

Developing health student placements in partnerships with urban Aboriginal and Torres Strait Islander Community Controlled Health Services

Dr Alison Nelson, Professor Cindy Shannon and Mr Adrian Carson, Institute for Urban Indigenous Health and The University of Queensland, Australia

Introduction

This program is being jointly carried out by the Institute for Urban Indigenous Health, a regional community-controlled health organisation, and The University of Queensland. The project's aim is to increase the placement opportunities available to a variety of health profession students from multiple universities in a well co-ordinated way. It provides students with a valuable learning experience while simultaneously increasing the range of health services available to Aboriginal and Torres Strait Islander clients using the Community Controlled Health Services (CCHSs) in South-East Queensland.

The program targets final-year or advanced-level students with a view to developing a confident and effective workforce in Aboriginal and Torres Strait Islander health. Students do not need to be Aboriginal and/or Torres Strait Islander, although this is encouraged where possible.

Why was this program initiated?

Student placement experiences provide an important opportunity for health students to learn the clinical skills they need in a context where their cultural awareness and knowledge can also be developed. Aboriginal and Torres Strait Islander CCHSs have the potential to provide an invaluable learning experience for students due to the nature of the professional and clinical skills they can learn in this environment, and the knowledge and awareness they can gain from their Aboriginal and Torres Strait Islander supervisors and colleagues.

Traditionally, however, students have often been placed with minimal university support and health services have been expected to supervise students without a clear understanding of the placement expectations and requirements. This has resulted in students reporting a less than ideal experience and health services feeling overloaded and under-resourced.

There have also been limitations on the variety of students who can access these placements. In the past, placements have generally been available to students studying to be nurses, doctors, and Aboriginal and Torres Strait Islander health workers, while allied health students may not have had the opportunity due to a lack of appropriate professional supervision.

This program was initiated to streamline student placement processes and provide a well co-ordinated and supported placement experience for both students and health services.

Aims and objectives

1. To increase the number of student placement opportunities available within Aboriginal and Torres Strait Islander CCHSs in South-East Queensland.
2. To increase the variety of health professionals available to health services through the development of student placement opportunities beyond medical and nursing students, increasing and enhancing allied health student placements.
3. To provide a well co-ordinated and sustainable model of student placements that provides support to students and health services.
4. To evaluate student experiences regarding the strengths and challenges of the placement and their likelihood to work in the sector in the future.

Approach to achieve aims and objectives

Placements are organised and co-ordinated by a dedicated staff member at the Institute for Urban Indigenous Health to enable appropriate preparation, orientation and supervision of students. This has involved working closely with health services to develop a well-designed placement program with explicit expectations. The role of the central co-ordinating staff member, funded by The University of Queensland, is to relieve the CCHSs of the burden of co-ordinating the placements and of the need to negotiate with multiple parts of multiple universities in order to set up placements and manage timeframes. One health service, for example, had approximately twenty memorandums of understanding with different parts of different universities prior to the establishment of this new model. A central conduit also prevents services being overloaded with students, as one person has oversight of all the placements. The co-ordinating staff member is accountable to two key Aboriginal leaders, the Chief Executive Officer of the Institute for Urban Indigenous Health and the Pro-Vice Chancellor for Indigenous Education at The University of Queensland.

A regional orientation and cultural awareness session was developed for students prior to their placements commencing. These are conducted inter-professionally, where possible, so that students gain a sense of the other professionals operating in the organisation at the same time. Orientations are delivered by the central co-ordinating person, with input from other staff, and take place in either the Institute for Urban Indigenous Health head office or one of the CCHSs. The orientation session includes information about the South-East Queensland CCHSs and successful ways to work with urban Aboriginal and Torres Strait Islander people in a health setting, emphasising the value and knowledge of Aboriginal and Torres Strait Islander health workers and colleagues. Students are also provided with a location-specific induction by a staff member from their health service site and assigned a local preceptor throughout their placement.

Different models of student placements were trialled as part of the program beyond the traditional one-to-one model where one student shadows one clinician. These included group supervision models and multiple mentoring, where a group of students is supervised by one or more clinical educators (Nolinske 1994). Multiple mentoring of students, if organised well, has been found to provide benefits to organisations, supervisors and students, such that students are perceived to learn more and be more competent at the end of their placements (Copley & Nelson 2012).

New student-led clinics were also trialled as an approach to increasing opportunities for student placements without overburdening already busy clinics. 'Work it Out', an inter-professional education and exercise program for Aboriginal and Torres Strait Islander clients diagnosed or at risk of a chronic disease, is an example of the establishment of a new student-led clinic at one health service. The health service staff had identified that there was a need for rehabilitation services and the program was developed in partnership with Rehab+Fitness, a private gym. Students from medicine, nursing, occupational therapy, exercise physiology, pharmacy and psychology deliver educational content and assist in exercise supervision, monitoring clients' health status and making recommendations within their scope of practice and level of experience.

The success of this program is demonstrated through research conducted by an additional group of students, with results used to leverage federal government funding for the ongoing delivery and expansion of this program. Feedback from staff indicates that the program filled a need in the health care of clients with chronic diseases:

I think what you're doing here is you're explaining things and these people have never had it explained to them before.

Clients also reported the benefits of this program:

I am now able to hang the washing out myself. Before coming here I would have the carer do it for me, but now I can get my shoulders to work and reach the line.

As an Elder with arthritis I have benefitted from the advice and counselling I have received.

In addition to the 'Work it Out' program, increased allied health student placements have enabled services to access new or additional support. This has included occupational therapy, speech and language pathology, psychology and social work services where they did not otherwise exist and where accessing these services through mainstream channels often proved difficult for clients. These student placements have demonstrated a need and demand for ongoing services, resulting in the funding of several new positions. One of these positions has already been filled by an Aboriginal graduate who completed her placement in this sector.

Challenges

The central co-ordinator oversees placements across a large region and, as a result of the geographical distance, some areas are proving easier to co-ordinate than others. In addition, there are multiple universities that place students in this region, and challenges arise around providing opportunities for students from a range of disciplines at a number of universities with little or no co-ordination from within the universities. This results in the central co-ordinating staff member at the Institute having to negotiate with multiple departments at a range of universities. Universities other

than The University of Queensland are now being requested to provide resourcing for a dedicated staff member to be the conduit for their university in order to address this challenge. Although ongoing funding for the central co-ordinator position has been secured from The University of Queensland, further expansion of the program will depend on other universities providing funding.

Despite overwhelmingly positive feedback from most students about the program, there are still some challenges around ensuring that placement requirements and expectations are clearly stated and understood. There is great variance in the preparation of students for working in Aboriginal and Torres Strait Islander health at the university level, and further work is required in developing guidelines for choosing which students gain placements in which services and what preparation is required by the universities even before the orientation program. Some students reported feeling overwhelmed by the complexity of medical conditions they encountered and one student felt that his/her contribution was not valued.

There are some additional challenges for staff in the CCHSs, including finding space for additional people and organising appointments for clients to see students. This is off-set by having a central co-ordinating person to make sure space can be managed and many new placements come with their own supervisor so there is less burden on staff to provide supervision. Due to the increase in access to allied health services, which has been partially stimulated by student placements, some CCHSs have appointed an allied health co-ordinator to assist with appointment scheduling and follow-up.

Successes

A central co-ordination point at the Institute for Urban Indigenous Health has meant that rather than each health service needing to negotiate with multiple parts of multiple universities, university staff now liaise with one person who then consults with health services about their needs and capacity, and monitors student placements over time.

In the eighteen months since the project commenced, student placements in South-East Queensland region CCHSs have grown from around thirty students per semester across the region to approximately 150 students in semester one, and more than eighty students in semester two of 2012. There are now student placements across seven locations in medicine, nursing, pharmacy, exercise physiology, occupational therapy, speech pathology, music therapy, social work and psychology.

Placements are designed so that students requiring one-to-one supervision are still provided with this level of attention, while those who would benefit from a group or multiple mentoring model are engaged in this style of placement. The number of medical students placed within the CCHSs in the one-to-one supervision model has remained fairly constant at about twelve students per semester. However, forty-three additional students have engaged with opportunities developed through attendance at healthy living community days (where they assist with health checks) and visits to the Institute for Urban Indigenous Health to learn about the South-East Queensland CCHSs sector. In addition, five general practitioner registrars have commenced their training in CCHSs.

Student learning is supported through face-to-face supervision and online resources. Students note that the inter-professional learning opportunities they have gained are highly beneficial:

[This placement] taught me how to tailor and deliver culturally sensitive treatment sessions and work constructively and collaboratively with a student from another allied health discipline. It also taught us

how to be resourceful, creative and innovative. These skills are invaluable for working within a professional team and providing services to individuals who have a different cultural background to my own.

What are the impacts?

Preliminary research (via a survey) about the experiences of students in these placements has revealed the following:

- 78% felt they had adequate orientation
- 89.2% felt their contribution was valued
- 92% felt they gained clinical learning and skills
- 86% increased their awareness of health issues faced by Aboriginal and Torres Strait Islander people
- 32%, however, were unsure or disagreed they would be more likely to consider working in Aboriginal and Torres Strait Islander contexts as a result of the placement. This will be explored in more depth through interviews with students.

In comments provided through the survey, students reported that they felt supported through the placement and received high-quality supervision:

Supportive staff who were encouraging helped me to stay motivated, on task as well as to ask for help when I needed it. [I have gained] increased knowledge about Indigenous communities through experts in their area. This allowed me to learn from the best and provided first hand experiences to me.

Another medical student provided this feedback:

The placement was very enjoyable. Everyone was willing to share their skills and knowledge and I had a lot of good teachers!!! Honestly, this placement opened my eyes and really makes me think about working in Indigenous Health once I finish my study.

Students identified that their placement gave them an increased understanding of how to work with Aboriginal and Torres Strait Islander clients:

[I am more] able to understand the cultural differences and Indigenous people's health perspective. All these [knowledges] allow me to take a different approach when working with Indigenous people.

Fifty per cent of the exercise physiology and final-year occupational therapy students involved in the practicums in 2011 expressed interest and/or actively sought work in Aboriginal and Torres Strait Islander health in 2012.

How has the program developed Aboriginal and Torres Strait Islander leadership?

This project and the development of new student-led clinical services have resulted in a demonstrated demand for a full-time exercise physiologist in one CCHS, and this position has been filled by an Aboriginal professional. She now assists with student supervision and manages the

chronic disease rehabilitation program. An Aboriginal psychology graduate has also been employed following her successful placement in two of the CCHSs. In addition, several Aboriginal and Torres Strait Islander staff have been involved in the local co-ordination and supervision of students. The success of this program has also resulted in Aboriginal and Torres Strait Islander management staff now identifying student projects and initiating requests for students so that placements are being driven more by the agenda of the CCHSs and the Institute for Urban Indigenous Health.

What's next? Program sustainability

As a result of the exponential growth of student placements, further work is being done to refine processes for student applications and preparation in order to increase efficiencies, improve selection processes and ensure adequate preparation of students prior to their placements. An additional staff member, funded by the Institute for Urban Indigenous Health, is being appointed to assist with this. As identified above, further expansion depends on resourcing from additional universities to ensure that the central co-ordination of student placements from the many universities in the region is well run.

The model of student-led clinics, which demonstrates a clinical need and a viable clinical model, will continue to be used to further enhance services available to South-East Queensland Aboriginal and Torres Strait Islander people. Training is also being developed to help support those Aboriginal and Torres Strait Islander staff members who may have had little or no experience in supervising students.

Ongoing support for CCHSs to manage the exponential growth of student placements will also be undertaken through increasing the central co-ordinating hub to include additional on-site support through financial support from other universities (if forthcoming), as well as an additional allied health co-ordinator in most sites. Some funding is also being provided for general practitioner registrar training through the Central and Southern Queensland Training Consortium. Further expansion of clinical learning opportunities is possible with increased investment in space and personnel.

For further information, contact:

Dr Alison Nelson

Institute for Urban Indigenous Health and The University of Queensland

E: alison.nelson@iuih.org.au



**THE UNIVERSITY
OF QUEENSLAND**
AUSTRALIA

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