed it is important that consideration is given to making sure student placement capacity is considered.

For some students, their inability to speak English fluently can pose a barrier to their effective engagement and this can impact on what the quality of the experience they receive from the placement.

It is often assumed that students have their own cars. However, many students don’t and travelling by public transport can pose challenges for students getting to their placements.

It was reported that: hospital pharmacies are often reluctant to take students as many of the pharmacies focus on taking interns; and community pharmacies are often reluctant to take interns given they have to pay them and they do not receive reimbursement for the associated training. It appears capacity to take students is related to the number of interns and these need to be appropriately balanced.

14.4 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

No formal pharmacy clinical placement networks exist related to clinical placements appears to exist, although strong informal connections exist across the profession.

However, the Chief Officer in Pharmacy for the State organises meetings from time to time to discuss clinical workforce issues.

14.5 KEY OPPORTUNITIES FOR THE FUTURE

This section needs to cover opportunities to increase placement/enrolment capacity into the future for the profession.

Opportunities were identified to strengthen placement capacity in regional areas and in developing countries. Currently few placements occur in regional areas, and significant opportunity exists to strengthen placement capacity in regional areas. The Pharmacy Guild is reported to assist with facilitating some student placements in rural areas.
Pharmacists are developing new roles for themselves as primary care pharmacists (these pharmacists are working collaboratively with doctors, screening for cholesterol and diabetes and playing roles in health promotion activities). In strengthening the quality of placements, it will be important for clinical placements to expose students to these emerging roles and interdisciplinary care.

Each hospital currently requires students to fill out individual applications when applying to undertake their internship year. For graduates it may mean that they have to complete many applications. It is felt there may be ways pharmacies could collaborate to streamline the application process for graduates.
15 Physiotherapy

This discipline summary provides an overview of physiotherapy courses in WA and their associated clinical placement activity.

15.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Physiotherapy Board of Australia is responsible for the registration of physiotherapists and physiotherapy students. Students that have completed accredited courses are eligible to apply to the Physiotherapy Board of Australia for professional registration. Prior to commencing clinical placements, educational providers need to ensure their students are registered, which is an automatic system between the University and AHPRA (as occurs for the other registrable professions). To attain accreditation through The Australian Physiotherapy Council, physiotherapy courses must ensure students achieve the set of standards. Given the way the clinical placements are arranged this means that at least 1,000 hours clinical placement is required.

Curtin University and The University of Notre Dame Australia both offer four year undergraduate Bachelor of Physiotherapy courses. In addition to this, The University of Notre Dame Australia offers this course as part of a double degree combined with exercise science, whilst Curtin University offer a two and a third year graduate entry masters (GEM) in Physiotherapy.

Both universities offer placements (or pre-clinical experiences) early in the course with an emphasis on gaining pre-clinical skills such as communication, professional practice and manual handling. At The University of Notre Dame Australia, this occurs over 55 hours in aged care, paediatrics, disability, sports and hydrotherapy in community and rural settings. At Curtin University pre-clinical hours occur in a two-week block where students work as physiotherapy assistants (PTA). The distribution of full placements differs slightly between the two universities. Curtin University placements are more concentrated in the fourth year and The University of Notre Dame Australia clinical placements commence towards the end of the second year of the course.

The University of Notre Dame Australia have a requirement that all students complete a rural placement. Students choose the block and preferred region in which they undertake the placement. The universities currently do not utilise all rural offers they receive. In 2013, the majority of rural placements have accommodation attached to the placement, however access to accommodation is changing significantly and advice is that only half of the placements have accommodation. When no accommodation is attached, the University offers reasonable reimbursements to students. In the past, WACHS and Combined Universities Centre for Rural Health (CUCRH) jointly provided a travel subsidy for students undertaking a rural placement. These subsidies of up to $550 partly reimburse the travel costs of getting to the rural location. CUCRH no longer provides any travel subsidy for students attending clinical placements, whereas WACHS has continued their support but only for WACHS facilities. If students are placed in a non-WACHS placement, The University of Notre Dame Australia reimburses an equivalent amount to ensure students are not disadvantaged.
Curtin University has no requirement for students to complete a rural placement at present. However, a small percentage of students do complete a rural placement. Curtin University reported that rural placements are difficult to arrange as they are not able to provide the same level of funding as The University of Notre Dame Australia. As a consequence of there being restricted access in rural areas, Curtin University does not consider any rural placements in the core clinical areas of neurological, cardiorespiratory and musculoskeletal.

Table 15.1 presents an overview of educational providers delivering physiotherapy courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in place.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Science (Physiotherapy)</td>
<td>680 in total</td>
<td>4 year undergraduate</td>
<td>Throughout course with majority of hours in fourth year</td>
<td>1,000 hours approx. to meet the standards required for accreditation</td>
<td>Students undertake placements in:</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>• 3 hours in year 1</td>
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<td>• public and private hospitals;</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• ½ day visits and a 2 week block working as a PTA in year 2</td>
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<td>• aged care services;</td>
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<td></td>
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<td></td>
<td>• ½ day visits and 4 week block near end of year in year 3</td>
<td></td>
<td>• community health and disability services;</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• 6 x 5 week blocks in year 4</td>
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<td>• NGOs;</td>
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<td>• vocational rehabilitation services;</td>
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<td></td>
<td></td>
<td></td>
<td>• international placements</td>
</tr>
<tr>
<td>Master of Physiotherapy</td>
<td>(Graduate Entry Master GEM)</td>
<td>80 in total</td>
<td>2.3 year postgraduate degree</td>
<td>Throughout course with majority of hours in final year</td>
<td>1,000 hours approx. to meet the standards required for accreditation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• ½ day visits and a 1 week block working as a PTA in year 1</td>
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<td></td>
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<td></td>
<td></td>
<td>• 4 and 3 week block in summer break after year</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• 4 X 5 week blocks in year 3</td>
<td></td>
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</tr>
<tr>
<td>The University of Notre Dame</td>
<td>Bachelor of Physiotherapy</td>
<td>80 per year</td>
<td>4 year undergraduate degree</td>
<td>Throughout course</td>
<td>1,090 hours approx. to meet the standards required for accreditation</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>Bachelor of Physiotherapy / Bachelor of Exercise &amp; Sport Science</td>
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</tbody>
</table>

### 15.2 ENROLMENT CAPACITY AND COMPETITION

The School of Physiotherapy at Curtin University currently has the largest numbers of student enrolments. Currently, 680 students are enrolled in the Bachelor of Physiotherapy and approximately 80 in the GEM in Physiotherapy. Enrolment numbers were reported to have steadily increased in recent years, and although the School of Physiotherapy would like to maintain or reduce current numbers, they felt that the numbers were likely to increase. When The University of Notre Dame Australia opened their course ten years ago they set a quota of
80 students per year level, which has only just been reached. It is unlikely their numbers will increase any further.

The two universities providing physiotherapy education collaborate with arranging clinical placement activity. Their calendars are aligned to ensure that the placement blocks start and finish at the same time and some blocks are only utilised by one university at a time. The universities send requests to health services on the same day and meet to negotiate placement allocation and to provide assistance to each other to meet placement need. Health services generally prefer to take fourth year students. However, the majority still take students from other levels despite this preference, unless it is in a highly specialised area. Collaboration between the universities and the recent closing of Edith Cowan University’s physiotherapy course has reduced the pressure on clinical placement demand. However, the core areas of cardiorespiratory and neurological physiotherapy, particularly those in acute settings as well as paediatric placements remain difficult areas in supply.

15.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

The model of supervision used in clinical placements varies both between and within settings. In tertiary hospitals several different models may operate depending on the clinical area. For example in musculoskeletal outpatients commonly 1:6 or 1:4 supervisor to student models operate. However in highly specialised areas such as women’s health a 1:1 model is mainly used. The funding for multiple student models varies, with some positions entirely funded by the university and others by the health service. Smaller health services predominantly use 1:1 or 1:2 models.

**Good Practice Box:**

In outpatient musculoskeletal physiotherapy at Bentley Health Service, they use a 1:4 supervision model. The students manage the physiotherapist’s caseload, whilst the clinician oversees the delivery of care as required. This model allows for peer learning and group tutorials thereby increasing the learning opportunities for students. With four students at once often the physiotherapist’s caseload is recognised to be greater than an average caseload. However, for the physiotherapist it can make it easier to provide quality supervision to students as they are not required to manage a large caseload in addition to the role of supervision. The supervision of a single student can in fact be more demanding on the supervisor as they are most often expected to manage their own case load in addition to the supervision requirements.

Both universities use a common assessment tool, the Assessment of Physiotherapy Practice (APP) which has been validated and tested for reliability and used in all physiotherapy programs in Australia and New Zealand. The APP is completed mid-way and at the end of the placement. Both universities employ university supervisors who visit students for two to three hours per student over the four of the five weeks of their placement. In this time, they observe students with patients and talk through any problems they are having. For Curtin University, the university supervisors complete an assessment form for the student, in addition to the health service supervisor.

The University of Notre Dame Australia, supervisors do not assess students and would prefer not to use a university supervisor model (as is the common practice in other states of Australia). However as Curtin University has always offered this, many health services will not take The University of Notre Dame Australia students unless university supervisors are offered. The University of Notre Dame Australia do offer a payment to support clinical supervision by employed clinical staff in lieu of university supervisors if health services prefer.

Table 15.2 presents the supervision and facilitation models at the services HMA visited.
### Table 15.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Public hospital     | Princess Margaret Hospital (PMH) for Children | • 3 Curtin University students completing self-directed placements  
• 4 x year 2 Curtin Students on PTA placements  
• 36 students completing their final year 5 week placement blocks | • Variety of models in place:  
• Multiple supervisors to a student  
• 1:1  
• 1:4 | • Commonly use a multiple supervisor to 1 student model.  
• Occasionally will do 1:1  
• Occasionally will do 1:4 however requires ability to increase the clinical load of therapist to have enough clients  
• For 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. Treat clients with student.  
• For The University of Notre Dame Australia students the health service supervisors complete the assessment form.  
• For Curtin University, the university supervisors complete the form in addition to the health service supervisor. The University then compare the two forms and make a final assessment. | Have a coordinator who facilitates all clinical placements as part of their role. Their role includes:  
• providing offers to the university for the following calendar year of their capacity to take students;  
• allocating students to staff;  
• liaising with student before they commence;  
• completing orientation on first day; and  
• liaising with university if a student is struggling.  
• support for both student and supervisor if any issues  
• 1:6 model is wholly funded by the university  
• 1:4 models are half funded by the university and half by the hospital |
| Public Hospital     | Sir Charles Gairdner Hospital (SCGH) | • Around 20 students per 5 week block.  
• Take students every block  
• 6 x 2 week PTA placements  
• Support ½ day placements | • 1:1 specialist areas  
• 1:2 respiratory medicine, cardio thoracic, neurosurgery, general medicine, oncology and other areas.  
• 1:4 in a variety of areas  
• 1:6 in musculoskeletal outpatients. Curtin students only as the university funds the supervisor | • The majority of placements use a multiple student to one supervisor model. The number of students per supervisor varies depending on the complexity of the area.  
• For 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. The visits will increase if student is having difficulty. They see clients with student and complete assessment form.  
• For The University of Notre Dame Australia students the health service supervisors complete the assessment form.  
• Curtin University the university supervisors complete the assessment form in addition to the health service supervisor. The university then compare the two forms and make a final assessment. |
<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospital</td>
<td>Fremantle Hospital</td>
<td>• 20 students x 5 week block.</td>
<td>• PTA placements 1:1 For 5 week block placements</td>
<td>• The majority of placements use a one supervisor to multiple students model. The number of students to supervisor varies depending on the complexity of the area.</td>
<td>Have a coordinator who facilitates all clinical placements as part of their role. Their role includes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2 x year 2 Curtin students on PTA placements</td>
<td>• Neurological 1:2</td>
<td>• For 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. The visits will increase if student is having difficulty. Supervisor sees clients with student and completes assessment form.</td>
<td>• providing offers to the university for the following calendar year of their capacity to take students;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support ½ day 3rd year placements</td>
<td>• Age Care 1:1 x 2 students</td>
<td>• For Notre Dame students the health services’ supervisors complete the student assessment forms.</td>
<td>• allocating students to staff;</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Cardiorespiratory 1:6</td>
<td>• For Curtin University the university supervisor completes the form in addition to the health service supervisor. The university then compare then two forms.</td>
<td>• liaising with student before they commence;</td>
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<td></td>
<td></td>
<td></td>
<td>• Outpatient musculoskeletal 1:4</td>
<td>• Have a coordinator who facilitates all clinical placements as part of their role. Their role includes:</td>
<td>• completing orientation on first day;</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>• Women’s Health 1:1</td>
<td>• The majority of placements use a one supervisor to multiple students model. The number of students to supervisor varies depending on the complexity of the area.</td>
<td>• liaising with university if a student is struggling; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• University based supervisor for 2-3 hours 4 out of 5 weeks per student</td>
<td>• For Curtin University- for 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. Supervisor treats clients with student.</td>
<td>• providing support for both student and supervisor if any issues arise.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Predominantly use 1:1 in all areas except outpatient musculoskeletal where a 1:4 supervisor model is in use.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Curtin University- for 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. Supervisor treats clients with student.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For Curtin University, the university supervisors complete the form in addition to the health service supervisor. The university then compare the two forms and makes a final assessment.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>For The University of Notre Dame Australia students, the health service supervisors complete the assessment form.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>For The University of Notre Dame Australia some health services prefer to receive a payment and will provide their own supervisors to supervise the student.</td>
<td></td>
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</tbody>
</table>

**Public Hospital**

<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bentley Health Service</td>
<td>• 10 students x 5 week block.</td>
<td>• All areas except outpatient musculoskeletal 1:1</td>
<td>Predominantly use 1:1 in all areas except outpatient musculoskeletal where a 1:4 supervisor model is in use.</td>
<td>Have a coordinator who facilitates all clinical placements as part of their role. Their role includes:</td>
</tr>
<tr>
<td></td>
<td>• Take students every block</td>
<td>• Outpatient musculoskeletal 1:4</td>
<td>Curtin University- for 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. Supervisor treats clients with student.</td>
<td>• providing offers to the university for the following calendar year of their capacity to take students;</td>
</tr>
<tr>
<td></td>
<td>• 300 students a year including blocks, PTA placements for ½ day observation</td>
<td></td>
<td>For Curtin University, the university supervisors complete the form in addition to the health service supervisor. The university then compare the two forms and makes a final assessment.</td>
<td>• allocating students to staff;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For The University of Notre Dame Australia students, the health service supervisors complete the assessment form.</td>
<td>• liaising with student before they commence;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For The University of Notre Dame Australia some health services prefer to receive a payment and will provide their own supervisors to supervise the student.</td>
<td>• completing orientation on first day;</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• liaising with university if a student is struggling; and</td>
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<td></td>
<td>• providing support for both student and supervisor if any issues arise.</td>
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<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
<td>Approx. number of students taken each year</td>
<td>Supervisor to student ratio</td>
<td>Description of supervision model</td>
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<tr>
<td>Private Hospital</td>
<td>Hollywood Hospital</td>
<td>38 students x 5 week block students in 2010, 48 students x 5 week block students in 2011, Fluctuates each year</td>
<td>1:1, Cardiorespiratory 1:2, Neurology 1:4</td>
<td>The majority of placements use a one supervisor to multiple student model. Do use 1:1 at times as will occasionally not get all places utilised by university. For 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. The visits will increase if student is having difficulty. The supervisor sees clients with student. For Curtin University, the university supervisors complete the form in addition to the health service supervisor. The University then compare the two forms and make a final assessment. For The University of Notre Dame Australia students, the health service supervisors complete the assessment form.</td>
</tr>
<tr>
<td>Private Hospital</td>
<td>Joondalup Health Service</td>
<td>6 students per 5 week blocks (2 from each university)</td>
<td>1:1</td>
<td>Use 1:1 in all areas. For 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. The visits will increase if student is having difficulty. Supervisor sees patients with student and completes assessment form. For The University of Notre Dame Australia students a university supervisor supervises their students. For The University of Notre Dame Australia students, the health service supervisors complete the assessment form. For Curtin University the university supervisor completes the assessment form in addition to the health service supervisor. The University then compare the two forms and makes a final assessment. A senior physiotherapist assists with any physiotherapists who are new to supervising with student assessment and oversees placement.</td>
</tr>
<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
<td>Approx. number of students taken each year</td>
<td>Supervisor to student ratio</td>
<td>Description of supervision model</td>
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<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Community Health</td>
<td>Public Health and Ambulatory Care</td>
<td>4 students per 5 week blocks.(2 from each university) 12-20 preclinical or PTA</td>
<td>7:1 with supervisor swapping each session.</td>
<td>For 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. The visits will increase if student is having difficulty. Supervisor sees patients with student. For Curtin University the university supervisor completes the form in addition to the health services’ supervisor. The University then compare the two forms and makes a final assessment.</td>
</tr>
<tr>
<td>Community Health</td>
<td>The Centre for Cerebral Palsy (TCCP)</td>
<td>12 students for 5 week blocks per year 50 ½ day 3rd year student placements</td>
<td>1:1</td>
<td>1:1 model utilised. However, do prefer to take two students together for peer support. For 5 week blocks a university based supervisor visits every student for 3 hours in weeks 1, 2, 3 and 5 of placement. The visits will increase if student is having difficulty. Supervisor sees clients with student. For The University of Notre Dame Australia students the health services’ supervisor completes the assessment form. For Curtin University the university supervisor completes the form in addition to the health services’ supervisor. The University then compare the two forms and makes a final assessment.</td>
</tr>
<tr>
<td>Aged Care</td>
<td>Silver Chain</td>
<td>10 students a year Curtin University PTA 2 week placement year 2</td>
<td>1:1</td>
<td>1:1 model utilised only. Cannot support multiple student models as services are delivered in clients’ homes. No university supervisors because this was problematic when seeing people in their own home: inappropriate for three people to visit.</td>
</tr>
<tr>
<td>Aged care</td>
<td>Brightwater</td>
<td>16 students in 5 week IPE placements per year</td>
<td>1:1 or 1:2</td>
<td>1:1 or 1:2 though may change from day to day with one central person overseeing placements. Curtin University- for 5 week blocks a university based supervisor visits every student for 2 hours in weeks 1, 2, 3 and 5 of placement. The visits will increase if student is having difficulty. Supervisor sees clients with student. Curtin University supervisor completes assessment.</td>
</tr>
<tr>
<td>Health Service Type</td>
<td>Name of Health Service</td>
<td>Approx. number of students taken each year</td>
<td>Supervisor to student ratio</td>
<td>Description of supervision model</td>
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<tr>
<td>Medicare local GP</td>
<td>Perth North Metro Medicare Local</td>
<td>Have not yet taken students however keen to explore in near future</td>
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</tbody>
</table>
Interdisciplinary placements or interprofessional education

Brightwater offer both an IPE HWA funded placement at their Madeley site to Curtin University students. This is covered in the IPE section of the main report. HMA also consulted Brightwater on their standard physiotherapy placements at their other sites. There were no other health services offering formal IPE opportunities. Curtin University students may complete one of their six block placements in a formal HWA funded IPE placement site. IPE placements frequently do not meet APP and accreditation requirements making them difficult to market successfully to students. The University of Notre Dame Australia do not have any IPE placements and the majority of health services spoken with did not support IPE placements. They believed students need to understand the scope of practice of a physiotherapist before being able to appreciate and understand the differences in another profession’s scope. IPE placements were reported to improve communication and confidence. However, many stakeholders commented that they do not assist in building physiotherapy specific skills and should not be a substitute for traditional placements.

All health services reported opportunities to work with health professionals within the multidisciplinary or interdisciplinary teams within which their supervisor was working. This may include attending team and discharge planning meetings. On an informal basis, health services allowed students to spend time observing clinicians from another discipline.

15.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

15.4.1 Enablers to placement establishment and continuation

Both universities reported the main enabler of placement establishment and continuation is good relationships with health services. Health services confirmed this, frequently reporting the universities were extremely helpful. Health services all said that if they had a problem, the university was responsive offering to increase the frequency of visits from the university supervisor.

The model of university supervisors can enable placements, where the facility wants them, as it allows supervisors to take a break from students and provides extra support if a student is underperforming. This model can help to ensure that the assessment of students is fair; especially if there have been issues with the students’ rapport with their health service supervisor.

The University of Notre Dame Australia identified that building relationships with rural health services is vital to their continued support of rural placements. The university clinical placement coordinator visits metropolitan services at least once a year, and once every two to three years in rural settings, which has assisted in establishing strong relationships over time.

Both universities have developed strategies to enable clinical placements. The University of Notre Dame Australia runs clinical educator sessions for new supervisors and the coordinator has a mobile telephone that students and supervisors can contact between 6.30 am and 7.30 pm if there is an urgent need for support. Curtin University does not currently have clinical educator training sessions, but has offered this in the past.
The University of Notre Dame Australia has developed an “independent learning package” to assist students prepare for their placements. Both courses have pre-clinical placements in their early years. These placements enable students to develop basic communication and patient handling skills prior to the commencement of clinical placements.

Successful placements are highly reliant on the goodwill of the clinicians. Health services listed motivators to host student placements as including:

- a personal belief to give back to the profession;
- a requirement as a teaching hospital or organisation;
- as a way to promote their organisation;
- a desire to ensure that the quality of graduates is high;
- as a way of recruiting staff;
- connecting with the university to gain access to their resources (e.g. access to the library); and
- expose students to a clinical area that is not a popular choice for new graduates, for example, aged care and disability, in the hope they may consider working in the area on graduation.

15.4.2 Barriers to placement continuation or expansion

The university provided supervisor model is popular with staff in facilities which want this support, as it gives them a break from students. However, the majority of health services and both universities said there are some issues.

Barriers identified with the university supervisor model include:

- university supervisors not having enough clinical experience to treat patients and supervise the student;
- inefficiency where multiple supervisors are all filling out separate APP forms;
- lack of capacity to employ suitably experienced university supervisors, especially for highly specialised areas; and
- too many people in attendance to treat one client especially in the community or for home based sessions.

Barriers reported by health services were common across the sectors. The majority of organisations indicated that their ability to expand the numbers of students they took was limited by staffing or environmental factors including:

- limited physical space;
- a lack of computer access;
- limited capacity to provide supervisors;
- inability to support multiple student models in clinical area;
- concerns regarding staff “burn out”; and
- a lack of backfill for staff leave and vacant positions.
Two health services said they did not have enough clients for the students to see as being a barrier to expanding placement capacity.

15.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

Some time ago a “clinical supervisor working party” was established to align university placement calendars and increase collaboration across universities and health services. The working party achieved its purpose and currently there is a general feeling amongst stakeholders that no other meetings are required.

Both universities reported that once a year they meet with all universities interstate and in NZ who offer clinical placements, under the umbrella of the Council of Physiotherapy Deans Australia and New Zealand Inc. (CPDANZ). Both heads of school and clinical placement coordinators attend and talk about clinical placements.

15.6 KEY OPPORTUNITIES FOR THE FUTURE

Both universities and health service providers stated that most places where it is possible to place students were currently being utilised. Medicare Locals and GP Super Clinics are potential avenues for increasing physiotherapy placements. Curtin University are planning to have large numbers of physiotherapy placements at the new Cockburn and Wanneroo GP Super Clinics from 2014. Perth North Metro Medicare Local is interested in having students in the future, however as their physiotherapists are not full time this may be a barrier.

Some stakeholders spoke of the fact that the scope of placements is limited by the prescriptive accreditation guidelines that specify placement settings that need to be experienced.
Podiatry

This discipline summary provides an overview of the only podiatry course in WA (at UWA) and the associated clinical placement activity.

16.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

Podiatry courses are accredited though The Australia and New Zealand Podiatry Accreditation Council (ANZPAC). ANZPAC requires students complete 1000 hours of clinical placement, of which 60% needs to be in internal clinical facilities with staff-student ratios reflective of patient safety at 1:4 to 1:10, dependent on risk and requirements of the task. The earlier Bachelor of Podiatric Medicine is accredited, however is being phased out as the Doctor of Podiatric Medicine is the new graduate entry course, which has recently been granted provisional accreditation. Only students who have undertaken an accredited course are eligible for registration with Podiatry Board of Australia.

The University of Western Australia is the only university in WA that offers courses in podiatry. The final intake for the four year Bachelor of Podiatric Medicine occurred in 2011. These students are now in their third year. The first intake of students enrolled in the three year Doctor of Podiatric Medicine (DPM) occurred in 2013. This requires students to have completed an undergraduate degree prior to commencing.

For both courses the clinical placements are spread throughout the course with internal clinic placements in earlier years before external placements in the final year. All external placements occur in public hospitals, private practice, disability and Moorditj Djena (an Aboriginal and Torres Strait Islander podiatry and diabetic education service).

There is no requirement for students to complete a rural placement as it is hard to find suitable supervisors and they have no funding to support the program. The University of Western Australia’s only rural placement is in Northam for one week where they have accommodation. Only a limited number of students can attend.

Table 16.1 presents an overview of The University of Western Australia’s podiatry courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with the university and may not capture all placement settings in place.
### Table 16.1: Placement Activity

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Western Australia Bachelor of Pedicure Medicine</td>
<td>• 30 students per year</td>
<td>4 years</td>
<td>Predominantly in year 4</td>
<td>1,000 hours for accreditation</td>
<td>Hospital settings (public)</td>
<td></td>
</tr>
<tr>
<td>Doctor of Podiatric Medicine</td>
<td>• New course in 2013</td>
<td>3 years</td>
<td>Predominantly in year 3</td>
<td>1,400 hours for accreditation</td>
<td>Private practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• First intake of 9</td>
<td></td>
<td></td>
<td></td>
<td>Community health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Capped at 35</td>
<td></td>
<td></td>
<td></td>
<td>University clinics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Moorditj Djema</td>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

### 16.2 ENROLMENT CAPACITY AND COMPETITION

There are approximately 60 students enrolled in the final two years of the undergraduate degree, and nine students enrolled in the first year of the DPM. The DPM is capped at 35 students. Numbers are expected to rise to 35 as the university moves towards a model of broad undergraduate studies followed by a postgraduate professional qualification. As The University of Western Australia are the only university in the state offering podiatry there are no issues with competition for clinical placements. However, a number of service providers reported offering interstate students placements as they enjoy having students in large blocks, which The University of Western Australia does not offer.

The university has difficulty finding enough placements to accommodate all their students, heavily relying on the same health services (Fremantle, Royal Perth and Sir Charles Gairdner Hospitals) to provide the clinical placements. Most podiatrists in the private sector in WA do not take students. At present podiatry only have one aged care facility placement, which is at Bethanie in Joondana.

### 16.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

In both community and hospital podiatry placements the predominant model is a 1:1 supervisor to student ratio, apart from the university clinic where the ratio is higher. Across placement settings, podiatrists spoke of the need for very close observation and checking of all work, especially involving ulcer and wound care. In some hospitals, students may spend time with other podiatrists if required or their clinical area offers a specific learning experience. For each placement a podiatrist takes prime responsibility for the supervision of the student and signing off that this supervision occurs. The University of Western Australia does not make payments for its students.
Facilitation of clinical placements is commonly the responsibility for one staff member at a health service. The number of students and the days of the week they attend stays relatively the same from year to year, with names of students sent to health services in the days leading up to the placement. The assessment tool used on placement is specific to The University of Western Australia.

Table 16.2 presents the supervision and facilitation models at the services HMA visited.
### Table 16.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>Royal Perth Hospital (RPH)</td>
<td>2 x 3rd year students 1 day a week for 4-6 weeks; 4 x year 4 students 3 day a week for 4-6 weeks; Placements are continuous during university times; Occasionally will have 1 students for 2 week block over summer; Take 2-3 students from interstate as offer long block placements</td>
<td>1:1</td>
<td>Predominantly 1:1 model. However, if required will see patients with other staff members.</td>
<td>The University of Western Australia assume commitment will be the same year to year; Send out term dates. Do not receive names until a couple of days before the placement is due to commence. Only receive student name and gender</td>
</tr>
<tr>
<td>Public hospital</td>
<td>Fremantle Hospital</td>
<td>2 x year 4 students 4 days a week for 4 weeks (24 students per year)</td>
<td>1:1</td>
<td>Predominantly 1:1 model. Once a fortnight students participate in a multi-disciplinary foot clinic that also involves a vascular surgeon and an infectious diseases specialist</td>
<td>The Fremantle Hospital podiatry service only has 1 FTE (several people). One person performs the role of coordinator for placements. Most supervision occurs at ‘high risk foot clinics’ (a majority of patients have diabetes related co-morbidities e.g. peripheral neuropathy); The hospital has developed its own student assessment forms</td>
</tr>
<tr>
<td>Public Hospital</td>
<td>Sir Charles Gardiner</td>
<td>2 x 3rd year students 1 day a week for 4-6 weeks; 4 x year 4 students 4 days a week for 4-6 weeks; Placements are continuous during university times; Occasionally will have 5-6 students for 2 week blocks over summer; Take 2-3 students from interstate as offer long block placements</td>
<td>1:1</td>
<td>Predominantly 1:1 model. However, to broaden the experience will see patients with other staff members. 2 staff members supervise the majority of students</td>
<td>Send out term dates. Do not receive names until a couple of days before. Have a coordinator who facilitates all clinical placements as part of their role. Their role includes: allocating students to staff; liaising with student before they commence; completing orientation on first day; and, support for both student and supervisor if any issues.</td>
</tr>
<tr>
<td>Community</td>
<td>Disability Services Commission- Myaree</td>
<td>1 x year 4 student 1 day a week for 4 weeks; Placements are continuous during university times</td>
<td>1:1</td>
<td>Only 1 podiatrist at DSC in Myaree. Use a 1:1 supervision model. If clients cancel student will go with PT and OT. Highly specialised area so placement is predominantly observational</td>
<td>The University of Western Australia assume commitment will be the same year to year; Send out term dates. Do not receive names until a couple of days before. Only receive student name and sex; Facilitation is completed by the one podiatrist</td>
</tr>
<tr>
<td>Public Hospital</td>
<td>Bentley Health Service</td>
<td>2 students, 1 day per week, usually for 3 to 4 weeks (depending on staff availability)</td>
<td>1:1</td>
<td>Students are generally involved in high risk foot clinics but across three clinical areas: general outpatients; dedicated diabetes clinics; and mental health patients (both inpatient and outpatient)</td>
<td>In their final year students may participate in minor surgery; There are some limitations to the scope of training at the health service e.g. the lack of an ED means students to not get exposed to casting procedures.</td>
</tr>
</tbody>
</table>
Differences in models according to setting type

There were no differences in supervision model observed across setting type.

Interdisciplinary placements or interprofessional education

There are no formal opportunities for podiatry students to participate in interprofessional education. Depending on their placement type students experience working with other professions when this is part of the podiatrist’s usual role.

16.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

16.4.1 Enablers to placement establishment and continuation

A number of health services reported the quality of fourth year students to be generally high

“The fourth years we have at the moment are just fantastic, they are just so enthusiastic and always go above and beyond what they are required to as a student. Offering to stay late to help get things done”

Hospital representative

The university offer “teacher on the run training” that health services reported to be helpful. There is no formal payment for health services to take students. This means placements are largely possible due to the goodwill of clinicians.

Health services listed motivators to host student placement to include:

- a personal belief to give back to the profession;

“*It’s always healthy for professionals to see new professionals coming through the ranks.*”

Manager, Podiatry, Public Hospital

- a requirement as a teaching hospital or organisation;

“The hospital is happy for us to have students, even though we are not a teaching hospital. …the fact that we have a number of speciality areas [sub-acute, aged care, and mental health] provides a point of difference.”

Manager, Podiatry, Public Hospital

- a way to promote their organisation;

- a desire to ensure that the quality of graduates is high;

- for future recruitment;

- to connect with the university and gain access to their resources; and

- expose students to a clinical area that is not a popular choice for new graduates, for example, disability and mental health, in the hope they may work in the area.
16.4.2 Barriers to placement continuation or expansion

Health services reported facilitation of placements is difficult due to the late notice the university provide and limited information about the characteristics of the students prior to them commencing the placement.

A number of health services reported a preference for longer block placements as they:

- reduce the number of times orientation is undertaken;
- increase the enjoyment in supervising, watching students develop and learn; and
- facilitate the development of a student’s independence.

A number of health services said it would be helpful if the university visited to offer support and gain a greater understanding of their service. The University of Western Australia would like to offer this, however they reported not having enough funding. Currently their clinical coordinator is part time and placements are only a small part of their role. The University of Western Australia spoke about a poor attendance at “teacher on the run training”, acknowledging that relationships with one of the tertiary hospitals needs to be improved.

Several health services reported they felt pressure from the university to pass students and frustration regarding the lack of control they had to fail students. A number of health services reported to HMA concerns regarding the quality of students and a lack of processes for reporting cases of incompetent students to the university. Multiple health services reported to HMA that podiatry students, especially in the third year of the undergraduate course were rude to the supervising podiatrist, clients and other professionals on staff, suggesting they require increased pre-clinical training on professional behaviour. One health service reported the assessment form from The University of Western Australia to be vague. To address this they have developed their own competency based student assessment for each client the students treat. They then summarise this information into the report on the placement that has to be returned to The University of Western Australia at the conclusion of the placement.

The barriers reported by health services were common across sectors:

- limited physical space;
- a lack of computer access;
- limited capacity to provide supervisors;

> “We cut the number of days per week that we provide a placement so that is doesn’t interfere with the number of patients we can see.”

Manager, Podiatry, Public Hospital

- unable to support multiple student models in complex clinical areas;
- concerns regarding staff “burn out”; and
- a lack of backfill for staff leave and vacant positions.

At one site the Manager, Podiatry said that additional support around the teaching and supervisory role would be helpful.

> “Some recognition of the support we need as supervisors would be kinda helpful. It’s limited at the moment, especially around approaches to assessment.”

Manager, Podiatry, Public Hospital
16.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

There are no formal partnerships or groups in podiatry to discuss clinical placements. The heads of hospital departments meet once every two months and students come up as part of their agenda. The podiatry community in WA is small, with health services frequently reporting they would call each other or the university if they had major concerns.

16.6 KEY OPPORTUNITIES FOR THE FUTURE

As the course is changing from undergraduate to a DPM over the next few years there will be a decrease in the number of The University of Western Australia podiatry students, until they reach their 35-student cap. Hospitals are hopeful this may increase the opportunities for longer block placements. The University of Western Australia reported exploring ways to increase number of health services taking students, acknowledging there are many sectors that are underutilised including, private practices, aged care, community health, Indigenous primary health care services and private hospitals.
17 Psychology

This disciplinary summary provides: an overview of clinical placements for the psychology discipline. Specifically the consultations explored counselling, clinical and school psychology.

17.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The guidelines for supervision and accreditation specified by The Australia and New Zealand Psychology Accreditation Council (APAC) require students to undertake a minimum of 125 days or 1,000 hours of clinical placement during their postgraduate program. This supervision placement will comprise client contact, clinical supervision (by their supervisor) and other activities. The Australian Psychological Society (APS) College Approval Guidelines mandate 400 hours of client contact out of the 1000 hours for a master program and 600 of the 1,500 for the doctorate program and require the placements to provide the students with a range of client type and settings. Clinical psychology accreditation requires different settings for the students (child, adolescent and adult settings) where counselling psychology is more flexible in the required setting types. Students undertaking neuropsychology programs are required to be exposed to five defined patient groups: acute; neurology/neurosurgery; rehabilitation; psychiatric; geriatric; and paediatric.

Student placements will often begin within the university based psychology clinic then extend to external placements within public hospitals, community organisations (such as Alzheimer’s Association, Relationships Australia), disability, aged and community services, the Department of Child Protection and mental health inpatient and outpatient settings.

To participate in internal or external placement, psychology students need to apply for provisional registration through the Psychology Board of Australia (PBA). Psychology students wishing to apply for provisional registration must do so either at the beginning of:

- the 4+2 year internship program;
- 5 + 1 year internship; or
- a higher degree pathway (professional masters, combined masters/PhD or professional doctorate).

Graduate School Psychologists in Western Australia are employed within the School Psychology Service by the Department of Education. To become a school psychologist a student is required to undertake a minimum of four years of tertiary training in psychology (or tertiary training that is recognised by the APAC) and obtain post graduate qualifications in education. The University of Western Australia offers school psychology as a major in their post-graduate Diploma of Education. If employed by the Department of Education as a graduate school psychologist following the 4 + 1 university pathway, then the student is able to undertake two years supervision (internship) within the school psychology service setting towards general psychology registration.

Table 17.1 presents an overview of educational providers delivering psychology programs, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this
table was predominantly derived from consultations with universities and may not capture all placement settings in place. In addition, the table may not include all undergraduate programs with a pathway into psychology as they do not comprise clinical placement at present.
Table 17.1: Placement Activity

<table>
<thead>
<tr>
<th>University/VET Provider</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Psychology</td>
<td>-</td>
<td>4 years fulltime</td>
<td>No placement during undergraduate program</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Master of Psychology: Clinical or Counselling Major</td>
<td>Approx. 30 students (15 in each)</td>
<td>2 years fulltime postgraduate</td>
<td>Year 1 Semester 2 Year 2 Semester 1 and Semester 2</td>
<td>Minimum of 1,000 hours across the program to meet APAC registration requirements • Year 1: 16 hours per week (2 days) • Year 2: 15 hours per week for both semesters</td>
<td>Placements occur in: • hospital inpatient settings (adult, child and adolescent); • adult outpatient clinics; • child and adolescent outpatient clinics; • NGOs such as Alzheimer’s Association; • disability services; • employee assistance services; • corrective services; • older adult units; • community mental health and other services • Department for Child Protection; • Relationships Australia; • university psychology clinics.</td>
</tr>
<tr>
<td>Edith Cowan University</td>
<td>Bachelor of Arts (Psychology)</td>
<td>-</td>
<td>3 years full time undergraduate</td>
<td>No placement during undergraduate program</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Science (Psychology)</td>
<td>-</td>
<td>3 years full time undergraduate</td>
<td>No placement during undergraduate program</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Arts (Psychology and Counselling)</td>
<td>-</td>
<td>3 years full time undergraduate</td>
<td>No placement during undergraduate program</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Science (Psychology)</td>
<td>-</td>
<td>3 years full time undergraduate</td>
<td>No placement during undergraduate program</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Diploma in Science (Psychology)</td>
<td>-</td>
<td>2.5 years fulltime</td>
<td>No placement during undergraduate program</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Doctor of Philosophy (Psychology) by Research - 3 years fulltime Research thesis - no placement required - -

The University of Western Australia (WA) Bachelor of Arts Bachelor of Science (Psychology) - 3 years (honours year 4) No placement during undergraduate program - -

Diploma in Science (Psychology) - 2.5 years fulltime No placement - -
<table>
<thead>
<tr>
<th>University/VET Provider</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Doctor of Philosophy and Master of Clinical Psychology</td>
<td>Varies- less than 10</td>
<td>4 year post full time postgraduate</td>
<td>Year 2- Semester 1 &amp; 2 Year 3 semester 1 &amp; 2 Year 4- Semester1 &amp; 2 4 placements: One internal, two external and specialty placement in third year</td>
<td>A minimum of 1,500 hours across the program to meet APAC registration requirements. First placement: 200 hours to include observation, supervised clinical work and case presentations Except in the first semester of the course, all Master of Psychology students are required to spend 2 days per week during semester and 3 days per week during the 3 weeks of University vacations in supervised field work. Third year- 45 days over the year. Year 4-Specialist or capstone placement will be 500 hours.</td>
<td>Placements occur in: • hospital inpatient settings (adult, child and adolescent); • adult outpatient clinics; • child and adolescent outpatient clinics; • NGOs such as Alzheimer’s’ Association; • disability services; • employee assistance services; • corrective services; • older adult units; • community mental health and other services • Department for Child Protection; • Relationships Australia; • university psychology clinics.</td>
<td></td>
</tr>
<tr>
<td>Master of Clinical Psychology</td>
<td>14-15 per year</td>
<td>2.5 years full time postgraduate</td>
<td>Year 1- Semester 1 &amp; 2 Year 2- Semester 1 &amp; 2 Year 3- Semester1 (may go over the full year though) One internal and two external</td>
<td>Minimum of 1,000 hours across the program to meet APAC registration requirements. • Year 1- 45 days: Semester 1, 200 hours to include observation, supervised clinical work and case presentations • Year 2 and Year 3 - 45 days over each year: 2 days per week during semester and 3 days per week during university vacation</td>
<td>Placements occur in: • hospital inpatient settings (adult, child and adolescent); • adult outpatient clinics; • child and adolescent outpatient clinics; • NGOs such as Alzheimer’s’ Association; • disability services; • employee assistance services; • corrective services; • older adult units; • community mental health and other services • Department for Child Protection; • Relationships Australia; • university psychology clinics.</td>
<td></td>
</tr>
<tr>
<td>Combined Doctor of Philosophy and Master of Clinical Neuropsychology</td>
<td>-</td>
<td>4 years full time postgraduate</td>
<td>Year 2 &amp; 3 both semesters Minimum of three placements Year 4, Semester 1 any final placement activities required</td>
<td>Up to 1,500 hours across the program to meet APAC registration requirements. Year 2: Internal placements Year 3: External placement</td>
<td>Placements occur in: • Neurosciences Unit; • hospitals; • outpatient and rehabilitation units; • older adult services and units</td>
<td></td>
</tr>
<tr>
<td>University/VET Provider</td>
<td>Programs that require placement</td>
<td>Approx. number of students</td>
<td>Course Duration</td>
<td>Placement Structure</td>
<td>Approximate hours/days</td>
<td>Placement Settings</td>
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</tbody>
</table>
| Murdoch University      | Graduate Diploma in Education (majoring in school psychology) | 20 | 1 year fulltime postgraduate | Semester 1 & 2 placement (at the end of the semester) | This diploma does not fall under APAC programs 2 placements - approximately 3 weeks for the metropolitan placement and 6 weeks for the rural, but can vary. | Placements occur in:  
  - School Psychology Services across WA  
  - students are encouraged to participate in country placements (one metro and one non-metro) |
| Murdoch University      | Bachelor of Arts in Psychology | - | - | No placement during undergraduate program | - | - |
| Murdoch University      | Master of Applied Psychology in Clinical Psychology | 15 fulltime 17 part time | 2 year postgraduate degree |  
  - Year 1 - Internal Practicums child, youth, & family and adult (normally in the Murdoch Psychology Clinic)  
  - Year 3, 4 & 5 across the year external | Minimum of 1,000 hours across the program to meet APAC registration requirements.  
  - Year 1: 9 months at 1 day per week or equivalent.  
  - Year 2: 108 days total | Placements occur in:  
  - hospital inpatient settings (adult, child and adolescent);  
  - adult outpatient clinics;  
  - child and adolescent outpatient clinics;  
  - NGOs such as Alzheimer’s Association;  
  - disability services;  
  - employee assistance services;  
  - corrective services;  
  - older adult units;  
  - community mental health and other services  
  - Department for Child Protection;  
  - Relationships Australia;  
  - university psychology clinics. |
| Murdoch University      | Applied Psychology in Clinical Psychology (M) and PhD | Varies – less than 10 | 4-5 year postgraduate degree |  
  - Year 1 - Internal Practicums child, youth, & family and adult (normally in the Murdoch Psychology Clinic)  
  - Year 2 across the year-external |  
  - Year 1: 9 months at 1 day per week or equivalent.  
  - Year 2: 108 days total  
  - Years 3,4 and 5: 108 days total each year | - |
The two study areas of clinical psychology and counselling psychology within Curtin University are accredited by separate colleges of the APS. They are also separate specialised areas under the State Government Registration Act. Following two years of supervised practice, graduates may be eligible to apply for membership of the APS’s College of Clinical Psychology or Counselling Psychology, and endorsement by the PBA as a clinical psychologist or counselling psychologist.

As part of the requirements for The University of Western Australia’s Master of Psychology, and Master of Psychology and PhD combined course programs, students undertake three supervised field placements in approved agencies. Students are encouraged to choose placements that provide them with a range of experience including both outpatient and inpatient settings. Except in the first semester of the course, all Master of Psychology students are required to spend two days per week during semester (normally Tuesday and Thursday) and three days per week during the three weeks of University vacations (normally Tuesday to Thursday) in supervised field work. Following completion of their program (including supervision) graduates are eligible to register with the PBA as a psychologist, and practise as a clinical psychologist.

The University of Western Australia’s Doctor of Philosophy and Master of Clinical Neuropsychology take approximately four years full-time to complete and offers specialist training designed to provide eligibility requirements for the APS College of Clinical Neuropsychologists. Additional post-degree supervision by a qualified supervisor is required for full college membership for all professional degrees.

Due to structure of the psychology postgraduate programs (2 days on placement and the remaining at the university doing coursework and other education) regional placement is not common. It is also difficult to find registered psychologists to provide this level of supervision in regional settings. On occasion, at the request of a student, a block placement has been undertaken at a regional site but the onus is on the student to seek and cover the costs of such a placement and it therefore occurs infrequently.

**17.2 ENROLMENT CAPACITY AND COMPETITION**

Placement opportunities for clinical and counselling are in great demand and are highly competitive. In the past, post-graduate psychology students were responsible for securing their own placement and consequently some organisations were being approached by multiple students each semester. To address this issue, university psychology placement coordinators (predominantly clinical psychology coordinators but others such as counselling and neuropsychology coordinators) attend *Clinical Placement Round Table* meetings twice a year at which placements are allocated between universities as equitably as possible.

For these meetings each coordinator identifies a number of agencies that can host students and together the round table meeting shares and allocates these places across the universities. This meeting provides coordinators with an opportunity to discuss placement activity, allows the competition for placements to be managed, and facilitates the development of a collegial relationship between the universities.

“It is not important to build individual relationships with the health services. We don’t like to block out other universities. We try to maintain a non-competitive culture between us.”

University program coordinator, Psychology

However, despite this meeting there still remains a shortfall of placements each year and the individual university placement coordinators then need to seek out additional placements for their students.
Some services are reported to have a preference for students from a particular university based on historical relationships with the university, or teaching focus of a specific postgraduate program, such as rehabilitation or disability, which aligns with their core business.

"After the meeting we are usually short about 30% and it is an ongoing battle to secure those last few places. We only just make it."

University program coordinator, Psychology

"Government agencies have to be fair. It is in their policies. We don’t form allegiances with agencies but some do have a preference for certain universities based on historical reasons or because they went there themselves."

University program coordinator, Psychology

Enrolment for postgraduate clinical and counselling psychology programs is approximately 15-20 per year for the universities. The university representatives said it would be difficult to increase enrolment numbers without a significant increase in funding for their department. In addition, obtaining additional clinical placements would be challenging.

17.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

The APS College Approval Guidelines mandate one hour of clinical supervision by the supervisor per seven hour day and a minimum of 180 hours for the 1,000 hours undertaken during the master programs. For the doctorate program the required supervision time requires an additional 50 hours (on top of the master’s requirement). Direct contact supervision may occur through telephone or video conference contact for some of this time (no more than 40%). As required by APAC all postgraduate student must maintain a detailed log book of practical, casework and supervision activities which is regularly viewed and signed by the relevant supervisor. The university psychology departments now utilise a common framework for competency assessment to assist with consistency of assessment and to minimise the administrative burden on the supervisors.

The university placement coordinator will usually contact the field supervisors to monitor progress of the student at mid-placement and will organise a meeting if considered necessary by the student, placement coordinator or supervisor. The purpose of the mid-placement review is to review progress of goals, provide feedback to the student and supervisor, discuss any issues that may have arisen, and set targets for the second half of the placement. On completion of the placement, both student and supervisor are required to complete a placement report, and the student is to submit copies of their log book, reports and other fieldwork material which is provided to the university placement coordinator.

Individual sites will generally meet with a prospective student prior to placement to ensure the student will be the ‘right fit’ for the organisation and that their individual learning needs and goals can be accommodated. If the student and field supervisor agree to the placement then a contract is completed and signed.

For placements within the WA Department of Health, there is a generic allied health agreement in place between the universities and the Department that is signed by the senior university representative and the Director General of Health (representative of The Boards). For other hosting agencies individual agreements are generally developed.

Within internal university psychology clinics supervision may be undertaken in a group but externally it will almost always be 1:1, supervisor to student. The provisional psychology student will work independently with their own small case load each day (ranges from 3-6 per day). For many students the placement will be undertaken in two rotations over the year, one
or two days per week. However, other services will host students for a more intensive block (between 3-4 days per week) over the university holiday period (December-January).

Although under the 4+2 internship pathway (not associated with a university), supervisors will often request payment to provide the level of supervision required, and hosting agencies supervising provisional psychology students are rarely paid for supervision undertaken through the university program.

Where there is an appropriate site identified that does not employ a registered psychologist able to provide supervision, the university can appoint a psychologist to provide this role as an external supervisor. In some cases the organisation themselves will employ or assume the costs of this supervisor themselves to support the arrangement and opportunity to have access to psychologists.

Most hosting agencies have an individual person who is the key contact for the universities. This person may be the supervisor themselves or somebody who is responsible for the coordination of all student placements.

Table 17.2 presents the supervision and facilitation models at the services HMA visited.
### Table 17.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year (may be approximate)</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient/Community</td>
<td>WA Psycho-Oncology Service</td>
<td>• 1</td>
<td>• 1:1</td>
<td>Generally undertaken two days a week, largely independently with their own small client load, but actively supervised (a minimum of two hours per week by their supervisor).</td>
<td>Primary supervisor of students is the key contact between university and setting.</td>
</tr>
<tr>
<td>Government Department</td>
<td>WA School Psychology Service</td>
<td>• Each site will take 1 student per placement (2 placements a year)</td>
<td>• 1:1 or 1:2</td>
<td>Shadowing and observation predominantly. Supervised at all times. Able to perform basic tests but under direct supervision of school psychologist.</td>
<td>School Psychology Service assists university to facilitate supervision with each site. The school psychologist at each site will then assume complete responsibility for student while on placement.</td>
</tr>
<tr>
<td>Community</td>
<td>Osborne Park Older Adult Mental Health Service</td>
<td>• 1 (Also Selby Older Age service take a student each year)</td>
<td>• 1:1</td>
<td>Generally undertaken two days a week, largely independently with their own small client load, but actively supervised (a minimum of two hours per week by their supervisor). Have strict guidelines for students and expectations of their level of skill</td>
<td>The university contacts and liaises with the senior clinical psychologist in the service.</td>
</tr>
<tr>
<td>Community</td>
<td>Hospital Clinic Alma Street Clinic</td>
<td>• 2</td>
<td>• 1:1</td>
<td>Generally undertaken two days a week, largely independently with their own small client load, but actively supervised (a minimum of two hours per week by their supervisor). May participate in group programs run by the clinic.</td>
<td>The university contacts and liaises with the senior clinical psychologist in the service.</td>
</tr>
</tbody>
</table>
The APAC has prescriptive set guidelines for supervision and psychology students (specifically clinical, neuropsychology and counselling) and they must achieve minimum hours of supervision throughout their postgraduate study. This is generally undertaken two days a week, largely independently with their own small client load, but actively supervised (a minimum of two hours per week by their supervisor). One to one supervisor to student models are used for all placements spoken with during this project. Most of the service representatives state that they felt that the provisional psychology student needed to be sufficiently prepared and trained prior to working with what they believed to be a client group with complex needs. Universities appeared to be aware of this preference and ensured that external placement occurred after the intensive supervision provided through the university psychology clinic.

All supervisors of provisional psychologists must be accredited by the PBA.

**Differences in models according to setting type**

Based on the structure of the supervision model and requirements to achieve competency, the supervision model was reasonably consistent across the sites involved in this project.

**Interdisciplinary placements or Interprofessional Education (IPE)**

Interdisciplinary education opportunities happen on an adhoc basis and are dependent on the hosting agency themselves. Taking into account the potential sensitivities of clinical psychology practice it was suggested that the students could be involved in multi-professional education through case study discussion in a mock or simulated context.

Curtin University students do have the opportunity to undertake an eight week placement within the Albany Mental Health IPE program. In this setting the students will work as team with social work, occupational therapy and nursing students.

## 17.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to placement establishment and continuation and quality placements.

### 17.4.1 Enablers to placement establishment, continuation and quality

The enablers to placement establishment, continuation and quality included:

1. **Organisational recognition of and support for the role of supervisor within their setting:** Some of the services reported that the provision of clinical supervision was fostered and supported by their organisation. Although not always provided with support to provide this role, it was generally recognised and valued by management and senior staff.

2. **The attraction of graduates to a particular area of mental health:** The provision of a quality placement experience can attract good students seeking employment in a particular sector. This is particularly important for mental health areas, such as older adult mental health, that may not have been considered by the student prior to placement in this setting.
(3) **Individual motivation of the supervisors:** although a supervisor may be working within an organisation or team that fosters teaching and supervision, the choice of taking on student placements in some organisations is largely individual. Supervisors commit to student supervision for many reasons. They include: altruism, the desire to ‘give back’ to their profession, providing a positive role model for students, imparting knowledge to ensure sustainability of the profession into the future, diversity in their work load, opportunity to self-reflect and learn of new research and contemporary practices taught in the universities, opportunity for professional development it provides and the enjoyment they receive from supervising students.

(4) **Discipline philosophy:** Many supervisors believe that psychology is underpinned by a fundamental philosophy of teaching and that part of their professional role is to return the teaching and supervision they received themselves, and support the psychology profession as a whole.

(5) **The provision of university facilitators that are easy to contact and provide some practical support:** supervisors who reported more satisfaction with the placement process often described a good working relationship with the education provider and regular contact with the program coordinator or liaison officer. On site visits, for example, were highly regarded but occurred more frequently and formally with some universities than with others.

(6) **Commitment to maintaining good working relationships with the agencies:** universities discussed the importance of working with the hosting agencies and maintaining collegial relationships. This included investing considerable time and effort into matching of student preferences, personalities and skills required at a particular site and ensuring that issues with student performance were dealt with quickly and professionally.

> “We get to know the students ourselves and are aware of their strengths and weaknesses before they go out to external placements. We would never jeopardise a relationship with a supervisor by not being honest about a student or sending them somebody that we think may not work well within that organisation.”

University program coordinator, Psychology

(7) **Coordination and collaboration between universities:** for many agencies the coordination of clinical placement activity between universities for placement was acknowledged and appreciated. In addition the universities now provide a generic framework to assess student competencies which reduces the administrative burden on the supervisor and helps to streamline reporting requirements.

(8) **The value add of trained students in the agency:** psychology students are considered productive and active members of a team and assume their own (albeit smaller) clinical or other work load. This provides assistance to organisations in managing client service demand. The presence of students can also allow the hosting agency to undertake valuable projects that they would not be able to do as part of their regular core business.

(9) **Quality student education and preparation:** the program coordinators stressed the importance of providing a high quality education that adequately prepares a student for placement. This preparation includes not only the skill acquisition of the student needed to work in the role of provisional psychologist but also sufficient information about the practicalities and expectations of the placement. Intensively supervised and supported placements within the internal university psychology clinics are an important stage of this preparation.

(10) **Proactivity and innovation of discipline program coordinator:** some of the discipline coordinators commented that they were constantly pursuing new opportunities for placement. They kept abreast of health sector systemic changes (such
as the introduction of GP Super Clinics) and proactively approached former students to supervise students in ‘new’ settings.

17.4.2 Barriers to placement establishment, continuation and quality

Barriers identified to placing and hosting student through consultations included:

1. **Ongoing challenges of sourcing and maintaining placements**: education providers invest considerable ongoing time and energy in sourcing new placements and maintaining relationships with hosting agencies where placements are in place. Dependent on the number of students in a program this role can be particularly time and resource intensive.

2. **Department of Health employment practice**: the public hospitals within WA do not currently employ counselling psychologists and therefore provisional counselling psychologists are rarely able to undertake clinical placement or seek employment following graduation and registration within these settings.

3. **Challenge of providing incentives**: all university program coordinators recognised the demand on supervisors and the hosting agencies and how much this commitment to supervise is dependent on goodwill.

   "I know that a few disciplines provide funding or new equipment to the services. If we had to provide payment for clinical placement we just could not do it. It makes me worried that this may become more of a problem in the future.”

   University program coordinator, Psychology

4. **Access to appropriate staff to supervise**: although a potential agency may be open to hosting students, if there is not a registered clinical, counselling or neuropsychologist on staff to provide supervision, a placement cannot occur. External practitioners are employed to provide supervision at some sites by the psychology departments, but it is a costly exercise and not always the preferred approach by host agencies or universities.

5. **Student quality and placement experience**: many of the hosting agencies and university representatives commented on the impact that one negative experience can have on the willingness of hosting agencies to continue taking students. If a particular placement is problematic, then this has the potential to influence the reputation of the education provider and program as a whole. Managing this risk is an ongoing priority for many education providers.

6. **Interview room space**: a lack of physical space including interview rooms and offices was consistently raised as a significant barrier to hosting students or to increasing the number of students on site. To see clients, the provisional psychologist must have their own room which is not always available.

   "Access to a private room is a big problem and we are always juggling staff around. Even if we could have another student there would honestly be nowhere for them to see clients.”

   Clinical psychologist.

7. **Length and model of placement**: the length and model of the clinical supervision for a provisional psychologist requires a significant commitment by an agency. The number of FTE per team and their workload will also influence the organisation’s willingness to host a student.

8. **Organisational infrastructure and administrative stability**: if a hosting agency is undergoing significant organisational change or instability then they will be less able to host student placements. This is also the case where there may be uncertainty surrounding renewal of clinician/staff contracts, and hesitation to commit to student
placement where there is ambiguity surrounding the ongoing funding of the staff member providing the supervision.

(9) **Changes to supervisor accreditation:** As of 1 July 2013 all new supervisors of provisional psychology students will be required to complete Psychology Board of Australia recognised supervision training course to perform the role of supervisor. Accredited training will also need to be undertaken every five years to maintain supervision registration. Although this is seen to be important from a quality of placement perspective, universities fear that the introduction of compulsory training (not yet available in WA) will reduce the involvement of psychologists. This training will incur a cost and as psychologists under the current university based program do not generally receive payment for their role in supervising students, it is an additional onus that is expected to affect the numbers of available supervisors.

(10) **The introduction of MBS items for psychologists under the Better Access to Mental Health Initiative:** have impacted negatively on the number of psychologists in public settings providing supervision as many psychologists have moved out of the public sector to establish their own private practice. Accordingly, over the past few years there has been a decrease in the number of clinicians available to provide supervision. This issue is exacerbated by a workforce that comprises a significant proportion of psychologists who work part-time only.

(11) **Placement timing:** at present most of the universities follow a reasonably consistent placement calendar (January-July and August-December). The health services commented that they would appreciate it if there was not a gap between placements to enable the client workload to be consistently managed and maintained. To address this, part-time students will sometimes undertake placements during ‘non-standard’ times throughout the year.

### 17.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

A Clinical Coordination Committee of clinical coordinators of psychology from across the four universities meets twice a year. These meetings have a practical focus of student allocation but also discuss other issues including changes to the provisional psychology accreditation and supervision requirements.

Murdoch University runs a psychology discipline specific meeting twice a year where the university staff and representatives of host agencies meet to talk about the psychology program and its content. It is an Australian Psychology Accreditation Council requirement that the ‘market’ is involved in the development of education and training.

The School Psychology Service has a network through which they provide newsletters, training and networking opportunities on a regular basis for graduates, students and school psychologists. Training includes professional development workshops such as supervision of provisional psychologists.

Additional groups mentioned during discussion included:

1. WA Health Clinical Psychology Reference Group; and
2. Northern Metropolitan Health: Older Adult Mental Health Services Clinical Training Unit.
17.6 KEY OPPORTUNITIES FOR THE FUTURE

With the expansion of psychology services in general practice through increased use of MBS items, there is potential for counselling and clinical psychology students to undertake clinical placements in GP Super Clinics. The university program coordinators suggested that it is possible to increase the provision of external supervisors to enable student placement at sites at which they do not psychologists on staff, but this would require an increase in funding to implement.

Simulation in the form of role play is often used within psychology programs but it was not considered appropriate to replace or reduce clinical placement itself. It was considered a valuable method of education in its own right.
18 Radiation science

This disciplinary summary provides: an overview of radiation science courses and clinical placement activity. Professions included within this discipline are medical imaging (formerly radiography), nuclear medicine, radiation therapy and sonography (or Ultrasound).

18.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

Medical Imaging

Curtin University offers a Bachelor of Science (Medical Imaging Science) over 4 years (full-time). The majority of students attending placements in WA are from this course, with a very small number of students coming from interstate courses, by negotiation. The Curtin University course is accredited with the Australian Institute of Radiography and graduates can commence employment without an internship requirement, unlike many interstate graduates. National registration is managed by the Medical Radiation Practice Board of AHPRA.

Enrolments in the Curtin University course were 56 (2013), 60 (2012) and 45 (pre-2012). The first year placement is of one week duration and is held in summer vacation period. Year two and three placements are in four and five week blocks, totalling 11 weeks a year, and they are staggered over the course of the university year and summer/winter vacations. Year four placements are in two blocks of 12/13 weeks. Over the course duration students undertake a total of 48 placement weeks. Placements occur in public and private hospital settings and in community private practice. Curtin University has a compulsory requirement that all students attend at least one placement in a regional/rural setting.

Nuclear Medicine

WA universities do not offer a course in nuclear medicine. Students attending placements in WA are mainly from the three year University of Newcastle Bachelor of Medical Radiations (Nuclear Medicine). This course is accredited with the Australian and New Zealand Society of Nuclear Medicine and graduates are required to complete a 12 month internship prior to full membership and registration. Australian registration is managed by the Medical Radiation Practice Board of AHPRA.

HWA funding has provided scholarships for travel and accommodation for WA students to attend the University of Newcastle and undertake their placements at Royal Perth Hospital or Fremantle Hospital. The Royal Perth Hospital takes three students in total per year under this scheme. Funding for the scholarship scheme ceases with the 2014 intake. Block placements are balanced across the calendar year and students undertake a total of 25 weeks of placement over the three years. Royal Perth and Fremantle Hospitals also take graduates for their internship year.

Radiation Therapy

WA universities do not currently offer a course in radiation therapy. Curtin University is developing a course proposal for a postgraduate Master of Radiation Therapy due to
commence in 2014. A total of 20-25 places per cohort are planned with a smaller intake of 15 students for the first year. This course will be two years full-time with block placements in year one and continuous placement in year two. The model for this course comes from Monash University.

Current students predominantly come from Monash University two year masters course and they are recruited from Perth graduates. Sir Charles Gairdner Hospital and Perth Radiation Oncology support four students each, i.e. two per teaching year each. The Newcastle University three year undergraduate bachelor course sources the remaining places in blocks during the winter and summer break periods. These students are in their second or third year only.

All four radiation oncology services in Perth provide limited placements. The new Fiona Stanley Hospital campus is likely to further support student placements. The only site outside Perth is Bunbury.

The courses are accredited with the Australian Institute of Radiography. Monash and future Curtin graduates will commence employment without an internship requirement, unlike Newcastle graduates who are required to complete a one year internship. National registration is managed by the Medical Radiation Practice Board of AHPRA.

**Sonography**

Sonography is a postgraduate masters or diploma course offered by six universities and the professional body. Curtin University offers a Master of Medical Sonography over eight units part-time. Students seek their own placements for the duration of the course. There is no course quoted and there are currently 50 students enrolled across all units. Students take three to four years to complete all units.

Students are employed in traineeship positions in both the public and private settings. There are three main traineeship programs running in WA: South Area Health Service network (SAHS); Perth Radiology Clinics (PRC); and Country Ultrasound Program (CUSP). Students choose from the available academic courses and are usually employed for the duration of their three to four year part-time course.

SAHS students are employed 0.6 FTE in the course and 0.4 FTE as medical imaging technologists and are graduates from a medical imaging course. PRC and CUSP take graduates from other courses into their program, though the preference is medical imaging graduates. Courses are accredited by the Australian Sonographer Accreditation Registry (ASAR), which also oversee national registration.

Table 18.1 provides an overview of placement activity and structure by university course and includes information about the length and volume of placements.
Table 18.1: Placement Activity

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Science (Medical Imaging Science)</td>
<td>56 (2013) 60 (2012) 45 (2011) per cohort</td>
<td>4 years F/T</td>
<td>Year 1 sem 2 Year 2&amp;3 sem 1&amp;2 Year 4 sem 1&amp;2</td>
<td>1 week 5/6 weeks/sem 12/13 weeks/sem</td>
<td>Hospital settings (public and private) Community Private Practices</td>
</tr>
<tr>
<td>Newcastle University</td>
<td>Bachelor of Medical Radiations (Nuclear Medicine)</td>
<td>Total unknown RPH takes up to 3 a period</td>
<td>3 years Year 1 block Year 2&amp;3 2 blocks</td>
<td>1 week 6 weeks each</td>
<td>Public Hospital settings</td>
<td></td>
</tr>
<tr>
<td>Monash University</td>
<td>Master of Medical Radiations (Radiation Therapy)</td>
<td>4-6/year 2 years F/T by distance</td>
<td>Year 1 Year 2</td>
<td>3 blocks 4/5/5 weeks 2 blocks 24/24 Total 62 weeks over 2 years</td>
<td>Hospital settings (public and private) Community Private Practices</td>
<td></td>
</tr>
<tr>
<td>Curtin University</td>
<td>Master of Medical Sonography</td>
<td>50 across all units 3-4 years P/T Employed as trainee for duration</td>
<td>Continuous</td>
<td>Hospital settings (public and private) Community Private Practices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB only the main course providers in 2012-2013 have been included in this table.

18.2 ENROLMENT CAPACITY AND COMPETITION

Radiation Science

All placement providers indicated a preference for WA students. Where Curtin University offers a course there appears to be good long-standing relationships with the placement providers. There are no state-wide training networks in existence although smaller networks have developed around service relationships, e.g. SAHS and CUSP training networks in Sonography.

Curtin University has recently increased its enrolments in medical imaging to 60 students which is causing angst amongst the placement providers and at this time there are not enough places to meet the course needs. Perth Radiology Clinics has indicated it is likely to decrease the number of places available due to changes in technology and service delivery.

Curtin University is also introducing a new Master in Radiation Therapy commencing in 2014 which will require 20-25 places. At present there are student recruitment issues with sponsored places in the Monash University course not being filled. Placement providers have indicated they will support the new Curtin course but are uncertain they can meet the 20-25 places needed. The new Fiona Stanley Hospital service will likely support training once it settles into regular service delivery.

Sonography is self-regulating as students need a placement to undertake the course and are employed. There is some competition between the course providers as all course are offered by external delivery. This does not impact on the placement providers.

Nuclear medicine places are very limited and funded by a Health Workforce Australia grant which finishes with the 2014 intake. Graduates are not currently meeting the level of workforce demand. There is serious concern how the training program can continue without further financial support after 2014. Scope exists for increasing places if support for travel and accommodation can be found.
18.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Radiation Science

There are no formal service agreements in place between the universities and the placement providers. Places are being arranged based on long-term partnerships and individual negotiation on a needs basis. There is a sustainability risk in the dependence on individual relationships rather than an open collegial model. Individual placement providers have little knowledge of the practice and placement issues of their peers and misinformation of peer contributions to the state placement program is common across all the radiation science professions. There is no forum for clinical supervisors to meet and mentor.

The courses offered by Curtin University provide good supervisor support with both written/online guides and personal contact provided. Each course has an Advisory Committee which includes consultation on placements, however not all providers are included. There is open communication on a one-to-one basis by need. University supervisors attend each site each semester or block. Clinical supervisor training is offered each year.

Interstate courses offer limited support beyond written/online assessment documentation. There appears to be very limited communication between the placement provider and the universities unless a student situation arises. Placement providers have developed their own resources to support the students.

Supervision is 2:1 for medical imaging and radiation therapy and 1:1 for sonography and nuclear medicine. There are professional and radiation safety requirements governing these limits. Additionally the type of technology and service delivery limits the number of students in any single service suite for each of these professions.

Each of the placement providers interviewed has a nominated supervisor responsible for student training. The clinical educator role is internally funded and oversees student orientation, rostering, mentorship and assessment. They are usually also responsible for staff development. This position is a key role to ensure the student is well supported and able to progress through their identified competencies. Day to day supervision is shared between the staff as the student rotates through the service delivery suites. Assessment is a shared responsibility between the clinical supervisors and the clinical educator, who submits any final reporting and interacts with the university.

Table 18.2 presents the supervision and facilitation models at the services HMA visited.
<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year (may be approximate)</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Public hospital                    | Royal Perth Hospital Medical Imaging and Sonography | • 16 places, Medical Imaging  
• 5-7 places, Sonography | 2:1 Medical Imaging  
1:1 Sonography | Clinical Educator appointed to oversee students. Students rostered to imaging suite and staff who supervise students for periods. All years of medical imaging taken. Year 4 students rotated equally with partner private practice. Sonography students rotated around specialty areas and to partner sites where necessary. Structured training program developed in-house and supports SAHS program. | Clinical Educator responsible for student orientation, rostering, teaching sessions, welfare issues, assessment and university liaison. Responsible to Director of Service. |
| Private practice, hospital and community | Perth Radiation Oncology Radiation Therapy | • 4 places | 2:1 | Clinical Educator appointed to oversee students who also has staff development role. Students are rostered to a service delivery area and rotated during placement. Students work within the team structure. Clinical staff supervise student and report outcomes to Clinical Educator. | Clinical Educator responsible for student orientation, rostering, teaching sessions, welfare issues, assessment and university liaison. Responsible to Director of Service. |
| Regional public hospital            | Swan District Hospital, Medical Imaging | • 1-2 places | 2:1 | Clinical Educator unofficially appointed to oversee students and maintains a senior clinical role in service delivery. Students are rostered to the imaging suite and clinical staff and rotate around available technologies. Agreement with private practice to exchange students to broaden clinical experience. | Unofficial Clinical Educator responsible for student orientation, rostering, teaching sessions, welfare issues, assessment and university liaison. Responsible to Director of Service. |
| Private practice, hospital and community | Perth Radiology Clinics, Nollamara Clinic Medical Imaging and Sonography | • 65 places across 10 clinics,  
• 12 places across 6 clinics, sonography | 2:1 Medical Imaging  
1:1 Sonography | Clinical educator appointed to oversee students. Students rostered to imaging suite and staff who supervise for period. All years of Medical Imaging taken. Year 4 students equally rotated with partner public hospital. Sonography students enter structured training program developed in-house with Clinical educator oversight. Assessment has been developed in-house and is assessed by clinical supervisors. | Clinical educator responsible for student orientation, rostering, teaching sessions, welfare issues, assessment and university liaison. Responsible to Director of Service. |
| Public hospital                    | Princess Margaret Children’s Hospital, Medical Imaging | • 12 places, one at time | 2:1 | Specialised paediatric imaging unit takes only Year 4 students for 2 weeks. Structured program developed in-house with internal assessment. Close supervision of students. | Clinical Educator has conjoint appointment at Curtin University. |
| Private practice, hospital and community | SKG Radiology, Hollywood Hospital, Medical Imaging | • 2-3 places per semester at Hollywood Clinic  
• SKG has 26 branches most taking students, overall numbers not available | 2:1 | General imaging practice offering close supervision of students and experience of all available imaging modalities. Participates in rotation of Year 4 student to public hospital for half placement period. Student supervision and assessment is by the imaging unit senior. | Clinical Educator with senior clinical service delivery responsibilities provides overall student support and university liaison. |
<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year (may be approximate)</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>Royal Perth Hospital, Nuclear Medicine</td>
<td>3 places</td>
<td>1:1</td>
<td>Close supervision of students during block placement using a structured in-house training program and university guidelines. Assessment is by the senior staff at the roster suite.</td>
<td>Service Director undertakes overall facilitation of the placements and liaises with the university.</td>
</tr>
</tbody>
</table>
Differences in models according to setting type

Within each of the professions the models were consistent with a nominated clinical educator role having overall responsibility for the student and university liaison. The FTE allocated to this role was consistent with the number of students and service size.

There were differences between the professions which primarily relate to funding and proximity of the university(s) providing students. Sonography is an example where any single site could have students enrolled in a number of different education courses. The placement providers have by necessity developed their own training and assessment programs and operate these in parallel to any university requirements.

Radiation therapy services have long received funding for education roles and linked these closely to recruitment strategies ensuring students are well supported. Medical imaging, particularly in the public sector, has only recently introduced the clinical educator role and supervisor training courses.

Princess Margaret Children’s Hospital provides an example of how a close relationship with the university, including conjoint appointment, has led to a small, specialised centre developing a successful short training program targeting interested students.

The nuclear medicine HWA funded program shows obvious benefits of sponsoring local students to attend interstate health courses when a local course is not available.

Interdisciplinary placements or Interprofessional Education (IPE)

The only true interprofessional learning identified was in medical imaging where students have been invited to participate in the Royal Perth Hospital specialised interprofessional training ward. This has proved popular with students and staff.

There were examples of the clinical educators opening student teaching sessions to all service staff. These sessions are more opportunistic than structured as interprofessional.

18.4  PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

18.4.1  Enablers to placement establishment, continuation and quality

The key enabler has been the development in the clinical educator role and acceptance of the need to fund this role within the services. Each consultation has identified the importance placed on this position to enhance communication and development of successful placements. The further extension of the role into structured training program development, e.g. Royal Perth Hospital and Perth Radiology Clinics, and conjoint university appointment, e.g. Princess Margaret Children’s Hospital position, has led to strong placement growth and quality.

There are some examples of good practice in rostering with the use of evening shifts at Royal Perth Hospital and partnerships between public and private providers to extend student placement experiences.
The continuing development of the close relationships between Curtin University and the clinical placement providers is the strongest indicator of likely growth. The Course Advisory Committees are a step towards a more sustainable relationship if more providers are encouraged to attend. Further development of these relationships into broader clinical communities and training networks would further enhance potential growth and leadership within these professional groups.

Curtin University delivery of annual supervisor training is a positive that enhances the workforce and allows growth in supervision capacity. An important consideration given the current staff turnover in these professions.

The sponsorship by HWA of nuclear medicine training is an important enabler given there is no existing course in WA. The costs of returning to WA for block placements in addition to the ongoing costs of university attendance interstate are excessive. This initiative is already proving an aide to recruitment with graduates returning to WA.

The radiation science professions share a longstanding culture of support for education and training. Staff are supportive of students and willing to share in training and assessment.

18.4.2 Barriers to placement continuation or expansion

The major barrier to placement growth is the technology and service practice of these professions. Service delivery is using radiation that inherently incorporates safety and restrictive suite design barriers. Each service delivery suite can incorporate at best one student placement. Recent advances in digital imaging are shortening patient encounters and decreasing the number of x-ray suites required. In addition, professional supervision requirements are set at 2:1 for medical imaging and radiation therapy limiting the number of potential student places. These constraints are the most serious barriers to further expansion. The development of new services like the Fiona Stanley Hospital may be at the expense of existing services and placements. Likewise re-developments in the private sector are seeing a transfer of medical imaging services rather than creation of additional suites. There exists a need for careful planning between the university and its partnering placement providers.

There is the potential for further development of placements in medical imaging in rural and regional settings. At present some sites are being accessed where accommodation can be identified. Further expansion would need to address issues in accommodation and travel. Given these are areas of workforce need in WA it is reasonable to identify this as a priority for the WA government to address.

The HWA funding for interstate nuclear medicine education and training expires from 2015. Without this funding it is unlikely WA school-leavers will be willing and able to access these courses. Once again WA will be left with the escalating costs of interstate and overseas recruitment. Sponsorship of WA students would prove more cost effective.

18.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

There exist loose training partnerships between placement providers and semi-structured committees with Curtin University. There are no state-wide training networks or mentorship programs for these professions.

Curtin University hosts Course Advisory Committees for each of its courses at least once per year. Other interactions with its training providers are by individual communication. There is limited interaction between providers.
In medical imaging there is pairing of the public and private sectors to enhance training experiences and some local regional partnering of larger to smaller service/placement providers. In the private sector training networks have developed in line with the broader practice group, e.g. Perth Radiology Clinics and SKG Radiology. Most of these arrangements have been built on individual relationships. There is little interaction outside existing relationships and no mentoring of the clinical educators. A forum for the clinical educators to interact and share experiences would be beneficial.

Nuclear medicine is a small professional group that is unlikely to ever host a course in WA. There are no formal networks and little interaction with the interstate universities. There would be considerable benefit from mentoring with interstate colleagues in similar roles and responsibilities regarding education and training.

Radiation therapy will benefit from the new course development processes and it is likely the project management at Curtin University will evolve into a Clinical Advisory Group. There are early signs of interactions between the current placement sites and the university that are promising.

Sonography has in existence training networks in private sector, public metropolitan (south) and rural (Country Ultrasound Program). Whilst each of these networks are said to be functioning well, there is minimal interaction between these networks to mentor and share experiences. Due to the number of courses feeding into this training it is unlikely that Curtin University can provide overall leadership through its Course Advisory Committee. There would be benefits in mentoring and sharing placement program and supervision experiences which could be provided by a forum format.

The quality of the training experience in these professions is high and the commitment of the staff at the sites visited is commendable. Functionally the current training structures are working and senior staff are satisfied with maintaining their current level of control of their programs. It was noted that most providers would be keen to interact more and share experiences. This is an opportunity to bring all the training providers for each of these professions together and develop state-wide mentorship and leadership which has great potential to further enhance the training experience for all involved.

18.6 KEY OPPORTUNITIES FOR THE FUTURE

The placement providers spoken with represented a cross-section of current WA providers. It is likely that further development of clinical places will occur in:

- private sector small practices not currently taking students;
- out of hours rosters, e.g. night call and weekend;
- regional and rural practices where accommodation and travel can be supported; and
- new and redeveloped hospitals and practices offering services in excess of existing local services.

Simulation is a standard tool in radiation science education programs and already incorporated into university teaching. Virtual reality programs have proved very effective in radiation therapy education and are likely to become more useful in medical imaging. In medical imaging and sonography university clinics in partnership with public or private providers has proved most beneficial to the student learning experience and to the community. These have also proved successful interstate.

The central issue in sustainability of clinical placement programs is support for the placement providers and their clinical supervisors. Good and open communication, flexible and repeated supervisor training and support programs, mentorship of clinical educators and broadening
Clinical Placement Advisory Groups to involve all participating sites are fundamentals that should be addressed. Course Advisory Committees and Clinical Placement Advisory Groups have different roles and functions with the latter being more open and inclusive and willing to be flexible in its approach to supporting and mentoring its members.

The WA placement providers for these professions do not need a state body to run their placements but they do need support in facilitation to share their knowledge to improve the quality of the experience for students and clinical staff. There is currently very real concern over future directions in university student numbers, level of commitment of all services to training, impact of new services and leadership in clinical education and training. These are big items that could be collectively addressed with minimal financial input but acceptance of the need for facilitation and time to participate.
This disciplinary summary provides an overview of social work courses and clinical placement activity in WA.

19.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

The Australian Association of Social Workers (AASW) sets the standards for social work as a profession and many social work positions require eligibility for AASW membership. In order to be eligible for membership, a student needs to complete one of the AASW approved degrees. Social work is a self regulated profession and does not require registration with AHPRA at present.

Post graduate studies in social work are offered at The University of Western Australia, and undergraduate studies are offered at Curtin University and Edith Cowan University (Bunbury campus). Social work clinical/field placements are structured in accordance with the AASW guidelines and program requirements. Universities are required to include a minimum of two placements in their social work courses, which together must form a minimum of 140 days or 980 hours of supervised practice in a workplace setting. The two placements must occur in different calendar years and provide different social work experiences for students.

Table 19.1 presents an overview the educational providers delivering social work, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.

Universities offer students a wide range of placement settings that include: the Department of Child Protection, public and private hospitals, community mental health services, primary schools, NGOs and the Department of Corrective Services.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
</table>
| Curtin University        | Bachelor of Social Work         | 35-40 at present (anticipated it will increase to 60) | Undergraduate 4 years | Year 3 Semester 1 Year 4 Semester 2 | 140 seven hour working days (at least 980 hours) undertaken over two placements (70 days per semester). An additional 20 hours of fieldwork in an interprofessional work setting is offered | Field placements occur at:  
  - Department for Child Protection;  
  - public and private hospitals;  
  - community mental health services;  
  - primary schools;  
  - NGOs;  
  - Department of Corrective Services; and  
  - other state government departments |
| Edith Cowan University   | Bachelor of Social Work (Bunbury campus) | Approx. 60 students in both years 3 and 4. | Undergraduate 4 years (on and off campus modes) | Year 3 Semester 1 Year 4 Semester 2 | 140 seven hour working days (at least 980 hours) undertaken over two placements (70 days per semester). No placement is to be shorter than 40 days. May vary from 5 days per week to 2 days per week (with two five day blocks within the rotation) 15 weeks each placement. |
Regional and remote field placements are valued and encouraged by the metropolitan universities but this is challenging due to the cost of student accommodation, transport and living expenses while on a lengthy remote placement. In addition, many social worker students (master students in particular) are mature aged students and are likely to have employment, financial and family commitments in metropolitan Perth.

“We want them out there doing rural placements. They are so different to metropolitan experiences. It is critical for the sustainability of social work services in remote areas to give students the opportunity to have a placement there. We can get the placements but they need support to live there. They can’t afford to stay for the length of time needed.”

Social work university representative

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Western Australia</td>
<td>Master of Social Work</td>
<td>Year 1: 39 students</td>
<td>Post graduate 2 years</td>
<td>Year 1 Semester 2 Year 2 Semester 1</td>
<td>140 seven hour working days (at least 980 hours) undertaken over two placements. First placement: 12 weeks Second placement: 16 weeks</td>
<td></td>
</tr>
</tbody>
</table>

**19.2 ENROLMENT CAPACITY AND COMPETITION**

Social work students are in great demand and to date universities said they had little difficulty placing them in a diverse range of settings. A number of the sites suggested a preference for mature age students due to their existing life and working experience. This experience is not only considered important for general ‘work readiness’ in the field, but is particularly valuable when managing the complexities and needs of particular population groups. Some supervisors prefer students who are on their second and subsequent placements but others did not express a preference. Although it can be harder to locate first placements for undergraduate students, it was reported that as the master level students have usually had some prior work experience they are often more attractive to potential placement hosts.

The main difficulty in securing placements is associated with accessing supervisors able to supervise students over their entire placement, which is a significant commitment (up to 16 weeks). Universities approach hospitals, health services and other agencies each semester to determine their capacity to supervise social work students. The university then determines which student is sent to the locations available, based on student preferences, learning needs and skill match. The host placement providers (both health and community services) reported that they tried to take students from each university equitably and not develop allegiances or preferences.

“The quality of student and the doctrine of the education can vary between universities over time and some students are better prepared than others. However I would never turn away a student based on their uni.”

Hospital senior social worker

The university coordinators reported there was no significant problem currently sourcing placements but if student numbers or field placement hour requirements increased in the near future, it may become more difficult to find sufficient placements. Until recently, Curtin and The University of Western Australia had different placement timings during the year, but this has changed recently, so there may be some increased level of competition when students from the universities undertake their second year placements concurrently. One site commented that they anticipated an increased level of competition with the introduction of online social work education in the future.
University field placement coordinators forward an expression of interest form to agencies to seek placement opportunity and a brief description of the learning opportunities they can provide for students. Agencies are also able to state a preference for a student on their first or second (final) placement. The hosting agencies have an opportunity to meet with the student prior to placement confirmation.

For placements within the WA Department of Health, there is a generic allied health agreement in place between the universities and the Department that is signed by the senior university representative and Director General of Health (representative of The Boards). For other hosting agencies individual agreements are generally developed.

19.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Table 19.2 presents the supervision and facilitation models at the services visited.
### Table 19.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Approx. number of students each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospital</td>
<td>Fremantle Hospital</td>
<td>Between 3-6 students a year</td>
<td>1:1</td>
<td>Student often shared between two senior social workers but a single social worker can supervise two students concurrently when appropriate. Work in various departments, may go out with aged care assessment team.</td>
<td>Senior social worker provides coordination of student placement and primary supervision for some students.</td>
</tr>
<tr>
<td>Community</td>
<td>Senses</td>
<td>1-2 a year</td>
<td>1:1</td>
<td>Student assumes own small client workload, will go out to community visits independently. Supervisor will observe a proportion of all client contacts and will touch base every day. Some students will undertake a project such as implementation of a group program.</td>
<td>Senior social worker provides coordination of student placement and primary supervision.</td>
</tr>
<tr>
<td>Public Hospital</td>
<td>Rockingham General Hospital</td>
<td>2 students a year (1 per semester)</td>
<td>1:1</td>
<td>Students assigned to different social workers and wards/departments for 2 weeks each. Largely shadowing in early weeks. Student given caseload to work with but will be supervised by the social worker at all times. Once a week the student sits down with the supervisor and has a review of their cases and what they learnt through the week.</td>
<td>Social Work team coordinator assumes the role of student coordination and primary supervision.</td>
</tr>
<tr>
<td>Community</td>
<td>Wanslea Family Services</td>
<td>1 or 2 students a year</td>
<td>1:1</td>
<td>Students given small case load of their own to manage with some supervision and support. For second placement they are expected to work more independently than first placement.</td>
<td>Executive manager of the service assumes responsibility for student coordination.</td>
</tr>
<tr>
<td>Community</td>
<td>RUH Community Services</td>
<td>6 students a year</td>
<td>1:1</td>
<td>Students will cross and experience broad range of programs. Works independently or under direct supervision dependent on skill level and stage of program (never alone in first placement).</td>
<td>A social work coordinator is the key contact point for the universities. The coordinator then transfers responsibility of a student to a manager.</td>
</tr>
<tr>
<td>Private hospital</td>
<td>Joondalup Health Campus</td>
<td>No students this year but usually 2-4 students a year</td>
<td>1:1</td>
<td>Student will undertake work independently or under direct supervision. Supervisor will determine competency and tailor workload appropriately. Second placement the student is expected to be more independent and work ready. Joondalup consider themselves quite ‘tough’ assessors and take the quality of the placement experience seriously. Students experience range of departments. Supervisors may share a student or students.</td>
<td>The social work department is the key coordinator for the student placements and will share paperwork and supervision responsibilities with the team.</td>
</tr>
<tr>
<td>Other</td>
<td>Department for Child Protection</td>
<td>Every semester take: 10 to 15 students from Curtin University 3-4 from The University of Western Australia 5 to 6 from Edith Cowan University</td>
<td>1:1</td>
<td>Whilst one person is appointed as the student’s supervisor and has formal responsibility for supporting them, the other staff members in the office also support the student. Initial placements are focus on shadowing a social worker and becoming familiar with what is required in the role. Final placements focus on supporting students to manage five to six cases (half the normal workload).</td>
<td>The central coordinator works with district placement officers to facilitate student placements. A supervisor guide provides clear guidelines and useful materials to support them in their role. Regular training program provides support to supervisors. Students receive an initial 4 days or orientation, 1 day of computer training. Students are encouraged to undertake rural placements. Edith Cowan University and the Department for Child Protection have accommodation that students are able to utilise to support placements.</td>
</tr>
</tbody>
</table>
The social work ‘field educator’ is the primary supervisor. The field educator must be a qualified social worker with a minimum of two year’s practice experience and be eligible for membership of the AASW. Field educators must provide a minimum of 1.5 hours of supervision (including formal and informal) for each five days on placement. This can be provided individually or in a group. Students on placement can participate in a range of individual case work or group activity depending on the stage of their study, level of competence and skill, and working experience.

The model of supervision within social work is predominantly 1:1 or 2:1 supervisors to students, complemented by group teaching in some larger facilities. The social work field placements are structured in accordance with AASW guidelines and relevant social work program requirements. Clear expectations for learning goals and performance outcomes, based on the AASW Practice Standards and Code of Ethics are established through a consultative process between the university, field education and student. These are documented in a learning plan. There is one placement assessment report due mid placement and a longer final report at completion of the placement. The universities expect supervisors to enable their students to achieve the set competencies, but do not direct them in how this is to be done.

The ‘university liaison person’ is the university’s representative for the field placement and is responsible for supporting, monitoring and evaluating the placement. The liaison person is available for support, advice and direction for both the student and the field educator/practice educator and can assist any issues that arise. Generally, the liaison person will visit the student at their sites twice during placement: beginning and mid placement. Students at The University of Western Australia attend integration sessions at least once every two weeks during which students are able to reflect, integrate theory with their practice and to develop peer relationships. Edith Cowan University provide a liaison person for six hours per student which is inclusive of three liaison meetings, conversations, correspondence and completion of the final page of the placement assessment report.

"We like to go out to visit the sites. It keeps them happy and we can also observe the student in the environment.”

University representative

Where the agency is not able to provide a field educator, an external field educator will be provided by the university. The external field educator will provide the supervision requirements as set out by the AASW and the student will be supported by an ‘agency supervisor or practice/task educator’. They will provide orientation to the agency, informal supervision of placement activities and oversees their daily tasks and activities (but they will not necessarily be a social worker themselves).

**Interdisciplinary placements or Interprofessional Education (IPE)**

Curtin University has strong focus on Interprofessional Education (IPE) and social work students are encouraged to enrol in these programs. Other interprofessional student training opportunities are available on an adhoc basis.

**19.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS**

During discussion with stakeholders a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation and quality placements.
19.4.1 Enablers to placement establishment, continuation and quality

Enablers to placement establishment, continuation and quality included:

(1) **Recruitment practices of the agencies:** for some hosting agencies, the placement of students plays an important role in staff recruitment. The student supervision period provides an excellent opportunity for agencies to see students in their working environment, orientate them to their organisational culture and introduce students to the opportunities of a rewarding career in less traditional settings that students may not have considered prior to their placement.

> "We employ about 60% of our students. It is a very important method of recruitment for our team."

Hospital senior social worker

(2) **Individual motivation of the team leaders and supervisors:** Although a supervisor may be working within an organisation or team that fosters teaching and supervision, the choice of taking on student placements in some organisations is largely individual. Supervisors commit to student supervision for many reasons. They include: altruism, the desire to ‘give back’ to their profession, providing a positive role model for students, imparting knowledge to ensure sustainability of the profession into the future, diversity in their work load, opportunity to self-reflect and learn of new research and contemporary practices taught in the universities, opportunity for professional development and the enjoyment they derive from supervising students.

> "I love working with students and mentoring and teaching them. Philosophically I believe that we should train new students. We are developing the workforce into the future. I learn a lot from them also."

Senior social worker

> "I like to reward my team. I will help them with their time and try to support them to do this work. However it is always up to the individuals to decide if they can take a student or not."

Senior social worker

> "We take students as a commitment to our profession. It also helps the staff professional development and to self-reflect. We hear new ideas which can change our own practice."

Senior social worker

(3) **Support from team leaders and managers:** the team leaders and department managers in many sites took steps to support their staff to provide quality supervision to students while also balancing their ongoing workload. Team leaders and managers would often undertake the primary supervision (including the paper work), the coordination of the student while on placement and, reduce the supervisor’s workload where possible.

(4) **Commitment to maintaining good working relationships with the agencies:** universities discussed the importance of working with agencies and maintaining collegial relationships. This included investing considerable time and effort into matching of student preferences and skills required at a particular site and ensuring that issues with student performance were dealt with quickly and professionally.

(5) **The value add of trained students in the agency:** social work students can be productive and active members of a team and assume their own (albeit smaller) clinical or other work load. This provides assistance to organisations in managing client service demand, and in implementing projects that the team would not be able to do as part of their regular core business.
“I always ask for older more experienced students for placement, preferably second placements. They are an excellent resource to be honest. If I can provide more services to our clients and they are a good fit for the organisation then I will definitely take them.”
Senior social worker

(6) **Good placement manual resources for students and supervisors:** these resources support students and supervisors to undertake the roles expected of them and provide all involved with clearly defined expectations, responsibilities and methods of communication. Edith Cowan University has created a comprehensive Field Education Manual which students and agencies are expected to read prior to placement. The manual contains detailed information about what is expected of the students and educators, the process of placement and other relevant administrative and policy detail.

(7) **The ongoing sourcing of new agencies:** the universities invest significant time into sourcing new placement opportunities beyond those already established.

(8) **University based supervisory training and other professional development opportunities:** All three universities provide workshops or seminars for field educators, practice educators and liaison staff prior to the commencement of placement. This can be taken over half a day or full day and participants may receive continuing professional development (CPD) points for their involvement.

(9) **Integration or other student group opportunities:** at which students are able to meet their peers and reflect and share experiences. This also enables liaison staff to identify potential issues and address them before they develop into problems.

**19.4.2 Barriers to placement continuation or expansion**

Barriers to placement establishment, continuation and quality included:

(1) **Length and model of placement:** the length and model of supervision for the social work field placement is significant compared with some other disciplines (approximately four months in a setting). Although recognising the value of having students, not all sites are able to commit to the length or intensity of the supervision period.

(2) **Supervisor workload and availability:** as with many disciplines, social workers undertake supervision in addition to their core work load. The senior social workers and managers spoken to commented that they were always considerate of their team member’s capacity to provide supervision to a student and provided support where possible. In addition, many social workers are part time employees which reduces the number of staff available to provide appropriate supervision.

(3) **Space:** a lack of physical space including rooms, offices, desks, computers and telephones was raised as a significant barrier to hosting students or to increasing the number of students on site. This was more prevalent amongst hospitals and health services but many organisations experienced problems with physical accommodation of students.
**Access to appropriate staff to supervise:** although a potential agency may be open to hosting social work students, if there is not a social worker on staff to provide supervision then this cannot occur without the university providing an external field educator. The engagement of an external field educator can be costly and not always the preferred approach by host agencies or universities.

**Attractiveness of sites:** although there are sites at present that are ‘un-tapped’ or non-traditional, education providers commented that many students are reluctant to go to placements where they perceive little career prospects or opportunities in the future. Some students in particular will often have preference for more traditional settings where they know career progression is possible.

**Lack of recognition for the role of supervisor:** although participation in supervision is encouraged or expected by some organisations, there is not always recognition of, or allowances made for, the additional work load this creates for the supervisors.

**Ongoing challenges of sourcing and maintaining placements:** education providers invest considerable ongoing time and energy in sourcing new placements and maintaining relationships with hosting agencies where placements are in place. Dependent on the number of students in a program this role can be particularly time and resource intensive.

**Lack of collaboration between universities regarding placements and expressions of interest:** At present the three universities approach sites individually and at different times of the year. One of the agencies suggested that this creates additional work each time they were approached. The stakeholder suggested that it would be less onerous if the universities were able to coordinate the placement needs and timings together and approach once or twice a year with clearly defined requests for them to consider in a single review or management meeting. In addition, the actual “expression of interest” paperwork varies between universities.

### 19.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

Social work coordinators across the tertiary hospitals hold a Student Coordinators Group twice a year to discuss case studies, student modules, and other information about social work student clinical placements. Each hospital takes a turn in presenting about the program they provide for students. This is done to compare what is happening, discuss issues and maintain some consistency across placement settings.

An Interagency Field Education Practice Group made up of social work coordinators and university field educators from The University of Western Australia, Curtin University and...
Edith Cowan University meet twice a year. They discuss changes in accreditation requirements, recognition of prior learning, social work field placement activity, social work industry developments and other relevant issues.

In 2012, AASW hosted a forum about growing placements and sustainability that the Edith Cowan University program coordinators attended.

### 19.6 KEY OPPORTUNITIES FOR THE FUTURE

All three universities endeavour to seek new placement opportunities each year. Edith Cowan University in particular aims to develop and explore one or two new or ‘non-traditional’ placement sites each year for their social work students.

> “It is hard work finding places for our students each year and we must always look outside of the square for new opportunities. We can’t just stick with the traditional services.”

University representative

Opportunities to provide field placement in regional areas such as Port Hedland have been identified, and universities said they would need support to do this. In particular, The University of Western Australia would like to establish regional training centres in the Wheatbelt to attract social workers to the area.

Opportunities were identified for greater collaboration in research between universities and health services that could lead to the development of a range of projects and placement opportunities. In addition some of the agencies suggested that access to the university library resources would be greatly valued by the supervisors.

> “We would be open to working with the universities more. The universities could approach us for the master of social work research project opportunities. We should be more integrated and could be working together better than we are right now.”

Hospital senior social worker

To strengthen the quality of placements, a need for greater access to professional development programs was identified. Stakeholders spoke of the La Trobe University course which offers accredited supervisor workshop from introductory, advanced to ‘master’ class levels. The University also offer supervisor support circles and Supervisor Excellence Awards. Access to similar levels of professional development opportunities and formal accreditation of the courses were seen by stakeholders as important ways of strengthening the capacity of the sector to provide quality placements.

Additional settings considered for the future include: Local Government (community development office); community centres, aged care services (including residential care), and schools.
This disciplinary summary provides: an overview of speech pathology courses and clinical placement activity.

### 20.1 GENERAL OVERVIEW OF COURSES AND PLACEMENT ACTIVITY

Speech Pathology courses are accredited though Speech Pathology Australia. The accreditation standards do not specify a minimum number of clinical placement hours a course must include. Instead, each student must reach a minimum competency standard across six key areas of practice. These include language, speech, swallowing, voice, fluency and multi-modal communication. They also require students to gain experience working with both adult and paediatric client groups. Speech Pathologists are not a registered profession under AHPRA. States and territories (with the exception of Queensland) do not require speech pathologists to be registered.

Curtin and Edith Cowan University both offer four year undergraduate Bachelor of Speech Pathology courses. Curtin University also offers a two year graduate entry Master of Speech Pathology.

Curtin University and Edith Cowan University require students to undertake a placement in a rural area. At Edith Cowan University, this generally occurs in the fourth year for a seven week period. The majority of their students go to Geraldton where four students attend five times a year. These placements are only possible because of the program established with HWA funding which is due to expire at the end of this year. As Edith Cowan University acquired this funding, they only share the placements if they cannot fill them.

Table 20.1 presents an overview of educational providers delivering speech pathology courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur. It is important to note that the information presented in this table was predominantly derived from consultations with universities and may not capture all placement settings in place.

<table>
<thead>
<tr>
<th>University /VET</th>
<th>Programs that require placement</th>
<th>Approximate no. of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtin University</td>
<td>Bachelor of Science (Speech Pathology)</td>
<td>-</td>
<td>4 years</td>
<td>Throughout year 3 and 4</td>
<td>2xdays weekly in year 3, 1 x 4 day a week, 10 week blocks 1x 4 day a 7 week placement in year 4</td>
<td>Placements in: Hospital (public and private)</td>
</tr>
<tr>
<td></td>
<td>Master of Speech Pathology</td>
<td>20 in 2012 37 in 2013</td>
<td>2 years</td>
<td>Throughout the course</td>
<td>1 x day per week in year 1, ½ day a week, Semester in year 1 and 2, 2 x 4 days a week 10 week blocks in year 2</td>
<td>NGOs Education settings Community health</td>
</tr>
</tbody>
</table>
### 20.2 ENROLMENT CAPACITY AND COMPETITION

The School of Speech Pathology at Curtin University currently has the largest student enrolment, with approximately three times as many students as Edith Cowan University. The number of students enrolled in the Master of Speech Pathology has increased from 20 students in 2012 to 37 students in 2013. Edith Cowan University’s course only commenced in 2009 with the first students graduating in 2012. Their numbers have gradually increased from 15 per year to 40 students however; there are plans for enrolments to stay at around the 35–40 student mark.

The two universities have aligned the larger blocks of clinical placement and send out joint requests for placements and the offers are shared. As Curtin’s enrolment numbers are three times the size, Curtin University is allocated 75% of the placements and Edith Cowan University 25%.

### 20.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

A one to one supervision model predominates in speech pathology. Despite having one student per supervisor, students do frequently attend placements in pairs. This encourages peer learning and reflective practice. It was reported that speech pathologists were generally considered able to supervise after three years in the field (although some speech pathologists are able to undertake this role after two years of employment).

There were a number of innovative models within speech pathology.

Next Challenge utilises a 1:2 supervisor to student model with pairs of students going out to schools without a speech pathologist present. Each student is assigned a small caseload of students whom teachers have identified will benefit from speech pathology input. The students may also run some whole activities together. The peer support gives the students the confidence and a sounding board for ideas they would not have otherwise. The tasks the students undertake do not require direct supervision and mechanisms have been established that allow for the supervisors to monitor their performance. This model is innovative, as it has enabled a private practice to take students without negatively influencing their business.

Another innovative model is the Gosnells Community Speech Pathology Clinic run by Curtin University. Three to five students receive supervision from the one supervisor under a peer-learning model that has achieved significant reductions in public hospital waiting lists.
**Good Practice Box:**

**Gosnells Community Speech Pathology Team**

This clinic is run by Curtin University and is a joint initiative of the university, Bentley Hospital and Armadale Hospital. The student-led clinic was established to address the long waiting lists at the hospital out-patient clinics and to provide students with placements. It operates from a shop front address in a suburban setting. The service has 1 FTE Clinical supervisor (6hrs/day) and a coordinator 0.2 FTE. It takes nine to ten fourth year students for placements of nine to ten weeks. Three to five students attend each day.

The clients are adults with serious but stable conditions and include those with progressive conditions such as Parkinson’s disease and fifty percent have suffered stroke. All have been referred to the clinic for rehabilitation from a tertiary hospital.

The clinic provides a different placement experience in which students take a more active role in developing the service and shaping their placement experience. Students are responsible for organising their work including scheduling, planning and reviewing cases. This is an experience closer to independent professional practice than traditional placements where the student fits into established work patterns.

The clinic operates with a collaborative supervision model which emphasises a reflective practice approach and peer support. Students collaboratively review patients’ plans, observe each other’s sessions and review reports. Students videotape sessions and these are reviewed by peers and their supervisor.

Speech pathology has a national competency assessment tool called COMPASS which is used to assess all student placements. It can be completed online and both universities offer training in its use. The majority of health services spoke to acknowledged that COMPASS provides benchmarks and encourages a collaborative process for assessment. However, a number of health services said it was time consuming and too subjective.

Table 20.2 presents the supervision and facilitation models at the services HMA visited.
### Table 20.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Public hospital     | Charles Gardner Hospital | Year 1 students on observation placements Year students completing patient interviews. 88 year 3 and 4 students for 2 days a week (4-6 students in total at once) 10 students for 4 days a week for 6 – 10 weeks, undertaking final year projects. | 1:1 | • 1:1 model operating for all 3rd year students with 4 students at once  
  • Whole of department approach to year 4 students placements with 2 students at once | • Supervisor has responsibility for supervising student and assessing their competencies utilising COMPASS |
| Public hospital     | Bentley Hospital        | 8 x year 4 students in pairs for 10 weeks for 2-3 days/week. | 1:1 | • Predominantly 1:1 model  
  • Students come in pairs which offers peer learning opportunities  
  • To increase clinical exposure may work with multiple staff  
  • Students are encouraged to audio/video tape their sessions and review them with their peers. | • Supervisor has responsibility for supervising student and assessing their competencies utilising COMPASS |
| Private Hospital    | Hollywood Private Hospital | Year 4 students one at a time for 6-10 weeks 2-6 year 3 students 1 day a week | 1:1 | • Predominantly a 1:1 supervision model.  
  • Service feels it is important that the student has the one dedicated supervisor.  
  • The student also engages with a range of others staff members. | • Supervisor has responsibility for supervising student and assessing their competencies utilising COMPASS |
| Private Hospital    | Joondalup Private Hospital | 13 students in total consisting of year 4 students from Curtin University and year 1, 2 and 4 students from ECU. | 2:1 model | • Predominantly a 2:1 model with one taking coordination responsibility for the placement | • There are orientation resources and protocols to support practice  
  • Supervisor has responsibility for supervising student and assessing their competencies utilising COMPASS |
| Community           | Next Challenge          | 8 students in 10 week blocks Students attend in pairs | 1:2 | • The students spend 1 day a week at the Next Challenge and 3 days a week at two schools.  
  • Their supervisor is not at the schools but will observe the student at the school 2-3 times during the placement  
  • Each week they have an hour of individual supervision and supervision together with both students to discuss caseloads  
  • Students are encouraged to audio/video tape their sessions and review them with their peers. | There is student coordinator who facilitates and completes all the supervision of the students. Their role includes;  
  • providing offers to the university for the following calendar year of their capacity to take students;  
  • liaising with student before they commence;  
  • completing supervision for all students  
  • organising any time spent with other therapists if required  
  • completing orientation on first day; and  
  • liaising with university if a student is struggling. |
<table>
<thead>
<tr>
<th>Health Service Type</th>
<th>Name of Health Service</th>
<th>Number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
</table>
| Community           | Gosnells Community Speech Pathology Clinic | 3-5 students every 10 weeks (closes for December and January) | 1:5 | - 3-5 students in year 4 in 10 week blocks.  
- Collaborative supervision model with peer learning and reflection  
- Students are responsible for scheduling administration session planning for their caseload  
- Supervision is provided by a university funded speech pathologist  
- Students are encouraged to audio/video tape their sessions and review them with their peers. | - This student led clinic is funded by Curtin University.  
- Curtin University is responsible for facilitating the placements |
| Community           | Child Development Services | 3 students each year for a 8-10 week placement | 1:1 | - The provision of supervision is shared amongst the speech pathologists in the service to prevent burn out (each is expected to provide supervision at one or two stages during the year)  
- Only take final year students for undergraduate program and year 2 of Masters.  
- Usually 1 student to 1 supervisor but this can be divided between two supervisors over the 8-10 week period  
- Depending on skills and stage of training students may see a small case load of client (about 3 a day) under full supervision. Will discuss and debrief after each session. Others will just observe. | - Universities coordinate placements and approach the service for expression of interest  
- Coordinator / Principal Speech Pathologist assumes the coordination of student placement and is the main contact for the universities |
Differences in models according to setting type

Although the predominant model of supervision is 1:1, some of the larger sites were able to host more than one student at a time. For the smaller sites it was felt that due to the part-time nature of their team and the large workload they had, two students at a time would be too difficult for their organisation to manage at present.

Interdisciplinary placements or interprofessional education

There were no formal opportunities identified for students to participate in interprofessional placements at the health services visited. In nearly all health services, students had opportunities to work with professionals from other disciplines during their placement. This occurs in a variety of ways including attending team meetings and observing a staff member from another profession for a day.

Curtin University provides an interprofessional education placement opportunity for students in a school setting. The project has been funded by Health Workforce Australia. It places students from a range of disciplines (speech pathology, occupational therapy, physiotherapy and nursing) in four participating primary schools. Students work in groups of 12, with 2-4 from each discipline in the group. The children they see have complex needs and together the team of students plan the sessions they will run, deliver them and then reflect on how the sessions went.

The supervision model is interprofessional and focuses on reflection upon the student’s role and that of others. Students have a discipline specific supervisor as well as a clinical supervisor who supervises across all placements.

Whilst the program is innovative in its approach the logistics of coordinating placements between all the disciplines is challenging.

A core to the program’s success is the HWA funding that is available to support the model.

Gosnells Speech Pathology does not have an interprofessional component, though the service model would lends itself to this.

20.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline, a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

20.4.1 Enablers to placement establishment and continuation

Clinical placements would not be possible in speech pathology if it were not for the enthusiasm and commitment of supervisors. Amongst supervisors, there is a strong belief and commitment to give back to the profession ensuring high quality graduates. Student placements can provide an opportunity to recruit talented graduates, which upon the completion of the course are already oriented and familiar to their workplace. This can motivate health services to take students.

As there is no funding for student placements, having strong relationships between the university and the health services is important. This is strengthened by the universities offering training in the COMPASS assessment tool and reflective practice workshops. A
number of services said they appreciated and valued the generic supervision training offered by the universities. However, asking staff to take time out of their working week to attend was not always easy. One of the agencies also suggested that they would appreciate access to the universities library resources.

The collaboration of the universities to align their calendars, send out requests and evenly distribute offers reduces the burden of facilitation on the health services. Having a uniform approach with the COMPASS assessment tool similarly assisted services.

20.4.2 Barriers to placement continuation or expansion

Only one health service reported insufficient clients for the students to see as a barrier. Barriers for health services were common across the sectors. Many organisations reported their ability to expand numbers of placements was limited by:

- lack of staff available and competent to supervise;
- limited physical space;
- a lack of computer access;
- placement calendars not aligning with other professions limiting ability to support interprofessional education experiences;
- support from the university when a student is underperforming;
- a shortage of adult placements;
- concerns regarding staff “burn out”; and
- a lack of backfill for staff leave and vacant positions

"Most of our staff are part-timers, which is common in speech pathology, so we share out the supervision amongst the team. Even though I do expect most speech pathologists to supervise a student through the year I am conscious of workload and don’t want to burn anybody out!”

Senior Speech Pathologist

Increasing enrolment numbers and the commencement of a new course at Edith Cowan University concerned many health services, as they already feel stretched and under resourced. Health services had many ideas as to how these barriers could be overcome including:

- providing backfill for clinical supervisors;
- improving the quality of training provided to clinical supervisors;
- greater use of simulation to reduce clinical placement hours; and
- expansion of physical resources; including physical space and computer access.

20.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

Health services were generally not aware of the WA CTN and there were few partnerships and collaborations identified by stakeholders.

Clinicians in private practices expressed the view that they had limited capacity to participate in networks. Whilst employers are generally supportive, no allowance is made within workloads and additional meetings have to occur in personal time.

Private hospital staff said they felt relatively isolated about what is happening at other services. They receive positive feedback from students who attend on placements but report not knowing how this compares with other services.
Clinicians identified their relationship with their professional association as important. An Adult Interagency Group encourages collaboration across the adult speech pathology sector. This has student placements as part of its agenda, but is a minor component.

The universities saw value in the establishment of a Speech Pathology Clinical Education Committee that would comprise the universities, health care providers, education providers, disability agencies, rural providers and private providers.

20.6 KEY OPPORTUNITIES FOR THE FUTURE

Student-led clinics like Gosnells Speech Pathology Clinic are a potential model for placement expansion. However these models requires significant amount of funding.

One of the site representatives spoken with expressed a desire to work in greater collaboration with the universities and the opportunity to input into the setting and structure of the clinical placement.

“They should ask us our opinion more about what skills students actually need to work as speech pathologists and about where the population demand is. I feel they don’t get enough exposure to those population groups were there is huge demand for speech pathology.”

Community service, Senior Speech Pathologist.
Disciplines not offered in WA

This disciplinary summary provides a very high level overview of those disciplines that are not currently taught within Western Australia. These are:

- optometry;
- orthoptics;
- orthotics and prosthetics; and
- osteopathy.

Information on these disciplines was derived from telephone discussions with program coordinators of the respective universities from other states and territories, and consultations with a small sample of health services hosting students from these programs in WA. Of these disciplines only the disciplines of optometry and orthotics and prosthetics had ongoing placement arrangements with WA providers.

21.1 OPTOMETRY

Training in optometry is offered at five universities within Australia: Flinders University of South Australia, University of New South Wales, Queensland University of Technology, and Deakin University. Table 21.1 presents the universities, relevant course information and placement arrangements.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Regular placement arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flinders University of South Australia</td>
<td>Master of Optometry (Vision Science)</td>
<td>Adhoc placements based on student initiation</td>
</tr>
<tr>
<td>University of New South Wales</td>
<td>Graduate Certificate in Ocular Therapeutics Master of Optometry Graduate Diploma in Optometry Bachelor of Optometry Bachelor of Science (5 years)</td>
<td>50 hours of placement can be undertaken at Royal Perth, Fremantle and Sir Charles Gairdner Hospitals. Placements for the Bachelor program (year 5) are adhoc Have sent students to Kimberley and Pilbara through a private practice (4 students for 2 weeks)</td>
</tr>
<tr>
<td>Queensland University of Technology</td>
<td>Master of Optometry Graduate Certificate in Ocular Therapeutics</td>
<td>Adhoc placements based on student initiation</td>
</tr>
<tr>
<td>University of Melbourne</td>
<td>Bachelor of Science and Optometry Graduate Diploma in Advanced Clinical Optometry Doctor of Optometry</td>
<td>No placements in WA</td>
</tr>
<tr>
<td>Deakin University⁵</td>
<td>Bachelor of Vision Science and Master of Optometry</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Two universities had reasonably regular arrangements in place with health services (private and public) in WA. The remaining universities reported adhoc clinical placements in WA initiated by the student themselves due to established relationships with services in WA or having family there to provide accommodation. A student from Queensland University of Technology arranged a placement in Port Hedland and was assisted to do this with a scholarship from Services for Australian Rural and Remote Health (SARRAH).

Flinders University of South Australia and Queensland University of Technology commented that they would be interested in developing more formal relationships with WA health services in the future.

⁵ At time of writing the representative of Deakin University was unable to be reached for comment despite multiple attempts.
The Royal Perth Hospital is one of a number of public and private optometrists that take students from the University of New South Wales. The Optometrists Association of Australia assists in facilitating the placements by asking its members to consider taking students on placement for a short period of time. The Royal Perth Hospital generally takes one or two students for a period of one to two weeks before they rotate on to other placement settings. The capacity of the hospital is fairly limited as they also support a significant number of registrars and nurses on rotation. Post graduate ocular therapeutics students also undertake placements at the hospital. Supervision is generally undertaken using a 1:1 supervision model. Whilst on placement, students are rotated across the clinics, which includes general emergency and specialty glaucoma clinics. In these clinics, the students sit in with the consultants and registrars.

Sir Charles Gairdner Hospital, used to take students on placement, but is currently unable to do so as they are currently not accredited.

### 21.2 Orthoptics

Training in orthoptics is offered at two universities within Australia: La Trobe University and University of Sydney. Table 21.2 presents the universities, relevant course information and placement arrangements.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Regular placement arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Trobe University</td>
<td>Bachelor of Health Sciences and Master of Orthoptics&lt;br&gt;Master of Orthoptics</td>
<td>Adhoc placements based on student initiation</td>
</tr>
<tr>
<td>University of Sydney</td>
<td>Master of Orthoptics</td>
<td>Adhoc placements based on student initiation</td>
</tr>
</tbody>
</table>

Both university representatives reported that student placement in WA was irregular and based on the request of students. The key barrier raised to encouraging student placement in WA was the cost of accommodation and airfares, which must be met by the students themselves. The La Trobe University representative commented that from 2014, all students are required to undertake a compulsory regional or interstate placement and anticipates that this will provide an opportunity to work more regularly with WA health services.

### 21.3 Orthotics and Prosthetics

La Trobe is the only university that teaches orthotics and prosthetics in Australia. They have had a relationship with health services in WA for over 20 years. Students in their final year must complete two full time 8 week external placements (1 for orthotics and 1 for prosthetics). Table 21.3 presents the relevant course information and placement arrangements.

<table>
<thead>
<tr>
<th>University</th>
<th>Programs that require placement</th>
<th>Placements occur at:&lt;br&gt;• Child and Adolescent Health Service Princess Margaret Hospital&lt;br&gt;• TLC Unlimited&lt;br&gt;• Royal Perth Hospital (Shenton Park)&lt;br&gt;• Orthotics and Prosthetics Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Trobe University</td>
<td>Bachelor of Health Sciences and Master of Clinical Orthotics and Prosthetics&lt;br&gt;Master of Clinical Orthotics and Prosthetics</td>
<td>Placements occur at:&lt;br&gt;• Child and Adolescent Health Service Princess Margaret Hospital&lt;br&gt;• TLC Unlimited&lt;br&gt;• Royal Perth Hospital (Shenton Park)&lt;br&gt;• Orthotics and Prosthetics Solutions</td>
</tr>
</tbody>
</table>

Students spend four blocks a year at WA private and public health services and some organisations will host four students in a year. In 2012 the university sent 8 out of the 36 student cohort to WA. Formal agreements are in place between the La Trobe University and the health services and students are covered by the university’s insurance.
La Trobe University anticipates demand for clinical placements will grow as they seek to increase student numbers to 50. Currently they have reached saturation for prosthetic student placements and are interested in exploring opportunities in regional areas such as Bunbury or Mandurah.

TLC Unlimited provides clinical placement opportunities for students in their final year for eight weeks. In the past they have taken two students concurrently but due to the number of clinicians on staff and current workload they have since decided that one student per placement is appropriate. The primary supervisor undertook their training at La Trobe University and approached their former university with an offer to host students as a way to promote WA to other students in this area. TLC Unlimited also offer affordable accommodation options for the student. Students within the private clinic work with a supervisor and also independently build devices.

Princess Margaret Hospital Child and Adolescent Health Service provides clinical placement for four to six students a year from La Trobe University and also hosts students from a Hong Kong education provider on an adhoc basis. The placements are undertaken over an eight week block throughout the year, and the service will generally host one student at a time due to the size of their team and workload commitments.

### 21.4 OSTEOPATHY

Training in osteopathy is offered at three universities within Australia: Southern Cross University, RMIT, and Victoria University. Table 21.4 presents the universities, relevant course information and placement arrangements.

<table>
<thead>
<tr>
<th>University/VET</th>
<th>Programs that require placement</th>
<th>Regular placement arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Cross University</td>
<td>Master of Osteopathic Medicine</td>
<td>No placements undertaken in WA at present</td>
</tr>
<tr>
<td>RMIT</td>
<td>Master of Osteopathy</td>
<td>Adhoc placements based on student initiation</td>
</tr>
<tr>
<td>Victoria University</td>
<td>Bachelor of Science (Clinical Science)</td>
<td>No placements undertaken in WA at present</td>
</tr>
<tr>
<td></td>
<td>Master of Science (Osteopathy)</td>
<td></td>
</tr>
</tbody>
</table>

Although RMIT expressed an interest in sending more students to WA, they are restricted by their clinical placement competency model which requires students to be under the direct supervision of an osteopath of which there are a very small number in WA compared with Victoria (approximately 30-40 osteopaths in private practice compared with approximately 900 privately practising clinicians).

Southern Cross University commented that at present there are sufficient placement opportunities within Victoria and their own university clinic. However, if a student expresses an interest to undertake a placement in WA they are willing to facilitate it.

#### 21.4.1 Enablers to placement

Enablers to clinical placements being undertaken in other states (not necessarily WA) include:

- financial support to undertake placement in particular states such as New South Wales ($1000 bursary per student available and the Queensland Graduate Package);
- personal motivation of the student for whom WA may be their home state or who have family living there. The student may also be interested in a region in WA for a particular population or speciality focus; and
- historical and ongoing relationship with a health service in WA.
21.4.2 Barriers to placement

There were a range of reasons that many interstate educational providers did not seek to establish clinical placement arrangements with WA organisations. These included:

- sufficient placement opportunity in home state or territory and no need to seek placement in WA;
- cost of accommodation and travel for the university and student was prohibitive. Students who choose to undertake placements in WA will often arrange and fund them independently;
- difficulty in establishing formal arrangements and consistency of supervision between sites; and
- low student motivation to travel interstate for long placement periods.
References

1. Kristine Battye Consulting (2102) Review of Community Controlled Registered Training Organisations Funded through The Health Workforce Division, Department of Health and Ageing


3. Occupational Therapy Council (Australia and New Zealand) LTD. Accreditation Standards for Entry Level Occupational Therapy Education Programs. Pert WA December 2012

