

4 Engaging health services and recruiting patients

Creating opportunities for students to work alongside patients with chronic health conditions across different healthcare settings is the centre of the WoSSP model. The authenticity of these activities requires that students be attached to real patients. This section of the manual aims to help you embed the educational and administrative supports for your WoSSP program within an appropriate health service/program area so that it is linked to day-to-day health service activities.

The active involvement of your community partners is essential to ensure WoSSP activities don't place undue pressure on service provision, patients or students. Patient selection and recruitment needs to be handled in a sensitive way. With careful planning, WoSSP interprofessional learning activities can add value to patient healthcare.

Resources for this section

Guidelines

- G4.1 Setting up administration systems for the patient-centred curriculum
- G4.2 Developing patient information sharing protocols for WoSSP
- G4.3 Selecting and recruiting patients
- G4.4 Preparing patients for the program
- G4.5 Obtaining patient consent and maintaining confidentiality
- G4.6 Preparing a patient health summary
- G4.7 Arranging GP appointments for patients

Associated tools

- T4.1 Patient-centred curriculum planning timelines
- T4.2 Patient information sharing agreement
- T4.3.a Patient database spreadsheet (MS Excel)
- T4.3.b Patient selection checklist
- No tools for this guideline
- T4.5.a Patient written consent form
- T4.5.b Student confidentiality agreement
- T4.6 Patient health summary
- T4.7 Patient appointment letter



G4.1 Setting up administration systems for the patient-centred curriculum

What is the purpose of this guideline?

The WoSSP program is based on **patient-centred curriculum** activities that allow students to interact with **patients** with chronic health conditions across different parts of the local health system. To facilitate meaningful involvement with patients, these activities (and the administrative processes that support them), need to be **embedded** within an appropriate health service/program (such as the Hospital Admissions Risk Program, an early intervention program or community rehabilitation centre).

WoSSP administration processes help coordinators:

- select potential patients for involvement in the WoSSP program
- recruit patient volunteers who express interest in participating the program
- implement patient consent and confidentiality processes
- prepare patient case health summaries
- prepare patients for their interactions with students
- schedule patient GP appointments
- support appropriate information sharing between students and patients, and health service providers
- facilitate students' handover of the patient back to the health service providers at the end of the WoSSP program

Who does this apply to?

- Health service and general practice staff involved in the planning and implementation of WoSSP patient-centred curriculum activities, the WoSSP clinical educator, patients and students.

Who puts this guideline into action?

- The WoSSP Working Group and WoSSP clinical educator work in partnership with health service staff to set up the WoSSP administration processes.

Definitions

embedded	Clinical learning and teaching experiences that form an integral part of day-to-day health service provision activities (including the organisational systems and processes that support these activities).
patient-centred curriculum	Structured clinical learning and teaching activities designed to enable students to interact with and learn from patients with complex, chronic health conditions, within the local health system (from the clinic, into the community and in patient homes). These activities are specifically designed to help students gain insights into patient-centred healthcare, health service complexity, interprofessional practice and barriers to health service access.
patients	Used in a humanistic way to distinguish the person in a particular healthcare encounter from the health practitioners involved. This is not to suggest a narrow view of healthcare or to view individuals or their carers in a passive way.

Guidelines

WoSSP administration processes need to be carefully planned to avoid placing undue pressure or demands on health service staff, patients, clinical supervisors and students.

Pre-plan

Administrative planning for WoSSP patient-centred curriculum activities needs to start early – at least six months before your WoSSP program start date. Support from the relevant health service managers/clinicians is essential. Involve key health service staff from the outset.

- Find out how staff work with patients and other healthcare practitioners in their service area and in the community.
- Identify the organisational policies and program administration systems that are already in place in the health service.
- Create focused opportunities for staff discussion and input into the WoSSP program (without taking too much staff time).
- Build relationships with the local general practices that you're planning to work with.

Clarify staff roles and responsibilities

- Ensure WoSSP implementation schedules/timelines for patient-centred curriculum activities are clear so that health service staff understand what to expect and how they can contribute.
- Look for ways to integrate WoSSP administration requirements with existing patient records, data management processes and tasks that health service staff are already doing in their day-to-day work.
- Develop a team approach so that WoSSP administration tasks don't become a burden.

Adapt WoSSP tools and templates for your health service system

The *WoSSP Planning Manual and Resource Kit* includes several practical tools that you can use. Keep things simple where possible and use these tools as a starting point for your WoSSP administration planning. Look for ways that WoSSP patient-centred curriculum activities can contribute to health service provision and reporting requirements.

- Embedding interprofessional learning activities into existing service systems, can add value and quality to patient healthcare through student engagement, for example, by contributing to health service activity reporting, patient review processes or healthcare accreditation reports.
- The feedback, patient handover and information sharing processes you build into your WoSSP program also help minimise discontinuity of care when student clinical placements come to an end (see related guidelines listed below for more detailed information).
- When handover is done well, patient therapeutic relationships can be modelled for students. Students can also take an active role in enhancing patient healthcare by providing an additional feedback process between patients and health services.

Related guidelines

G3.8 Adapting WoSSP clinical placement policies for your context

G4.2 Developing patient information sharing protocols

G4.3 Selecting and recruiting patients

G4.4 Preparing patients for the program

G4.5 Obtaining patient consent and maintaining confidentiality

G4.6 Preparing a patient health summary

G4.7 Arranging GP appointments for patients

G5.5 Matching student teams with patients

G5.6 Preparing students for home and community visits

G5.10 Patient clinical handover to the health service

Related tools

T3.8.a Student placement policy

T3.8.c Student safety for patient home and service visits procedures

T3.8.d Patient selection policy

T3.8.e Patient home visits and appointments procedure

T3.8.f Patient clinical handover procedure

T4.1 Patient-centred curriculum planning timelines

T4.2 Patient information sharing agreement

T4.3.a Patient database

T4.3.b Patient selection checklist

T4.5.a Patient written consent form

T4.5.b Student confidentiality agreement

T4.6 Patient health summary

T4.7 Patient appointment letter

T5.2 Teacher's guide – containing ISBAR clinical handover tool

T5.5 Student teams and patient allocations

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G4.2 Developing patient information sharing protocols for WoSSP

What is the purpose of this guideline?

Information sharing protocols allow for the secure transfer of patient information between programs and services where patient care is shared. This guideline explains some of the processes you can put in place to assist the transfer of such information between the WoSSP program and participating health services, notably general practices and Hospital Admissions Risk Program (or similar).

Information sharing protocols aim to promote continuity of care across health service domains including:

- patient safety
- patient health care management and coordination
- patient privacy and confidentiality
- health clinician oversight of patient information and student involvement

Who does this apply to?

- WoSSP clinical educator, students, general practices, health services/program (from where patients are recruited), patients and clinicians.

Who puts this guideline into action?

- WoSSP clinical educator, health service/program coordinators, general practices, students

Guidelines

You will need to work closely with the key health services and program with whom the WoSSP program is expected to engage in order to establish information sharing protocols. The commonality between the health services is that they share patients who volunteer to be part of the WoSSP program (for example, a patient recruited from the HARP program is also a patient of your local general practice).

Your program or health service may already have information sharing protocols in place with external health services. Where this is the case, examine these documents carefully to ascertain whether they are suitable and if they cover student engagement with patients and health information transfer. Existing information sharing protocols might require a small addendum to adequately cover WoSSP.

You will need to ensure:

- all health service parties are aware of the addendum, agree with its inclusion and sign off on any changes.
- you have written patient consent for their personal information to be shared between health services.

What if there are no information sharing protocols in place?

Where your health service does not have existing information sharing protocols or where existing protocols cannot include the WoSSP program, the following points can help you get started on drafting your own:

Identify those services/programs where patients are likely to be shared

Once you know who will be sharing patients, you can then email each service, clinic or program coordinator/manager and outline:

- your request to establish a WoSSP patient information sharing protocol
- your reason for wanting to establish the protocols (for example, patient safety, clinician and student accountability, patient care coordination and so on)
- a possible time to meet with other health service managers to discuss the protocol process and explore how it could be developed in a way that fits each service/program.

System requirements

You will also need to consider the system requirements for the transfer of shared patient information including early on. What already exists and what else is needed? This could include secure email, fax/faxback forms or existing password protected online systems such as Connecting Care.

Information systems must align with good privacy practice and legal obligations (Commonwealth, state and territory). Ensure you have considered these obligations when designing your protocol. You might also want to consider preparing and implementing a data breach policy and response plan. Data breaches are not limited to malicious actions such as theft or hacking, but may arise from internal errors or failure to follow information handling policies that cause accidental loss or disclosure of confidential information.

For further information on the Commonwealth *Privacy Act (1988)* see the Office of the Australian Information Commissioner website at <www.oaic.gov.au/privacy/privacy-act/the-privacy-act>.

Drafting the protocol

After you have met with the relevant health service/program coordinators, draft your information sharing protocol in line with the format, legal obligations and system requirements agreed at your meeting. We have provided a template to help guide you in this process; however, other templates or policy formats can also be customised to suit your particular context.

Shared ownership of the process is important. Email your draft protocol to the relevant coordinators/managers including your relevant program manager or executive group for feedback and suggestions.

Approving the protocol

Distribute the final draft to all stakeholders for final changes and approval. Once all parties have approved the protocol, it can be signed by all relevant coordinators/managers, dated and reviewed annually.

Applying the protocol

Once your protocol is in place and signed by all parties, a secure copy should be left on your online (shared) health system, a hard copy kept in your policies and procedures manual and copies distributed to all students when they commence the WoSSP program.

Each signatory to the protocol should also have both electronic and hard copies included in their internal policies and procedures manual. All relevant staff and students will need to be properly briefed on the information sharing protocol and their associated responsibilities.

Patient consent for information-sharing between health services must be signed at the first meeting between students and the patient.

Related guidelines

G5.10 Patient clinical handover to the health service

Related tools

T3.8.b Student code of conduct

T3.8.e Patient clinical handover procedure

T4.2 Patient information sharing agreement

T5.2 Teacher's guide – containing ISBAR clinical handover tool

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G4.3 Selecting and recruiting patients

What is the purpose of this guideline?

The WoSSP program relies on the voluntary participation of **patients**. Without their active involvement and support, the program can't run. Effective patient selection and recruitment is essential to ensure:

- patient participation is voluntary
- patients fit the criteria for WoSSP involvement
- patient consent processes are well documented
- patients are well prepared for their interactions with students
- potential risk management issues have been assessed
- WoSSP patient selection procedures can be **embedded** into existing health service systems and aligned with existing health care relationships (including the patient's GP)
- workload and patient impacts are minimised.

Who does this apply to?

- Health service clinicians involved in WoSSP **patient-centred curriculum** activities, the WoSSP clinical educator, patients, GP supervisors, GP practice managers and students.

Who puts this guideline into action?

- The WoSSP Working Group and WoSSP clinical educator work in partnership with health service providers to implement and monitor WoSSP patient selection and recruitment processes.
- Treating clinicians implement relevant WoSSP patient selection and recruitment procedures in partnership with the **case coordinator/team leader** for their health service area.
- The WoSSP clinical educator and case coordinator/team leader select and contact suitable patients to invite them to participate in the WoSSP program. They also monitor potential patient consent and risk management issues for patients and students involved.
- Patient volunteers provide their time to work with students within the local health system.

Definitions

case coordinator or team leader	The clinician responsible for managing a health service program area (such as the HARP team leader).
embedded	Clinical learning and teaching experiences that form an integral part of day-to-day health service provision activities (including the organisational systems and processes that support these activities).
patient-centred curriculum	Structured clinical learning and teaching activities that enable students to interact with and learn from patients with complex, chronic health conditions, within the local health system (i.e. from the clinic, into the community and in patient homes). These activities are designed to help students gain insights into patient-centred healthcare, health service complexity, interprofessional practice and barriers to health service access.
patients	Used in a humanistic way to distinguish the person in a particular healthcare encounter from the health practitioners involved. This is not to suggest a narrow view of healthcare or to view individuals in a passive way.

Guidelines

Develop a team approach to patient selection

Start early. Organise an in-service session or team meeting to brief health service staff about WoSSP patient selection and recruitment procedures. Emphasise the importance of voluntary patient involvement and participation.

Ask your healthcare team to help identify patients with chronic health conditions who they think might be interested in participating in the WoSSP program. Possible participants could include:

- people they have worked with in the past who live in the local community
- patients they are working with now
- patients who are about to be discharged from the health service.

Encourage healthcare staff to talk about the WoSSP program as part of their day-to-day work with patients and health service colleagues.

Consider setting up a simple database or spreadsheet listing details for appropriate patients who could be invited to participate in the WoSSP program. Encourage your work colleagues to contribute to its development. (See an example in *T4.3.a Patient database*.)

Make it clear that patient participation in WoSSP is voluntary

Adding patients to the WoSSP database doesn't mean that they *are expected to* participate in WoSSP program activities. The database provides a starting point for identifying and selecting patients who then need to be invited to participate. (See *G4.4 Preparing patients for the WoSSP program* for detailed patient consent and confidentiality information.)

Discuss your patient selection criteria

Knowledge of the patient's health issues and social situation is important to assess whether or not it is appropriate to invite them to participate in the WoSSP patient-centred curriculum activities. This is not an administrative task. Potential risks for patients, students and health service staff need to be assessed early on, particularly as students will be meeting patients in the GP setting and in the patient's home.

Contact patients to introduce the WoSSP program and seek their verbal consent to participate (if appropriate)

Initial patient contact (either by phone or face-to-face) needs to be made by the patient case coordinator or WoSSP clinical educator to explain the WoSSP program and what patients can expect to be doing if they choose to participate. These conversations may take approximately 30 minutes as patients may also raise broader issues or health concerns. You need to set aside sufficient time to explain the purpose of the phone call/visit and answer any questions the person may have about the WoSSP program.

As part of this conversation, if appropriate, you can seek verbal consent from the patient to participate in the WoSSP program. You should note their verbal consent/response in their patient record and patient selection checklist form. (Written patient consent is obtained when students meet their allocated patient in the GP consultation.)

If the patient declines the WoSSP invitation you should add a file note to the WoSSP patient database and make no further contact with them about the program. If they agree to participate in the WoSSP program, you can progress planning for the shared health assessment with students in the GP setting and home visit. (See related guidelines below.)

Related guidelines

G3.7 Embedding the WoSSP program within an appropriate health service program

G4.1 Setting administration systems for the patient-care curriculum

G4.2 Developing patient information sharing protocols

G4.4 Preparing patients for the program

G4.5 Obtaining patient consent and maintaining confidentiality

G4.7 Arranging GP appointments for patients

Related tools and templates

T3.8.c Student safety for patient home and service visits procedure

T3.8.d Patient selection policy

T3.8.f Patient home visits and appointments procedure

T4.1 WoSSP patient-centred curriculum planning timelines

T4.3.a Patient database spreadsheet

T4.3.b Patient selection checklist

T4.5.a Patient written consent form

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G4.4 Preparing patients for the program

What is the purpose of this guideline?

The WoSSP program relies on the voluntary participation of **patients**. The unique perspectives and experiences that patients bring to their interactions with students is at the centre of the WoSSP program model. Students also work closely with the patient's GP and other healthcare workers to ensure continuity of care and communication in the management of the patient's health needs.

Our aim is to work respectfully and inclusively with patients and their families/carers. Practically, this means the WoSSP program is guided by the patient's expressed interests, preferences, values and healthcare needs. We view patients as active contributors to student learning.

Preparing patients for their involvement in the WoSSP program must reflect **patient-centred care** principles and accommodate the individual needs and preferences of the person involved. Preparing patients for their participation in WoSSP is not 'one size fits all'. Your preparation and support must be tailored to the needs and circumstances of your patient volunteers.

Some patients will, on account of their health or circumstances, be more vulnerable than others and so require greater support and preparation.

Who does this apply to?

- WoSSP clinical educator, students, patients (including where appropriate families/carers), GPs, relevant healthcare workers and/or healthcare programs (such as HARP, early intervention and district nursing), WoSSP Working Group and WoSSP Steering Group.

Who puts this guideline into action?

- The WoSSP clinical educator, HARP coordinator (or equivalent health program coordinator), students and WoSSP Working Group.

Definitions

patient-centred care	Healthcare that is respectful of, and responsive to, the preferences, needs and values of patients. The widely accepted dimensions of patient-centred care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care. ¹
patients	Used in a humanistic way to distinguish the person in a particular healthcare encounter from the health practitioners involved. This is not to suggest a narrow view of healthcare or to view individuals in a passive way.

Guidelines

The patients who volunteer to participate in the WoSSP program experience a range of complex and chronic health conditions. While this provides opportunities for students to better appreciate patient healthcare journeys, it also requires flexibility in the way patients are recruited, prepared and supported over the course of the WoSSP program.

In keeping with a patient-centred care approach, preparing patients for their involvement in WoSSP requires:

- a central contact point for communication between patients and the health service regarding initial contact, queries, complaints, support, appointment reminders, correspondence, follow-up and so on
- clear communication with patients and their families/carers
- information tailored to patients and their families/carers
- careful consideration and monitoring of the patient's healthcare needs and circumstances including their capacity to continue in the program
- liaison with other healthcare providers
- a supportive and flexible program
- patient evaluation

A central contact point

Providing a central contact point for patients and families/carers simplifies the process of recruiting patients and transferring information such as documentation of their consent for WoSSP involvement. Centralised communication minimises unnecessary, confusing or multiple points of contact for patients and their families/carers. It helps ensure communication about the WoSSP program is conveyed consistently and simply. Patient contact can be recorded and centralised in patient notes to minimise potential communication gaps.

Patient recruitment occurs in a sequence of steps. (See *T4.3.b Patient selection checklist*.) It is vital you manage patient contact coordination centrally. This can usually be undertaken by the health service or program where patients have been recruited (for example, HARP) and in partnership with the WoSSP clinical educator.

Clear communication with patients and their families/carers

Preparing patients for their participation in the WoSSP program requires clear communication about the program and what they can expect. This may require follow-up phone calls (depending on the patient) to ensure people feel well prepared for their involvement. It may also require a face-to-face visit to clarify details and/or contact with family members or carers to ensure all facets of the program are clearly understood (particularly where patients are frail aged, have limited family support or are very unwell).

Clear communication includes:

- explaining to patients what they can expect (for example, how many students they will meet, what will happen, when)
- outlining the number of appointments, where and when (dates and times for GP health assessment and home visit) and what will occur
- checking to see if patients need transport or assistance to get to their appointments
- confirming that the patient appointment at the GP clinic will be bulk-billed (that is no cost to the patient)
- outlining what the students will be interested to learn, what questions the students might ask
- discussing how patients can contribute to student learning (for example, explaining their condition, telling their story, outlining their experience of the healthcare system, the impact of their health condition on their family or quality of life and so on)
- asking whether the patient would like a follow-up phone call or reminder calls before their scheduled appointments
- asking if the patient has any questions or concerns especially regarding expectations
- ensuring patients have the central contact details
- emphasising to patients that they can withdraw from the program at any time without notice.

Information tailored for patients and their families/carers

This resource kit provides templates for patient information (in the form of a brochure) which you can customise to your local context. However, patients may also require information tailored to their particular circumstances. For example, some patients and families/carers may have or experience:

- hearing or sight difficulties and require teletypewriter services or information printed in large font
- English as a second language and require translator services or translated information
- limited literacy skills and require printed information with photos, graphics and simple diagrams
- cultural or religious needs that necessitate changes to the way patient information is relayed or presented (for example, consideration of inter-generational and family structures, family roles and wording of information).

Consideration of and monitoring the patient's healthcare needs

Preparing patients for their involvement in the WoSSP program may require more than one phone call or face-to-face conversation. Patient health may deteriorate quickly and with little warning, family or carers may become unwell or patient involvement in the program might prove more taxing than first anticipated.

Preparing patients for their involvement in the WoSSP program might also require discussion about ‘what will happen next’ as they progress through the program. Again, each patient’s needs and circumstances must be considered on a case-by-case basis and in consultation with the health professionals involved in their care, including the students allocated to work with a particular patient.

It is important to be mindful of the complex health conditions patients are managing on a day-to-day basis and possible impacts on their ability to participate in the program and/or to recall key details. A patient’s medication regime (particularly pain relieving medications) can also affect their ability to remember times/dates and affect their motivation to attend appointments. Additionally, family and carers can be affected by the patient’s health and unable to support them in their participation in the program.

In consideration of each patient’s particular needs, circumstances and preferences, you may wish to schedule a brief call to the patient and/or family and carers at key points during the program (for example just before the GP appointment or the home visit). Scheduled GP appointments and home visits may require last minute rescheduling or patients may need to withdraw from the program.

Liaison with other healthcare providers

Preparing patients for their involvement in the WoSSP program also requires coordination and liaison with key health service providers involved in either the patient’s direct care or as part of the WoSSP program. General practices will require a briefing on the program, including the aims and learning objectives of the shared student health assessment of the patient in the general practice and the role of the GP in this (see *G4.6 Preparing a patient health summary* for further information). Other healthcare providers or care coordinators directly involved in the patient’s care may also need to be briefed about the WoSSP program. This ensures all relevant healthcare providers are informed about the patient’s involvement in the program (as appropriate) and can contribute to the patient feeling better prepared and supported.

A supportive and flexible program

Patients and their families/carers will feel well prepared where they feel supported and their needs flexibly accommodated throughout their involvement in WoSSP. Scheduled contact with each patient can help track how they feel about their involvement and whether their involvement requires more flexibility or a change in scheduling.

Patient evaluation

Patient feedback about their WoSSP program experiences is an important part of the WoSSP action research and evaluation process. (See *G6.1 Program evaluation methods*). Patient feedback can provide valuable insights that can be used to refine and improve the program for future patient volunteers and students.

Your WoSSP evaluation may be conducted by individuals other than the WoSSP clinical educator and health service providers involved (such as university partner evaluators). Receiving a survey in the post with unfamiliar names can confuse patients and their families/carers. Preparing each patient in advance of the patient survey – including what to expect, where the survey will be sent from, what it entails and how it can be returned – can prevent confusion. Reassuring patients that the survey is both anonymous and voluntary can offset any concerns they may have about the process.

Where patients experience difficulties with reading or writing, or where they have limited ability to leave the house to post the survey, other arrangements can be negotiated beforehand. This might include ensuring a family member or carer is on hand to help the patient complete the survey and/or post it, making arrangements to have the survey sent and returned electronically, using larger font or leaving more room for hand written responses.

Related guidelines

G4.3 Selecting and recruiting patients

G4.5 Obtaining patient consent and maintaining confidentiality

Related tools

T3.8.d Patient selection policy

T3.8.f Patient home visits and appointments procedure

T4.3.b Patient selection checklist

T4.5.a Patient written consent form

Notes

¹ Australian Commission on Safety and Quality in Health Care, *Patient-centred care: Improving quality and safety by focusing care on patients and consumers. Discussion paper*, 2010, p. 7, viewed 21 October 2013, <www.safetyandquality.gov.au/wp-content/uploads/2012/01/PCCC-DiscussPaper.pdf>

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G4.5 Obtaining patient consent and maintaining confidentiality

What is the purpose of this guideline?

Our aim is to work respectfully with patients and their families/carers, including clear communication and appreciation of patients/client's expressed interests and healthcare needs. Patient healthcare takes priority over the supervision and education of students.¹

WoSSP group learning activities may include:

- conducting a shared health assessment with an allocated patient in the GP setting
- conducting a patient home visit
- discussing the patient's health condition/s with student team members and clinical tutors
- analysing the local health/community service system and how it operates as a whole
- a group presentation to local community representatives based on WoSSP patient encounters and learning experiences within the local health system
- writing a patient case study
- maintaining confidentiality in small rural communities

Patient involvement in any or all of these activities is entirely voluntary. Care must be taken to ensure patient privacy and confidentiality is maintained at all times.

Who does this apply to?

- Clinical placement and health education providers, WoSSP Steering Group, WoSSP Working Group, WoSSP clinical educator, case coordinators, clinical supervisors, students and patients.

Who puts this guideline into action?

- Clinical placement and health education providers, WoSSP Working Group, WoSSP clinical educator, case coordinators and students.

Definitions

informed consent A key concept in healthcare and clinical education. From an ethical perspective, informed consent is an essential component of the right of individuals to autonomy over their own bodies and is based on the principle of free choice. From an educational perspective a person's consent to participate in the WoSSP program must be freely given with sufficient information provided on all aspects of their involvement (including the decision to refuse or withdraw their participation from the program). From a legal perspective, informed consent is defined as an agreement or process by which the rights of individuals to agree or refuse participation are upheld.²

Guidelines

Patient information and informed consent

Patient consent must be obtained for all WoSSP patient-centred learning activities using the appropriate patient consent and confidentiality procedures/forms. You can use the patient information and consent form (*T4.5a Patient written consent form*) or adapt your existing health service procedures to include WoSSP program requirements.

It must be made clear to patients that their decision to participate in the WoSSP program is voluntary. They may agree or decline as appropriate. If a patient declines the WoSSP invitation, no further contact is to be made about the WoSSP program.

Patients need to be assured that choosing not to participate in the WoSSP program will not affect their healthcare in any way.

The WoSSP patient consent process occurs in two stages:

1. Verbal consent can be sought from the patient when the health service case coordinator/WoSSP clinical educator first contacts them about the WoSSP program, if appropriate and with follow-up information sent. (See *G4.3 Selecting and recruiting patients.*)
2. Written consent can be formalised when students meet their allocated patient in the GP consultation.

Privacy and confidentiality

Health professional students undertaking clinical placements are bound by the health service's privacy policy, privacy legislation and privacy procedures.

Discussing the patient's health condition/s with student team-members and clinical tutors is an important part of the WoSSP program. Care needs to be taken with this information and where/how it is discussed. Sometimes healthcare information other than the patient's name could identify them (for example, a complex medical condition). Great care needs to be taken with individual patient information, particularly when preparing for the WoSSP student group presentation to the community at the end of the WoSSP program and when writing case study assignments.

Any breach of the applicable privacy policies and procedures may result in disciplinary action, including terminating a student's placement.

Patient acknowledgement

Without well supported patient volunteers, the WoSSP program can't run. Acknowledging their contributions to student education and respecting their choices is a core value of the WoSSP program. (See *G5.11 Acknowledging patients*.)

Related guidelines

G4.1 Setting up administration systems for the patient-centred curriculum

G4.2 Developing patient information sharing protocols

G4.4 Preparing patients for program

G4.7 Arranging GP appointments for patients

G5.11 Acknowledging patients

Related tools

T3.8.d Patient selection policy

T4.1 Patient-centred curriculum planning timelines

T4.3.a Patient database spreadsheet

T4.3.b Patient selection checklist

T4.5.a Patient written consent form

Notes

¹ Health Workforce Australia, *National guidelines for clinical placement agreements*, Health Workforce Australia, Adelaide, 2013, viewed 27 October 2013, <www.hwa.gov.au/sites/uploads/HWA_National-guidelines-for-clinical-placement-agreements.pdf>.

² Consumers Health Forum of Australia, *Informed Consent in Healthcare: An issues Paper*, Consumers Health Forum of Australia, viewed 28 October 2013, <www.chf.org.au/pdfs/chf/Informed-Consent-Issues-Paper.pdf>.

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G4.6 Preparing a patient health summary

What is the purpose of this guideline?

This guideline will help you write a short health summary for each of the patients involved in the WoSSP program. The summaries are based on the patient's health records and for student use only. They aim to help student teams prepare for their patient interactions and patient health assessment in the general practice setting.

Who does this apply to?

- WoSSP clinical educator, patient case coordinator, patient volunteers and students

Who puts this guideline into action?

- Patient case coordinator and WoSSP clinical educator

Guidelines

Verbal consent from the patient participants must be received and recorded in their health record before preparing a health summary. The patient health summaries are used in week one of the WoSSP program when students meet with the patient's care coordinator/key worker to review their allocated patient's care plan.

The health summaries are designed to introduce student teams to their allocated patient. They also provide a useful reflection point at the end of the WoSSP program when students are preparing their patient handover reports for the health service.

Patient health summaries need to be:

- precise and factual – that is, they should not try to capture all aspects of a patient's health situation which is likely to be complex
- non-leading – to allow the student teams to approach their patient interactions in an open way, with 'fresh eyes' and create space for patients to share their perspectives/health journeys.

Maintaining the confidentiality and privacy of patient information

We recommend that the patient health summaries be kept in a designated student case file with other confidential information such as signed patient consent forms, student confidentiality forms, student notes and patient handover information. This file should be kept in a secure place and only used on-site as part of WoSSP group learning days.

At the end of the WoSSP program, the student file should be handed back to the case coordinator/program team leader as part of the patient handover process and relevant documents filed with the patient's health records or shredded as appropriate.

Related guidelines

- G4.2 Developing patient information sharing protocols
- G4.4 Preparing patients for the program
- G4.5 Obtaining patient consent and maintaining confidentiality
- G5.6 Matching student teams with patients
- G5.10 Patient clinical handover to the health service

Related tools

- T4.1 Patient-centred curriculum planning timelines
- T4.2 Patient information sharing agreement
- T4.5.a Patient written consent form
- T4.5.b Student confidentiality agreement
- T4.6 Patient health summary
- T5.6 Student teams-patient allocations
- T5.2 Teacher's guide – containing ISBAR patient clinical handover tool



G4.7 Arranging GP appointments for patients

What is the purpose of this guideline?

With appropriate preparation and consent, health professional students meet with their allocated patient in a one-hour consultation in a general practice setting. Students work with patients in small teams (two to three students) to conduct a shared health assessment. The patient's GP provides clinical supervision using the **wave consultation model**. This guideline outlines important planning issues to consider when arranging your WoSSP patient consultations in the GP setting.

Who does this apply to?

- The WoSSP clinical educator, general practice managers, patients and student teams

Who puts this guideline into action?

- The WoSSP clinical educator in consultation with health services case coordinators, patients, general practice managers, GP supervisors and students.

Definitions

wave consultation model

Also known as the parallel consulting model. Students see patients in their own consultation room while the clinical supervisor sees a patient in the adjacent consulting room. The supervisor then joins the students and patient to complete the student consultation. Clinical supervisors provide close supervision using the wave model.¹ In the WoSSP program, students work in small interprofessional teams with their allocated patient for the wave consultation.

Guidelines

Preparation

Implementing an interprofessional student-patient consultation process in busy general practice settings will take time. Administrative planning needs to begin well in advance. To be sustainable, WoSSP patient consultation activities need to be clear, streamlined and well supported. Effective educational partnerships with GP supervisors, practice managers and patients are essential.

Alignment

The WoSSP program is guided by the preferences and healthcare needs of the patient participants. To be of benefit to patients, the WoSSP patient-student consultations need to be scheduled with the GP responsible for managing the person's ongoing care (see *T4.3.b Patient selection checklist*).

Appointments for student-patient consultations also need to be aligned with one of the general practices involved in the WoSSP program (that is, where the medical students and their GP supervisors are already based).

Finding a suitable time for WoSSP patient appointments can be complex. The guidance and support of practice managers is essential. There are a number of logistical elements to consider including the:

- availability of a suitable GP consultation space where students and patients can meet
- GP supervisor's availability/existing consultation schedule
- patient's availability
- alignment of GP appointment times with your allocated WoSSP group learning day (that is, when you know students will be able to meet with their allocated patient)

If the GP appointments can't occur on your designated WoSSP group learning day, the relevant clinical preceptors/supervisors and unit managers will need to be briefed, to enable students to leave the ward or clinic setting to participate in the GP appointment.

Minimising potential financial/social hardship for patients involved in the WoSSP GP consultations

The patients who participate in the WoSSP program, have volunteered their time to meet with students in the GP setting and in their own homes. Facilitating a Medicare bulk billing arrangement with the general practices for the WoSSP patient consultation is one practical way of ensuring patients aren't disadvantaged. Transport to the appointment may also be difficult for some patients and can be considered on a case-by-case basis.

Contacting patients to confirm their GP appointment times

We recommend that you telephone patients to confirm their GP appointment times at least a month out from the consultation and follow this with a confirmation letter. A reminder phone call a week or two from the appointment may also be helpful. This could either be made by the students, the person who gained initial consent or the GP practices. Some patients may also need to be reminded the day before.

Related guidelines

G4.1 Setting up administration systems for the patient-centred curriculum

G4.2 Developing patient information sharing protocols

G4.3 Selecting and recruiting patients

G4.4 Preparing patients for the program

G4.5 Obtaining patient consent and maintaining confidentiality

G5.6 Matching student teams with patients

G5.8 Conducting team-based health assessments in general practice

Related tools

T4.1 Patient-centred curriculum planning timelines

T4.2 Patient information sharing agreement

T4.3.b Patient selection checklist

T4.7 Patient appointment letter

T5.4 Student teams-patient allocations

Notes

¹ P Harvey & N Radomski, *Effective clinical teaching*, Issue 22, 2013, viewed 2 November 2013, <www.med.monash.edu.au/srh/medical-education/documents/redissue22.pdf>.

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