

5 Customising and teaching the program

By this stage, your WoSSP program will almost be ready to run. The resources and tools in this section will help you prepare a customised teaching plan to meet the learning objectives of your program. You can add to these tools to suit your preferred teaching approach. They are designed to support your WoSSP group learning days and patient-centred curriculum activities.

Resources for this section

Tools listed in [blue](#) incorporate the WoSSP 'look and feel'

Guidelines

Associated tools

G5.1	Active learning and group work	No tools for this guideline
G5.2	Adapting WoSSP teaching plan for your setting	T5.2 Teacher's guide
G5.3	Building a shared approach to teaching the program	No tools for this guideline
G5.4	Scheduling your WoSSP group learning days	T5.4 Student guide
G5.5	Orienting students to the WoSSP program	No tools for this guideline
G5.6	Matching students teams with patients	T5.6 Student teams-patient allocations
G5.7	Preparing students for patient home and community visits	No tools for this guideline
G5.8	Conducting team-based health assessments in general practice	No tools for this guideline
G5.9	Preparing for the student group presentation	No tools for this guideline
G5.10	Patient clinical handover to health service	No tools for this guideline
G5.11	Acknowledging patients	T5.11 Patient certificate of appreciation
G5.12	Linking WoSSP with student professional portfolios	T5.12 Student certificate of participation



G5.1 Active learning and group work

What is the purpose of this guideline?

This guideline will help you plan your WoSSP group learning strategies. Designing **authentic interprofessional learning** experiences ensures the WoSSP program is aligned with real practice situations. It also encourages student involvement and engagement.

Who does this apply to?

- WoSSP clinical educator, students, **team-teaching colleagues**, WoSSP Steering Group and WoSSP Working Group

Who puts this guideline into action?

- WoSSP clinical educator and students.

Definitions

authentic learning	Experiential learning located in real settings that reflect the complexities and issues of day-to-day practice ¹ .
experiential learning	Learning by doing. A conscious process of observation, reflection, sense-making and practice in real clinical situations. Includes perception, cognition (ways of thinking), behaviour, experience and emotions. ²
interprofessional learning	occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. ³
learner-centred teaching	Shifts the role of the educator from giver of information to facilitator of student learning.

patient-centred care 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.
team-teaching colleagues	Clinical supervisors, health practitioners, university academics and community members from different professional/experiential backgrounds who may be invited to contribute to WoSSP teaching activities.

Guidelines

WoSSP group learning days are an integral part of student clinical placement activities, rather than a classroom-based add-on. WoSSP activities count towards student clinical placement hours for all health disciplines.

Designing your WoSSP group learning activities

Your group learning and teaching activities must be aligned with the WoSSP **patient-centred curriculum**. When planning your WoSSP group learning activities consider the following questions:

- Does the activity encourage students to work collaboratively?
- Does the activity draw on different healthcare perspectives and experiences?
(For example, insights and contributions from student peers, patients, carers and/or other health professionals.)
- Does the activity enable students to problem-solve, exercise professional judgments and make decisions in relation to their WoSSP patient encounters and professional practice?
- Does the activity create opportunities for students to contribute to patient care?
(For example, by contributing to patient health assessments/care plans, presenting a strategy to further develop an aspect of practice within the local health care system and so on.)
- Does the activity help students extend their professional knowledge and skills?
- Does the activity encourage students to develop a bigger picture view of healthcare teamwork within the local health system?⁴

Creating a supportive environment for small group learning

Combining different learning and teaching strategies can stimulate student interest and helps create a fun learning environment, for example, icebreakers, team-building exercises, role plays, problem-based learning exercises, case presentations, scenario-based learning and so on. To foster respectful approaches to health professional practice among students it is particularly important to:

- establish and monitor the ground rules for group and team work
- structure small group discussions
- encourage focused listening

- look for opportunities to draw on the distinctive professional knowledge and skills of students across the health disciplines (such as clinical skill demonstrations, different ways of conducting a health assessment, different conceptualisations of healthcare concepts and so on)
- provide feedback to students to build confidence, challenge and extend learning
- respond to group dynamics to build a culture of respect and collaboration.

Encouraging active learning and reflective group work

There are many teaching strategies that you can use to enhance interaction and team working among students, for example:

- *Opportunities for students to discuss and debate issues*
Debates allow students to take a stance and gather information to support their view. Structure and time management are important to ensure the debate does not ramble or become repetitive.⁵
- *Provocative questioning*
Begin your group discussion by introducing a problem and eliciting several answers from students. Use this discussion to further explore ideas and build on the suggestions made.⁶
- *Demonstrations*
Practical demonstration of a skill or technique can add interest and showcase the expertise of student peers and workplace colleagues. Careful consideration needs to be given to the sequence and explanation of each step. One example of how to demonstrate a skill for a student is the ATLS method: show the skill without explanation, repeat the skill with explanation, ask the student to verbalise the steps and then ask the student to verbalise while performing the skill.⁷
- *Micro-teaching*
This is a student-led mini teaching session involving a short presentation, workshop discussion or a demonstration of a skill.
- *Think, pair, share*
This is a very simple but effective strategy for involving students who might not normally contribute to group discussion:
 1. Think - each student thinks about their own response to a question, case or other discussion focus.
 2. Pair - each student then chats to a neighbouring student about their thinking.
 3. Share - one member of each pair then reports the content of their discussion to the other group members.⁸
- *Rest*
Say to students: 'OK. Take a break for a minute'. In cramped or confined conditions and after a long time, the opportunity for students to move and stretch can also be useful.⁹
- *Keeping it all together*
When working with a small group of students, it is worth suggesting that the group pose some ground rules for themselves. This may be anything from switching mobile phones off during a tutorial to respecting another person's point of view. Ground rules that are negotiated by the group rather than the facilitator are more likely to reflect a **learner-centred** approach.

- *Ensure students are all 'on the same page'*
Students will not always have the same approach to learning or rate of progress within the group. Ensure students are on the 'same page' regarding the session's learning objectives, the activity timeframe, the group behaviour code and your overall expectations of the group and the activity.¹⁰

Further resources for learning and teaching

Edmonds, S & G Brown 2010, 'Effective small group learning: AMEE Guide No. 48', *Medical Teacher*, vol. 32, no. 9, pp. 715-726, viewed 28 October 2013, <www.ncbi.nlm.nih.gov/pubmed/20795801>.

Outlines the major facets of effective small group learning, including: discussion skills, methods, the roles and responsibilities of tutors and students, the dynamics of groups and the effects of individuals.

Faculty of Medicine, Nursing and Health Sciences, Monash University, *Practical guide for clinical educators: Teaching small groups*, Monash University, Clayton, 2013, <www.med.monash.edu.au/radiography/docs/2013-practical-guide-for-clinical-educators.pdf>.

London Deanery 2012, *E-Learning modules: Small group teaching*, London Deanery, London, viewed 24 October 2013, <www.faculty.londondeanery.ac.uk/e-learning/small-group-teaching/what-is-a-small-group>.

University of New South Wales 2013, *Ideas for effective small-group learning and teaching*, Learning and Teaching at UNSW, viewed 28 October 2013, <http://teaching.unsw.edu.au/sites/default/files/upload-files/small_group_ideas.pdf>.

Provides practical advice and ideas to assist your small group teaching, including communication and participatory strategies.

University of Queensland, Teaching and Educational Development Institute n.d., viewed 28 October 2013, <www.uq.edu.au/tediteach/flipped-classroom/active-learning.html>.

Provides practical resources to encourage active learning, engagement, problem solving and critical thinking to support teaching activities

Related guidelines

G5.2 Adapting the WoSSP teaching plan for your setting

G5.4 Scheduling your group learning days

G5.6 Matching student teams with patients

Related tools

T5.2 Teacher's guide

T5.4 Student guide

Notes

¹ Curtin University, *Authentic learning*, n.d., viewed 28 October 2013, <http://otl.curtin.edu.au/learning_teaching/philosophy_teaching/student_centred/authentic.cfm>.

² D Kolb, *Experiential learning*, Prentice Hall, New Jersey, 1984.

³ Department of Human Resources for Health. *Framework for action on interprofessional education and collaborative practice*. World Health Organisation (WHO), Geneva, 2010, viewed 28 October 2013, <http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf>.

⁴ op. cit. Curtin University.

⁵ Guideline 1: *Actively engage students in the learning process*., viewed 29 October 2013, <<http://teaching.unsw.edu.au/guideline1>>.

⁶ *ibid.*

⁷ North West Rural Medical Education Unit, School of Rural Health, Monash University, 2009, *Red alert 1 – A-Z of learning and teaching activities and methods*, Monash University, viewed 28 October 2013, <<http://med.monash.edu.au/assets/docs/srh/medical-education/red/redalert1.pdf>>.

⁸ *ibid.*

⁹ *ibid.*

¹⁰ op cit. Faculty of Medicine, Nursing and Health Sciences, Monash University, p. 9.

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G5.2 Adapting the WoSSP teaching plan for your setting

What is the purpose of this guideline?

How you teach your **patient-centred care curriculum** activities depends on many factors including: the outcomes of your WoSSP curriculum mapping processes, the number of students in your WoSSP program and your own preferred approaches to teaching. This guideline will help you to prepare a customised **teaching plan sequence** to meet the learning objectives of your WoSSP program.

Who does this apply to?

- WoSSP clinical educator, clinical supervisors, academic staff and health service staff involved in student learning and teaching activities.

Who puts this guideline into action?

- The WoSSP clinical educator and WoSSP Working Group in consultation with health education and clinical placement provider partners, students and patients.

Definitions

experiential learning	Learning by doing. A conscious process of observation, reflection, sense-making and practice in real clinical situations. Includes perception, cognition (ways of thinking), behaviour, experience and emotions. ¹
learning outcomes	Specific statements of what a student will be able to understand and do by the end of a teaching encounter, placement or course. ²
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.
teaching plan	A description of the sequence of educational sessions that a teacher plans to teach in a course or program. Includes a summary of the learning objectives and educational content to be explored in each session, what students will <i>do</i> to learn, <i>how</i> you will teach and resources/equipment needed. ³

teaching plan sequence A carefully linked sequence of teaching sessions designed to take students through a particular learning process, from the first to the final session.

Guidelines

Planning your teaching sessions

T5.2 Teacher's guide provides a roadmap for your WoSSP teaching sessions. We encourage you to adapt the **teaching plans** and resources in the guide to make the most of the special learning and teaching opportunities in your healthcare setting. The plans are designed to support your WoSSP group learning days and **experiential learning** activities

WoSSP teaching plan structure

The individual session plans provided in the *Teacher's guide* have three parts:

- SET
how you will introduce the teaching session and link to students prior knowledge and experience
- BODY
listing the specific learning outcomes and learning/teaching activities for the session
- CLOSURE
checking students' understanding, summarising and linking to the next session in the sequence⁴

Your SET and CLOSURE activities help students to reflect on their learning experiences over time.

The teaching plans are not intended to capture every detail about what you will say or do, but aim to provide a clear framework for the learning and teaching process. You may find that you need to adapt some sessions to suit your WoSSP program (for example, if your program is shorter or longer, and to accommodate student-patient involvement).

Learning outcomes

The **learning outcome** statements listed for each WoSSP teaching session are written in three parts:

1. an action verb that can be measured
2. knowledge or skills to be achieved by students
3. how this will happen⁵

You may need to adapt these statements to align with your curriculum map.

Learner activities

You will notice that structured opportunities for students to plan, 'do', reflect and consolidate their clinical learning are embedded throughout the teaching plan sequence. Taking an activity-based approach helps align your formal WoSSP teaching sessions with real practice situations. It is what the student 'does' to achieve understanding and how we as teachers create a context that encourages active learning.⁶

Teaching activities

A variety of learning and teaching activities can be built into your WoSSP program. Program activities need to align with the learning outcomes to maximise student learning opportunities.

Resources

The core student learning resources, teaching aids and equipment required for WoSSP teaching sessions are listed in the teaching plan. You may wish to modify these resources and develop your own materials to suit your setting.

Team teaching contributions

Drawing on the local knowledge and expertise of professional colleagues for specific WoSSP teaching sessions helps build shared ownership of the WoSSP program, models interprofessional practice and highlights different disciplinary perspectives. The suggested team teaching contributions listed in the session plans are indicative only and can be modified as needed.

Time

The suggested times given for particular teaching plan activities are indicative. We recommend that your classroom-based WoSSP teaching sessions be tightly structured to keep the program 'close to clinical practice' and ensure that students see the relevance of the program within the broader context of their clinical placements.

Related guidelines

G3.1 Customising the WoSSP model

G5.1 Active learning and group work

Related tools

T5.2 Teacher's guide

T5.4 Student guide

Notes

¹ D Kolb, *Experiential learning*, Prentice Hall, New Jersey, 1984.

² North West Rural Medical Education Unit, School of Rural Health, Monash University, 2008, Planning your teaching encounters, *Red*, Issue 2, viewed 10 November 2013, <www.med.monash.edu.au/srh/medical-education/documents/issue2red.pdf>.

³ G White, 'Topic 1 Planning teaching sessions', in E Molloy (ed) *Practical guide for clinical educators*, Faculty of Medicine, Nursing and Health Sciences, Monash University, Clayton, 2013, pp. 3-15, viewed 10 November 2013, <www.med.monash.edu.au/radiography/docs/2013-practical-guide-for-clinical-educators.pdf>.

⁴ *ibid.*

⁵ *op. cit.* North West Rural Medical Education Unit

⁶ *ibid.*

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G5.3 Building a shared approach to teaching the program

What is the purpose of this guideline?

This guideline outlines how you can build a shared **community of practice** approach to learning and teaching for your WoSSP program without placing undue pressure on clinical supervisors and health service staff. To do this, WoSSP teaching roles and contributions need to be well defined and supported.

Who does this apply to?

- WoSSP Working Group, WoSSP clinical educator and **team teaching colleagues**.

Who puts this guideline into action?

- WoSSP clinical educator in consultation with health service staff and health education partners.

Definitions

community of practice	Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. ¹
team teaching colleagues	Clinical supervisors, health practitioners, university academics and community members from different professional/experiential backgrounds who may be invited to contribute to WoSSP teaching activities.

Guidelines

The WoSSP clinical educator has the main teaching and educational leadership role for the WoSSP program. There will also be times when the disciplinary knowledge and expertise of clinical supervisors, academic staff and workplace colleagues may be needed to explore important healthcare perspectives and fully embed the WoSSP program within the local health service system. Examples include:

- involvement of the health service case coordinator for patient handover to students at the start of the WoSSP program and for clinical handover back to the health service at the end of the program

- GP supervision for the WoSSP team-based health assessment in general practice
- involvement of a community-based health practitioner (such as district nurse or social worker) to help students prepare for their patient home visits
- student visits to local community health service sites
- involvement of a representative of the health service system (such as Medicare Local or Primary Care Partnership) to analyse population health data for the local government area
- involvement of health practitioners from different health disciplines (such as clinical nurse educator, general practitioner and allied health practitioner) in student patient case study discussions in the final stages of the WoSSP program
- health service staff participation in the student group presentation to a community panel at the end of the WoSSP program

Some teaching contributions will be more informal. Depending on the activity, substantial prior planning and educational preparation may also be needed.

Building your team teaching approach

To build and sustain staff involvement in the WoSSP program we recommend that the WoSSP clinical educator takes a lead role in:

- liaising with local clinical supervisors and health service program managers to facilitate focussed team teaching involvement (including timely pre-program planning discussions)
- ensuring balanced team teaching contributions (with clear learning objectives and time boundaries)
- monitoring the potential impact of the WoSSP program on the workloads of health service staff
- keeping the WoSSP Steering Group informed about potential pressures on health service staff; there may be ways of allocating further resources to support WoSSP teaching activities.

Acknowledging teaching contributions and program achievements

Workplace-based clinical teaching involvement can sometimes be taken for granted. There many ways to acknowledge staff and health service contributions:

- staff newsletters and health service annual reports
- formal letters of thanks
- public acknowledgement at the WoSSP student group presentation
- special events, such as a celebratory lunch or afternoon tea
- professional development opportunities, such as co-presenting a paper at an academic conference, participating in clinical supervisor training activity of interest

Related guidelines

G3.4 Recruiting a WoSSP clinical educator

G3.5 Engaging your community

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

Related tools

T3.4 WoSSP clinical educator position description

Notes

¹E Wenger, *Communities of practice: A brief introduction*, n.d., viewed 11 November 2013, <<http://wenger-trayner.com/theory/>>.

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G5.4 Scheduling your WoSSP group learning days

What is the purpose of this guideline?

Forward planning is essential when setting up your WoSSP group learning days. Aligning clinical placement schedules for your medical, nursing and allied health disciplines can be complex. This guideline outlines the logistics you need to consider when scheduling your WoSSP group learning days.

Who does this apply to?

- WoSSP clinical educator, **clinical placement providers**, WoSSP Steering Group and WoSSP Working Group.

Who puts this guideline into action?

- The WoSSP Working Group, clinical placement providers and WoSSP clinical educator discuss and schedule WoSSP group learning days.

Guidelines

WoSSP interprofessional learning activities are designed to be practical and interactive. To achieve this aim, students work and learn in small groups on an allocated day each week during their clinical placements. This day includes structured small group learning with an allocated WoSSP clinical educator, home and community-based patient visits, health service visits, inter-professional work and self-directed learning.

Determine the number of group learning days needed to run your program

The number of WoSSP group learning days depends on the number of students undertaking the WoSSP program each semester. Larger clinical placement sites with more than 12 students may need two separate group learning days per week. Smaller sites may only need one. Students attend one WoSSP group learning day each week.

Create opportunities for interprofessional learning

WoSSP learning groups require a mix of students from medicine, nursing and allied health. When scheduling your WoSSP group learning days it's important to consider the entire 10 weeks of the WoSSP program to ensure an even distribution of students in your WoSSP group/s. When allocating students to a specific WoSSP group learning day it's also important to consider the scheduling needs of the participating clinical placement providers. Some students may be on full-time placements, others may be only part-time.

Align group learning days with discipline-specific teaching activities

Don't forget to consider the discipline-specific learning activities that students also need to complete during their placements such as scheduled tutorials, GP consultation days, ward rounds and outpatient clinics. With sufficient notice and shared planning it may be possible to shift some of these activities to different timeslots to ensure students can participate in the WoSSP program. You may also wish to consider the timing of WoSSP group sessions (for example, afternoon WoSSP sessions might free up students to attend morning ward rounds).

Keep clinical supervisors informed

Scheduling WoSSP group learning days requires clear communication with clinical supervisors to ensure they are aware of the WoSSP program and the involvement and obligations of their students. Clinical supervisors need to be advised that WoSSP group learning days do count towards clinical placement hours.

Related guidelines

G2.4 Mapping your existing clinical placement structures

G2.5 Planning student placement allocations

Related tools

T2.5 Student placement allocation spreadsheet

T3.5.a Information sheet for student supervisors and health service staff

T5.5 Student teams-patient allocations



G5.5 Orienting students to the WoSSP program

What is the purpose of this guideline?

Orientation is an important first step for student engagement and active learning. It generates shared understandings about the aims and objectives of the WoSSP program, including the roles and expectations of students and staff. The orientation process also ensures students feel well supported and prepared for WoSSP patient-centred curriculum activities. Importantly, orientation to WoSSP can serve as an ice-breaker between students as it generates discussion and opens up space for students to begin exploring interprofessional team work and shared patient care in a whole-of-system context.

Who does this apply to?

- WoSSP clinical educator, health education year level course coordinators, students and other staff within your health service (such as occupational health and safety staff).

Who puts this guideline into action?

- The WoSSP clinical educator takes the lead role in planning and facilitating the orientation process.

Guidelines

Pre-planning - work to be undertaken before orientation.

Orientation session planning

See the *T5.2 Teacher's guide* for a suggested teaching plan and resource for your WoSSP orientation. You can adapt this plan as needed.

Students

Email all students two to three weeks before they start. Your correspondence might include:

- a welcome and brief overview of the program
- dates, times and location for the first session including what time the orientation will conclude
- a list of what they will need to bring, for example, pens, paper, lunch and so on
- a map of your building so students can easily locate the room
- your contact details including email and phone
- car parking or transport options

Invite all students to attend the orientation session regardless of when they will commence the program. For those students unable to attend the first-day orientation, confirm dates for when they will arrive and schedule a time to brief each student on a one-to-one basis when they do arrive. (This might only take half an hour.)

Close to and on the day:

- Ensure your teaching room is booked and set up for the arrival of students on their first day including any equipment you may need.
- Ensure you have an orientation folder containing your schedule for the day, along with all the handouts, student information, timetabling and activities you will need for the first day.
- Consider putting up signage to direct students to the WoSSP classroom if your organisation is large or the classroom difficult to locate.
- Ensure student identification badges/name tags are ready (where required).

When students start later in the program, make sure they are introduced to the other students and allocated their small group and patient/client.

Health service staff involved in your orientation

- Ensure health staff who have a role in your WoSSP orientation are given advance notice of the session in writing/email, including dates, times and location (for example, HR officers, Occupational Health and Safety Officer or HARP Coordinator).
- Brief health service reception staff about the orientation date and room location so that they can assist students to locate their WoSSP classroom if they get lost.
- Send out a group email to all staff in your organisation advising of the WoSSP commencement/orientation date and number of students who will participate.
- Send out a group email to all student supervisors within your health service including GPs to remind them of the commencement date. Include your contact details for any queries.
- Prepare a list of student names with photos help staff engage with students during their placements
- Contribute an article for your staff/organisation newsletter informing people of the WoSSP commencement date to encourage staff engagement.

University staff

Distribute an email to the health discipline year level coordinators at your participating universities, this might include:

- notice of the WoSSP placement commencement date and times
- what students will need to bring
- your contact details

Community and health service partner organisations

Distribute an email to the local health and community services who work in your program to advise them of the commencement date and your contact details

During the program

While orientation to the WoSSP program will include most students, some students may join the WoSSP program after it has started (for example, two to three weeks after the commencement date). Students may feel left behind and unsure about how they can contribute. This is particularly the case for students in health disciplines whose placements may be shorter or where timetabling of student placements cannot be aligned with the start of WoSSP.

To help orient these students to the program and to their student teams, it is useful to plan the following:

- If possible try and schedule a time to meet the students before their first WoSSP session to outline the program and provide an overview of the resources/materials they will need, including OH&S requirements.
- Where the above is not possible (for example, the students are unavailable) schedule a time to brief the students during their first WoSSP day.
- Email the relevant year level course coordinator at the students' university and advise them of the students' WoSSP program starting date, time and location, the orientation date (if different from their start date), what they will need to bring and your contact details. Ask them to check that their students are prepared for the program.

When the students do start:

- Ensure they are introduced to the other students and allocated their group and patient/client.
- Ensure they receive a copy of their patient/client health summary.
- For those students whose clinical placement concludes before the final WoSSP student presentation, send an invitation to them to attend or participate in this presentation.

Creating opportunities for special peer teaching contributions

If a student is only able to participate in the WoSSP program for three or four weeks, they may not be able to participate in some key activities (such as the patient/client home visit or final student presentation).

To ensure these students can actively contribute you might like to consider some activities the student can share with the other students during class-based time, for example:

- 'Show and Tell' – bring in some instruments or clinical tools the student uses in their clinical practice, for example, podiatry tools, risk assessment tools etc.
- a small case presentation on a patient/client they are currently working with (de-identified)
- a snapshot of the key concepts and principles informing their clinical practice
- an overview of how they would conduct a patient/client assessment
- involving their clinical supervisor for a shared question and answer session with the other students

Students can also provide speciality 'consultation' advice within their allocated WoSSP student team and to the group in relation to WoSSP patient-centred care activities, for example, pharmacy insights into patient medication review.

Related tools

T5.2 Teacher's guide

T5.4 Student guide



G5.6 Matching student teams with patients

What is the purpose of this guideline?

Matching student teams with patients, GP clinics and supervising doctor availability can be complex. This guideline provides some practical tips to help you form your student interprofessional practice teams and avoid potential administrative issues along the way.

Who does this apply to?

- WoSSP clinical educator, students, patients, GP supervisors, practice managers and health service partners.

Who puts this guideline into action?

- WoSSP clinical educator in consultation with GP practices, health service partners and clinical placement officers.

Guidelines

Student teams need to be small (maximum of three students per team) so that all students have the opportunity to contribute to WoSSP patient-centred curriculum activities

Smaller interprofessional teams allow greater flexibility in approach and may also be less intimidating for patients and their families/carers, particularly when visiting patients in their homes. Supervising larger student teams in the general practice clinic, where space is often limited, may also be difficult.

Forming your WoSSP student teams

Consider the following points:

- Try to include a mix of students from different health disciplines in each team to encourage multiple health perspectives and contributions.
- Try to allocate only one student from a particular health discipline to a team (if possible), to avoid dominating perspectives.
- Check the length of placements for the students in each team to ensure you have a viable student team membership for the entire WoSSP program.

- If you have medical students in your WoSSP program, try to allocate one medical student to each team. This may assist planning for the GP patient consultations as the medical students may already be based in general practice for their discipline-specific teaching and have an assigned GP supervisor.
- Where possible consider the gender mix in each team for diversity.
- If new students join midway through the WoSSP program, consider how you can best involve them in a team.

Matching student teams with patients

Once patients have been selected and provided their consent to participate in the WoSSP program, you can begin matching them with your student teams. Aim to match the team's particular health disciplines/professional skills set with the healthcare needs of the patient volunteers. (For example, match a diabetes patient with foot problems with a team that includes a podiatry student.) This helps maximise student involvement, maximises the potential benefits to patients and ensures educational relevance from the outset.

Maximising student learning across teams

Just because students have been allocated to a particular WoSSP team doesn't mean that they can't contribute their professional insights and skills to other teams during WoSSP group learning sessions. For example, you may have an occupational therapy student in the WoSSP program who can provide professional advice and insights regarding ways of helping a particular patient regain independence and confidence in their home. These cross-team conversations and distinctive professional contributions add important richness and depth to your WoSSP patient-centred care discussions and to student learning.

Planning student health service visits

Consider mixing your student teams for WoSSP community health service visits to make sure students don't go to services they are already familiar with. This particularly applies to allied health students who may be based in similar outpatient clinics and community-based agencies for the discipline-specific components of their placements.

Related guidelines

G2.4 Mapping your existing clinical placement structures

G2.5 Planning student placement allocations

G4.7 Arranging GP appointments for patients

Related tools

T2.5 Student placement allocation spreadsheet

T5.6 Student teams-patient allocations



G5.7 Preparing students for patient home and community service visits

What is the purpose of this guideline?

Health professional education programs are now expected to reflect a commitment to health system **engagement** and reform.¹ WoSSP **community-based learning** activities enable students to work with patients across different parts of the local healthcare system including in patient homes and in selected primary health service settings. Through their patient interactions, students explore how healthcare occurs within the local health system and how health systems can be strengthened.²

Working and learning in unfamiliar community practice settings can also be challenging. This guideline outlines some of the factors to consider when preparing students for their health service and patient home visits.

Who does this apply to?

- Students, patients, community and health services, clinical placement providers, WoSSP clinical educator, **stakeholders**.

Who puts this guideline into action?

- WoSSP clinical educator

Definitions

community-based learning

Utilises community settings as the main environment for learning and teaching activities. Immersing learners in community settings over time allows the social, bio-medical and political elements that influence healthcare and service development to be identified.

engagement

Used in an inclusive way to describe a wide range of formal and informal interactions and partnership activities between people. It can involve many different approaches including: information sharing, collaboration, shared problem-solving, consultation, information dissemination and involvement in healthcare decision-making.³

patient medical home	An approach to comprehensive care that aims to meet the majority of each patient's healthcare needs (including prevention and wellness and chronic care in community settings). Requires an interprofessional team of healthcare providers. The medical home model recognises that patients and families are core members of the care team. ⁴
situational awareness	Awareness by health professionals of the surrounding workplace/clinical practice environment in which they are located (e.g. a surgical ward, patient home, clinical encounter etc.). Includes perception and analysis of events, risks or conditions in the immediate environment. Also involves awareness of <i>potential risks</i> and analysis of how information, events and one's own actions may impact the situation now, and in the near future. Situational awareness is complex and requires a capacity to keep track of what is occurring in dynamic environments and how this can impact goals and objectives for immediate and future patient care.
stakeholders	The individuals and groups who will be interested in and/or affected by the implementation and outcomes of the WoSSP program.

Guidelines

There are several factors to consider when preparing students for community health service visits and patient home visits.

Community health service visits

Setting the scene

Before the student community health service visits, we recommend that you discuss the whole-of-system concept with students. Your discussion could include:

- a short overview of key trends in healthcare, including the role of health professionals as agents of change in health system reform
- analysis of your local population health context and the challenges and/or benefits of rural and regional healthcare (such as funding, resource allocation, workforce shortages, health demographics, transport and so on)
- the impact of these population health factors on local health service provision and on patient health outcomes
- the practical importance of the local health context as it relates to students' clinical work

Engaging with community health services

Ask students to prepare some key questions for discussion with health service staff during their visit, for example:

- what client group the service works with
- what services it provides
- what referral pathways and information exchange systems it has in place
- staffing requirements and qualifications
- how the service fits within the local health system (that is, is the service geared toward prevention, crisis, early intervention, outreach and so on)

- gaps in local health service provision
- how the service is funded

Students can also ask questions related to their own health discipline or sphere of clinical practice, for example, how does the service work in with local GPs?

Respectful community engagement

You put in much preparatory work to engage and recruit community health services as hosts for student visits. This work happens well in advance of student involvement in the WoSSP program. It is essential that students demonstrate respectful engagement with their allocated health service. This includes:

- arriving on time
- introducing themselves
- demonstrating interest and respect
- dressing professionally
- wearing appropriate identification
- ensuring equal participation between students
- collecting relevant information, for example, pamphlets, flyers and so on
- turning off phones and other electronic devices such as laptops and tablets
- thanking the service staff for their time

Patient home visits

Preparing students for patient home visits also requires careful educational planning.

Setting the scene

The patient home is an important part of the healthcare system and for many health practitioners, a major setting for their healthcare work. The concept of the **patient medical home** or the ‘house of care’ has gained momentum, both in Australia and internationally. It corresponds with the shift away from traditional acute and long-stay hospital admissions to primary and community healthcare settings.

The home environment provides crucial insights for clinical care and professional practice – insights that may go unnoticed in other service settings such as a busy doctor’s office or hospital ward. Home visits help inform and broaden healthcare plans, health assessment activities and care management. Home visits can also inform health system design by highlighting gaps in service provision and support, service duplication or over servicing.

Preparing students for their patient home visit engenders a greater appreciation of patients’ lived experience with complex or chronic health and the impact of this on their quality of life, relationships and care. Analysing these issues from an interprofessional perspective, with an emphasis on environmental or **situational awareness** helps students to ‘notice’ and consider a range of factors within the home that impact, and/or inform patient healthcare.

Engaging with patients in their home

Preparing student teams for their patient home visits requires prior planning and discussion to clarify:

- the purpose of the visit
- how each student will proceed (including student safety and potential risks they may encounter)
- how students will approach the visit as an interdisciplinary team
- what questions to ask and what to look out for.

Patient home visits can be less structured or formal than a GP consultation. Adhering to a strict health assessment checklist or list of questions may not be workable in a patient's home where children and family interrupt, the phone rings, the kettle boils, the dog barks and so on. Students need to be flexible in how they interact and respond.

Home visits also create opportunities for patients to tell their 'story' more fully, or in a different way. As the conversation unfolds, students can ask questions and actively interpret patients' experience of health and illness, the impact of this on their quality of life, family relationships and social connections. Students can also explore patients' experience of the healthcare system – including discussion of what works well and what could be strengthened.

Finally, students can be encouraged to think about how the information gleaned from visiting patients at home, can:

- broaden their own approach to health professional practice and healthcare teamwork
- contribute to health system change (for example, by asking about family or carer support, social connections, home modifications, the design of referral processes, care coordination, the patient's needs and preferences and so on).

Respectful practice

The educational partnerships developed with patients who volunteer to be part of the WoSSP program are vital to the program's success. Students need to be mindful of their status as visitors in the patient's home and of the person's time and family commitments. Patients involved in WoSSP activities experience complex and chronic health conditions. Students need to ensure they or their family/carers are not unduly fatigued or exhausted by the home visit.

Students are expected to demonstrate respectful and attentive engagement during their home visit. This includes:

- arriving on time
- introducing themselves to the patient and family/carers
- dressing neatly and professionally
- wearing appropriate identification
- ensuring equal participation between students
- seeking information, asking questions, clarifying, providing information
- turning off phones and other electronic devices such as laptops and tablets
- keeping to the allocated time (one hour) or less if the patient is fatigued or unwell
- thanking the patient and family/carers for their time

Student safety for patient home visits

Potential safety risks for students must be assessed prior to the patient home visit (See *G4.3 Selecting and recruiting patients* and *T3.8.c Safety for patient home and service visits procedure*).

All students involved in patient home visits must be well briefed before their scheduled visit. Up-to-date clinical placement safety information must be included in the *T5.4 Student guide* and discussed with students. This should include student safety protocols, emergency contacts and off-site monitoring/reporting procedures.

Students must also comply with the health service risk assessment protocols, and procedures used by staff in the placement setting.

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 the program

G5.6 Matching student teams with patients

Related tools

T3.8.c Safety for patient home and service visits procedure

T3.8.d Patient selection policy

T3.8.e Patient home visits and appointments procedure

T4.3.b Patient selection checklist

T5.4 Student guide

Notes

¹ J Frenk et al., 'Health professionals for a new century: transforming education to strengthen health systems in an interdependent world', *The Lancet*, vol. 376, no. 9756, 2010, pp. 1923-1958.

² World Health Organisation, *Everybody's business: Strengthening health systems to improve health outcomes – WHO's framework for action*, Geneva, 2007, viewed 29 October 2013, <www.who.int/healthsystems/strategy/everybodys_business.pdf>.

³ Department of Environment and Primary Industries, *What is Community Engagement?*, Department of Environment and Primary Industries, 2013, viewed 29 October 2013, <www.dse.vic.gov.au/effective-engagement/introduction-to-engagement/what-is-community-engagement>.

⁴ Agency for Healthcare Research and Quality, *Defining the patient-centred medical home*, United States Department of Health and Human Services, viewed 3 December 2013, <<http://pcmh.ahrq.gov/page/defining-pcmh>>

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

What is the purpose of this guideline?

WoSSP **patient-centred curriculum** activities draw on a range of clinical teaching contributions, including focused involvement of GP supervisors. Appropriate educational relationships and program parameters need to be established for this interprofessional supervision model to work.

With GP agreement, students work with their allocated patient in small teams (two to three students) to conduct a shared patient health assessment in general practice. Clinical supervision for this activity is provided by the patient's GP using the **wave consultation model**. This guideline explains the wave supervision model and how it can be used for your WoSSP program.

Who does this apply to?

- The WoSSP clinical educator, WoSSP Working Group, general practice managers, GP supervisors, patients and student teams.

We strongly recommend that you involve the appropriate medical education program academics from your health education partner organisation (such as the GP discipline leader) to help build the necessary relationships with the GP practices. Medical students involved in the WoSSP program also have an important peer teaching role in helping other members of their team understand how clinical work occurs in the general practice environment.

Who puts this guideline into action?

- The WoSSP clinical educator and WoSSP Working Group liaise with medical program academics, general practice managers and GP supervisors to set up the team-based student-patient consultation process in participating general practices.

Definitions

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.
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

The GP consultation must be genuine and be of benefit to the patients involved. Patients need to receive the health services or review of care they require.

Participating students, patients and GP supervisors need to be well briefed about the purpose of the GP patient consultation, how it will proceed and how it contributes to patient care and student learning.

Implementing the wave consultation model

The wave model allows students and supervisors to work together in day-to-day patient encounters. The wave consultation process operates alongside the GP supervisor's appointment schedule and includes allocated time for shared review and discussion of the patient's health issues and action plan.² (See Figure 1 below.)

If possible, the WoSSP team-based consultation needs to be scheduled for one hour. With GP supervisor agreement, students arrive at the practice and have 15 minutes to review the patient's medical file. The patient then joins students in the allocated consultation room for a shared health assessment/discussion. The GP arrives in the final 15 minutes of the appointment, to review the health assessment and conclude the consultation with input from the patient and students. The patient is an active contributor to this process.

A separate consultation space needs to be allocated to run the wave model.

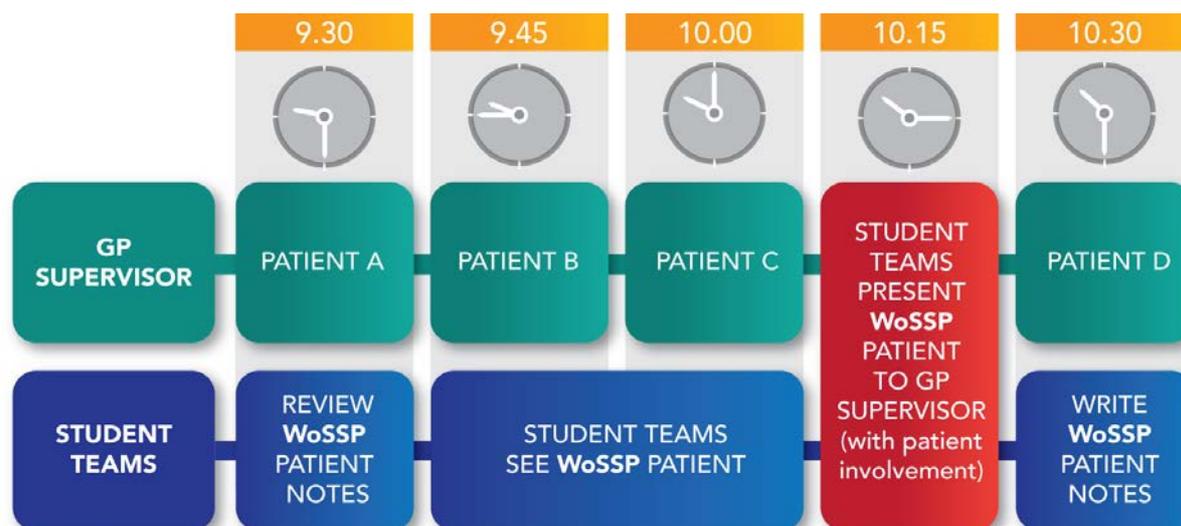


Figure 1 The wave or parallel consultation model

Preparing students for the shared GP patient consultation

Students will meet their patient for the first time in the GP clinic. This reflects the reality of patient-practitioner encounters, most of which occur within a health service or practice.

Before the GP consultation, students are expected to work with the WoSSP clinical educator during a scheduled group learning session to:

- discuss patient-centred care approaches (concepts and practice)
- discuss how they will establish their professional relationship with the patient
- explore how a basic patient assessment is conducted in different health disciplines
- identify considerations for conducting a shared patient health assessment in GP consultation (from patient and health professional perspectives)
- plan a multi-disciplinary patient assessment (using the patient's health summary as a guide)
- discuss the wave model of supervision and how this will be applied for shared GP patient consultation

Student teams may create their own multi-disciplinary health assessment tool or use an existing health assessment tool to guide the consultation process. The approach taken will depend on how you customise the WoSSP program for your practice context.

Students also need to be aware of the time constraints and contingencies that arise in GP consultations so that they can adapt to GP supervisor workloads and patient needs.

Preparing patients for the shared GP consultation

See *G4.4 Preparing patients for the program* for detailed information.

Clarifying the role of GP supervisors and the WoSSP clinical educator

GP supervisors

Participating GP supervisors are responsible for patient and student safety, promoting the use of best practice guidelines, and risk assessment during the wave consultation.³

From an educational perspective, the main role of the GP supervisor is to guide the consultation process, rather than provide formal teaching. Some supervisors may not necessarily feel confident 'teaching' students across multiple disciplines and should be reassured that they are not expected to teach specific course content.

Shared discussion and review of the patient health assessment needs to be limited to the 15 minutes allocated at the end of the consultation. This time can be used flexibly by GPs, for example, to clarify a particular health concern, ask questions of students, encourage reflection, gain patient feedback, and so on.

WoSSP clinical educator

The WoSSP clinical educator is responsible for preparing students for the GP patient consultation and for debriefing students after the consultation. These reflective discussions form part of the students' scheduled WoSSP group learning days and need to be linked to student planning for the patient home visits and group presentations.

If appropriate, the WoSSP clinical educator may wish to invite one of the GP supervisors to join this discussion session.

Other team-teaching contributors

If it is not possible for GP supervisors to work with students for the WoSSP patient consultation, it may be possible to involve other experienced health practitioners in the general practice context such as chronic health care nurses, diabetes educators and community health care nurses.

Related guidelines

G4.1 Setting up administration systems for 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

G4.7 Arranging GP appointments for patients

G5.6 Matching student teams with patients

Related tools

T4.1 Patient-centred curriculum planning timelines

T4.2 Patient information sharing agreement

T4.7 Patient appointment letter

T5.4 Student teams-patient allocations

Notes

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

² J Thomson, K Anderson, P Mara & A Stevenson, 'Supervision - growing and building a sustainable general practice supervisor system', *Medical Journal of Australia*, vol 194, 2011, S101-104.

³ *ibid.* P Harvey & N Radomski

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G5.9 Preparing for the student group presentation

What is the purpose of this guideline?

The WoSSP student presentation is the culminating educational activity of the WoSSP program. It provides an opportunity for students to share their learning insights into the local health system with a panel of community representatives. The design of the final student presentation is built on the principles of community engagement and accountability. The student presentation provides a forum for students to actively engage with the community in discussion about patient/client care, the health system and their own learning. It also provides a shared avenue of accountability between the community who support students in their placement and in their care of patients/clients and the students.

While the student presentation is not formally graded (it is a **formative assessment** task), it provides an opportunity for students and staff to consider student learning outcomes in the broader whole-of-system context. This guideline outlines the steps involved in planning and facilitating the student presentation process.

Who does this apply to?

- WoSSP clinical educator, students and invited community representatives, health service and health education partner representatives.

Who puts this guideline into action?

- The WoSSP clinical educator prepares students for the group presentations and may be involved in facilitating the event on the day.
- The WoSSP Working Group assists with event planning.

Definitions

formative assessment An integral part of the learning and teaching process and has a developmental focus. Guides future learning, promotes reflection and shapes values. Requires a profile of a student's achievements across multiple areas of performance over time - rather than a **summative assessment** result or final mark.

summative assessment Used to make overall judgments about the actual learning outcomes achieved by students in a subject or course. Measures 'end point' achievements at particular stages of learning.

Guidelines

We provide some starting points below to help you plan and facilitate the WoSSP student presentation activity. You may wish to adapt your presentation process to suit your WoSSP program context. (A customisable description of this activity is also included in the *T5.4 Student guide*.)

Description of student group presentation task

Students are required to work in their WoSSP learning groups to prepare and present an interactive, 30-minute group presentation/discussion based on their WoSSP patient/client encounters and learning experiences within the local health system. (Depending on the size of your WoSSP learning groups, you may have one or two group presentations on the day.)

The group presentation should aim to convey a collective picture of the particular 'micro-community' of patients/clients the students worked with in their interprofessional teams. Each group member should have an identified role in the presentation.

The student presentation is then followed by a 10 to 15 minute discussion with an invited panel of local community, health service and health education partner representatives (for example, community health service program managers, clinical supervisors, course coordinators and WoSSP Steering Group/Working Group members).

Group presentation requirements

Patient/client confidentiality must be protected.

Encourage students to be creative in the way they structure and communicate their key messages.

The specific format and content for the group presentation is to be decided by students, but we suggest the following elements be included (with illustrative examples):

- a brief introduction to the patients/clients the students worked with, touching on the bio-psycho-social dimensions of their healthcare
- student reflections on what mattered most to the patients/clients regarding their healthcare management and why
- if/how the patients/clients' perspectives of their healthcare priorities differed from the students' view or the perspectives of others involved in their care
- how the student teams worked together/managed these different perspectives/priorities
- any challenges or surprising moments that came up for students in their patient/client and health system interactions
- any other important patient healthcare themes, comments, learning that may have arisen for students through their WoSSP experiences
- two recommendations (to be identified and agreed by students) to further support/improve patient/client healthcare management and further develop/mobilise the local health care system.

Student recommendations should aim to be specific, practical and constructive, rather than being negative or critical.

Pre-planning and preparation

You need to allocated time during your scheduled WoSSP group learning days for students to prepare their group presentations and develop their health system recommendations.

Your community panel invitations need to be sent out well in advance so that people can attend the event.

On the day

The group presentation event provides an opportunity to:

- engage your local community
- publically acknowledge the contributions of the WoSSP clinical educator, patient/client volunteers, clinical supervisors and health service agencies involved in the program
- celebrate student achievements (including presentation of student certificates)
- promote the WoSSP program.

Following up

The WoSSP group presentation process acts as an important community and health education feedback mechanism. By creating a shared forum with the health service, agency and education provider representatives that operate in the local government area, it is possible that some of the student recommendations for health system strengthening could be progressed.

We strongly encourage you to look for practical ways to do this.

Related tools

T5.2 Teacher's guide

T5.4 Student guide

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G5.10 Patient clinical handover to the health service

What is the purpose of this guideline?

Patient/clinical handover is a formal requirement of most health services, with clinical handover now one of the ten new national standards developed by the Australian Commission on Safety and Quality in Health Care.¹ Within the context of the WoSSP program, clinical handover enables the transfer of patient information from students back to the health service when the program is completed. It also provides a formal system of clinical accountability and oversight in the clinical handover process (shared between students, the WoSSP program team and your health service/organisation). This guideline helps you to think about the design of a patient handover procedure from students back to the health service at the completion of WoSSP.

Who does this apply to?

- WoSSP clinical educator, students, patients, health service and/or program and clinical staff/team leaders.

Who puts this guideline into action?

- WoSSP clinical educator, students, health service program and health service program coordinator

Definitions

clinical handover	The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis. Clinical handover assists continuity of care across care transitions and promotes healthcare coordination amongst healthcare providers. ²
flexible standardisation	Flexible standardisation ensures that policies and procedures are relevant and appropriate for use in particular contexts of handover. The standardisation process chosen must fit the needs of the patients and clinical workforce staff involved in handover. These needs will vary widely as health services will have differing functions, size and organisation with respect to service delivery mode, location and workforce. ³

Guidelines

Designing a patient handover procedure for your WoSSP program helps ensure timely, relevant and structured clinical handover that supports safe patient care and information transfer. It also serves an educational purpose for students. Handover is a core requirement of clinical practice and orients students to professional accountability and duty of care responsibilities in the care of their patients and in all facets of their clinical work.

Misinformation and poor communication during clinical handover is recognised as a high risk area for patient safety. Potential dangers include discontinuity of care, adverse events and legal claims of malpractice.⁴

With these challenges in mind and guided by the national standards on clinical handover, ask yourself these key questions when designing your clinical handover procedure:

- Will your handover procedure reflect shared accountability and responsibility between the WoSSP program and your health service/program?
- In what ways will your procedure reflect principles of transparency?
- How can this procedure be standardised?
- How can you build in clinical oversight (supervision) of your handover procedure?
- How will you engage patients, students and clinicians to help shape and evaluate your procedure?

Getting started

The design of a standardised clinical handover procedure for your WoSSP program must reflect the needs of patients, students and staff within *your* health service context. We suggest you start by reviewing the current policies and procedures for clinical handover in your health service/program/organisation.

- Do these policies and procedures align with the current national standards? (See standard 6 – Clinical Handover.⁵)
- Can your organisational policies and procedures on clinical handover be customised for the WoSSP program?
- What tools are used for the transfer of patient information in the clinical handover process?
- Are these tools standardised?
- Can these tools be used to transfer patient information from the WoSSP program back to the health service, or do they require some adaptation?
- What are the documentation requirements of your organisation?
(For example, written case notes and patient files, electronic patient record systems, confidentiality and privacy.)
- What systems and other requirements are needed to embed the standardised clinical handover procedure within the WoSSP program and your organisation?
(For example, databases, tools or templates, staff training, clarification of staff roles and responsibilities, clinician and patient engagement, new policies or procedures, student briefing, timing/scheduling of handover.)

Considerations in designing clinical handover procedures

Evidenced-based principles

The *OSSIE Guide to Clinical Handover Improvement* list two important evidence-based principles for best practice in handover:

- face-to-face communication
- documentation⁶

The standardised clinical handover procedure for your WoSSP program requires a combination of face-to-face communication and documentation, for example, a formal arrangement where students give a verbal handover to a lead clinician, along with written documentation for inclusion in the patient's case notes.

Flexible standardisation of clinical handover

The *OSSIE Guide to Clinical Handover Improvement* recommends the standardisation of handover processes to improve the safety of clinical handover. However, the guide also emphasises that the particular local context of the unit, ward, program and institution needs to be integrated into the design of the standardised process (that is, 'flexible standardisation')⁷ and allow for iterative feedback over time to keep pace with change and complexity across the healthcare landscape.

Developing a standardised tool for clinical handover

The *OSSIE Guide to Clinical Handover Improvement*⁸ provides helpful reference to a range of clinical handover tools currently in practice across a range of health care contexts. Tools include:

- ISOBAR
- ISoBAR
- ISBAR
- SBAR
- SHARED

To ensure vital patient information is documented and oversights in accordance with national standards, we have adapted the ISBAR for the WoSSP program. You may decide to use a different form as appropriate for your health service.

Related guidelines

G4.2 Developing patient information sharing protocols

Related tools

T3.8.f Patient clinical handover procedure

T4.2 Patient information sharing agreement

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

Notes

¹ Australian Commission on Safety and Quality in Health Care, *National safety and quality health service standards*, 2013, ACSQHC, Sydney, viewed 30 October 2013, <www.safetyandquality.gov.au/our-work/accreditation/nsqhss/>.

² Australian Medical Association, *Safe handover, safe patients: Guidance on clinical handover for clinicians and managers*, AMA, Canberra, 2006, viewed 7 November 2013, <<http://ama.com.au/ama-clinical-handover-guide-safe-handover-safe-patients>>.

³ Australian Commission on Safety and Quality in Health Care, *Frequently asked questions, standard 6: Clinical handover*, 2013a, ACSQHC, Sydney, viewed 7 November 2013, <www.safetyandquality.gov.au/our-work/accreditation/accreditation-frequently-asked-questions/>.

⁴ Australian Commission on Safety and Quality in Health Care, *The OSSIE guide to clinical handover improvement*, 2010, ACSQHC, Sydney, p. 3, viewed 7 November 2013, <www.safetyandquality.gov.au/wp-content/uploads/2012/01/ossie.pdf>.

⁵ Australian Commission on Safety and Quality in Health Care b, *National safety and quality health service standards*, 2013b, ACSQHC, Sydney, viewed 7 November 2013, <www.safetyandquality.gov.au/our-work/accreditation/nsqhss/>.

⁶ Australian Commission on Safety and Quality in Health Care, *The OSSIE guide to clinical handover improvement*, op.cit., p.3.

⁷ Australian Commission on Safety and Quality in Health Care, op. cit. pp. 4 & 10.

⁸ *ibid.*, pp. 30-35.



G5.11 Acknowledging patients

What is the purpose of this guideline?

We view patients as active contributors to student learning. Their involvement is vitally important to the success and sustainability of the WoSSP program. As people who live with complex and chronic health conditions, the time they and their carers and families give to the WoSSP program is especially valuable and generous. Developing a formalised acknowledgment process helps demonstrate the regard the program holds for patient contributions.

Who does this apply to?

- The WoSSP clinical educator, students, patients, WoSSP Working Group, health service or program area where patients are recruited from (such as HARP).

Who puts this guideline into action?

- WoSSP clinical educator, students and health service staff as appropriate.

Guidelines

There is much scope for creativity and flexibility in how you acknowledge patients. Given the demands of clinical placement work, we recommend that you embed the process within your WoSSP program support systems and WoSSP group learning process.

Key points to consider include:

- *The timing of patient acknowledgments*
For example, when will patient acknowledgments occur – toward the end of the program or after the program has finished? We recommend that you separate your patient acknowledgment process from the WoSSP program evaluation activities, so that patients don't feel pressure to provide positive feedback about their WoSSP experiences.
- *The form of patient acknowledgment*
For example, a letter or certificate of appreciation and thanks signed by WoSSP program partner heads.
- *Opportunities for student involvement*
For example, a patient thank you card signed by student teams.

- *Roles and responsibilities*
For example, who will write the letter and/or certificate of appreciation? Who will print these out, how will the acknowledgment be delivered to the patient – in the post, in person, by the students?
- *Opportunities for community engagement and support*
For example, could you arrange a gift voucher for patients from the local supermarket or similar? Where this occurs, could the voucher be subsidised by a local business or your health education provider partners?

Related guidelines

G3.5 Engaging your community

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

G4.3 Selecting and recruiting patients

Related tools

T4.1 Patient-centred curriculum planning timelines

T5.11 Patient certificate of appreciation



G5.12 Linking WoSSP to student professional portfolios

What is the purpose of this guideline?

The WoSSP program offers unique opportunities for students to work and learn with patients/clients and health professionals in different healthcare contexts. This adds value to student placement experiences and supports development of the professional capacities required for future healthcare practice, including chronic healthcare management, systems thinking and interprofessional practice. Helping students recognise and document their WoSSP achievements provides useful evidence that students use for career planning purposes.

Who does this apply to?

- WoSSP clinical educator, students, health education course coordinators and WoSSP administrative support staff.

Who puts this guideline into action?

- WoSSP clinical educator with support from WoSSP Working Group and course coordinators.

Definitions

portfolio

A purposeful collection of work that captures a student's professional goals, learning activities, progress and overall educational achievements. The portfolio should also include appropriate evidence of student reflection and self-evaluation. In some health disciplines (such as nursing) portfolios are used by registration boards and credentialing authorities to provide evidence of professional engagement and development over time.¹

Guidelines

There are a number of ways to help students make the most of their WoSSP learning experiences for career planning purposes.

Find out what information would be helpful for students

Find out what professional development information/evidence students need for their health education courses, such as curriculum vitae (CVs), professional portfolios and self-evaluations. Encourage students to include relevant information about their WoSSP activities and achievements in these resources.

Talk to your students about what information/evidence would be helpful to them and how this needs to be described and reported, for example, descriptions of interprofessional learning activities undertaken, program dates, participation hours, skills gained, community impact, supervisor signatures and so on.

Help students reflect on their learning

Make a point of mentioning particular WoSSP activities that could provide evidence of student accomplishments. Some students may not realise the depth or scope of their learning achievements. For example, the WoSSP student group presentation to community representatives could provide evidence of presentation skills for medical student internship applications or the experience of conducting a patient/client home visit could provide an useful exemplar in a job interview.

Check the documentation timelines

Find out when graduate position interviews occur for students in their final years. If possible, try to have your WoSSP student certificates of participation ready so that students can show prospective employers what they have been learning.

Involve your health education provider partners

Ask the relevant health education course coordinators to talk about the WoSSP program in their professional discussions with students.

Related tools

T5.12 Student certificate of participation

Notes

¹ K Andre & M Heartfield, *Professional portfolios: Evidence of competency for nurses and midwives*, Elsevier, Sydney, 2007.