

U21 Minutes of the Health and Rehabilitation Sciences Group

Meeting Brisbane September 2004

Chaired by Sylvia Rodger and Bruce Murdoch

1.0 Clinical Education

Three stimulus papers were presented to prompt discussion on clinical/practice education issues. There was consensus that finding sufficient placements for clinical education was problematic with more schools and programs starting internationally.

Untapped markets for placements such as private practice were recognized, however, currently there are few guidelines for managing students in private practices. There was often a mismatch in the distribution of placement offers, timing, and student needs. There was also a recognized need to maximize the flexibility in how we see and offer placements. Innovative approaches at UBC included community service learning placements (volunteer projects) and coops where students were hired on reduced salaries for 12 weeks in a similar model as is used in engineering. We acknowledged that while each professional group believes they have their own problems in practice education, many issues are shared – SW, nursing, AHP. All health and human service industries are faced with training and educate the next generation. Do we need to learn more about what others are doing to address the issue?

It was clear that different funding models between ministries of education and health in the Canada and national trusts in UK and health and education commonwealth departments in Australia impacted on clinical education. For example, in the UK clinicians were able to access higher salaries if they supervised clinical students providing a significant incentive, which was not available in Canada and Australia.

It was generally recognized that as a group we needed to address:

- What is clinical learning?
- What does it look like?
- Meeting the number of clinical hours as per registration boards – broad definitions of clinical/practice education are needed.

What can we as U21 group do?

Position paper on clinical education was proposed and a draft of the potential contents of the paper was developed. Gillian Webb from University of Melbourne had obtained a U21 fellowship in clinical and inter-professional education. She will be visiting various centres in U21 during her 3 month fellowship and will co-lead development of this position paper.

U21 Position Paper on Clinical/Practice Education in Health and Rehabilitation Sciences (Brisbane, September 2004)

Aim: For Health and Rehabilitation Sciences (HRS) Group to develop a Position Paper on Clinical/Practice Education

What is the purpose of the paper?

- To develop a U21 HRS position statement on the current and future context for clinical/practice education, associated issues, and potential strategies etc.

- To present a vision for the future of clinical/practice education for the Health and Rehabilitation Sciences.
- To catalogue current examples of innovative and creative clinical/practice education and solutions/responses.

What do we want to accomplish with this Position Paper ?

- Force for pressure to increase funding
- Influence policy
- Influence accrediting bodies to be more flexible forward thinking about practice education
- Resource for changing ideas and shared knowledge among U21 universities

Who is the paper for?

- Us to utilize
- U21 Vice Chancellors and Deans (influencing budget decisions)
- Our professional accrediting bodies

What has U21 got to offer that is unique?

- Cross cultural/global perspectives
- Evidence based practice culture
- Strong research culture in U21– importance of research aspect and value
- Demonstrate importance of research into practice education
- An inter-professional perspective

Major Topics for Position Paper:

INTRODUCTION

Defining the Terms – lexicon – common language –

- Which terms to use eg practice vs clinical education ?
- What do we mean by this? What is clinical/practice education?
- What does it look like in Health and Rehabilitation Sciences now and what will it look like in the future?

What is our contribution to society?

Quality of life

Link to WHO concepts ICF – participation etc.

THE PRACTICE CONTEXT

1. External Developments influencing Practice/Clinical Environments

- ***Practice Environments:***
 1. Expansion of Private Practice/Sector
 2. Non-government sectors (NGO)
 3. Community based practice (home/community)

a. Political Influences

b. Population Demographics

1. Aging population
2. Under resourced groups/communities

• ***Changes in Practice***

1. Extension of scope of practice
2. Preparing students for 21st Century – “going to the hockey puck” What are the influences on our professions.... U21 – 21 st century ? What will the world be like?
3. Globalisation – professional portability. Managing global world, movement of students and practitioners. International students and clinical practice students. Global portability – student mobility and common issues.

2. External Influences on University Curricula:

- a. Professions
- b. Professional Culture
- c. Accreditation Bodies
- d. Registration Boards - Regulation
- e. Other health professions’ practice.

SUPPORTING AND EDUCATING PRACTICE/CLINICAL EDUCATORS

1. How do we support and educate the practice educators?

Support, education, training
Enabling them to see themselves as ‘educators’
Respecting the responsibility they have
Educational programs for clinical educators.

2. How do we recognize clinical/practice educators for their contribution?

Recognition
Value
Our responsibility to them? Certificates, kudos, clinical titles, professional commitment?

THE COSTS OF CLINICAL/PRACTICE EDUCATION

- Cost Benefit Analysis
- Recognising/acknowledging the costs
- What are the costs to Universities vs to clinicians?
- Postgraduate Clinical Education vs education for professional level entry (undergraduate/graduate entry)

WORKFORCE ISSUES

- ***Rural/remote***
Workforce issue in getting practitioners to work in regional/remote areas.
- ***Potentially ageing rehabilitation workforce*** – retention, attrition.

PROPOSED CHARACTERISTICS OF DESIRABLE CLINICAL/PRACTICE EDUCATION

- Interprofessional collaboration
- Communication skills

- Recognition of generic (shared) and specialist skills
- Expectations of our graduates – competencies, skill sets, attitudes vs number of hours
- Desirable generic skills for AHPs to meet dynamic changing workplace/future.

Agreed Actions

Working Group for Position Paper:

1. Chair persons: Gillian Webb as U21 fellow and John Gilbert
2. Lorraine Devitt to provide assistance.
3. Leaders of sub sections of position paper:
 - a. Practice Context – Joan
 - b. Supporting Clinical Educators – Pat and Sylvia
 - c. Workforce Issues – Deb Theodoros
 - d. Proposed Characteristics of Desirable Clinical Practice – Gillian.
 - e. Interface between research and clinical practice – Peter and Gillian
4. A draft position paper would be circulated prior to the next meeting in Lund with finalization of discussion in Lund.

2.0 E Health U21 – Impact for HRS Group

1. Endorsement of Action Plan presented by Kendall Ho
2. Designation of a Specific Point of Contact (SPOC) in each school who champions e health was supported..
3. Identify potential hospital to adopt in an under served population. (For us a “community” model may be better rather than a “hospital”).
4. Some issues include – lack of ICT in deprived communities.
5. It was recognized that telehealth is not all high tech. Can involve phone, email contact not necessarily high tech devices. Transfer of information by email rather than videoconferencing etc.
6. Professional portability was considered an important issue – preparing students for 21 century. E Health needs to be part of student education. Use of telehealth for supervision, doing a telehealth consultation etc. This is an important future development.
7. Clinical tutorials for students/supervision, supporting clinical educators as well as client service side.
8. E health initiatives have the potential to cross agency, ministry boundaries and IP education possibilities. Teachers in class rooms with children with disabilities in rural locations – support via telephone etc. Need to be inclusive beyond health but into education etc for client service support.

3.0 U21 Benchmarking Exercise University of Queensland – Feedback on use of the U21 template modified by UQ.

1. Current template lacks break down on gender
2. Tables for current year only – often need information over 3 years.
3. Data often provided in different ways eg raw student numbers, EFT, EFTSUs (formularized) – makes it difficult to gather equivalent data.

4. Table 2 – profile of graduates – confusing perhaps due to terminology between programs. Set out same format as Table 1 as per students referred to.
5. Postgraduate taught programs – terminology confusing – eg postgraduate coursework,
6. Table 3 – staff profile – difficulty with term “clinical faculty” and terms casual, sessional staff. Need for specific definitions.
7. Confusion between segmenting academic staff into categories (4) Qualifications of staff often not provided.
8. Table 4 research profile – redesigned left out information relating to publications – UQ used DEST categories.
9. Respondents often did not provide the detailed information requested, often totals only without breakdown.
10. Year and time of collection was difficult for all tables – data current for different times – preceding academic year (Nth hemisphere- year ending July), (Sth hemisphere – calendar year).
11. Time consuming process for respondents.
12. Different discipline clusters within different schools and multiple discipline clusters internationally makes consistent data collection difficult and direct comparison impossible.

Melbourne’s Response

1. Requests for benchmarking may not have been getting through to the right level for action.
2. Data collection and interpretation between countries is difficult particularly with different discipline groups.

Other comments

1. Centrally collected data is often common but does not always fit easily into templates.
2. What should minimal data set be that we want to benchmark on?
3. Definitions in staff (general admin) vs faculty (academic staff).
4. Can this be developed into a web based format with support from U21?
5. Do we want to continue to develop this? Who? Issues around terminology and definitions?
6. Is becoming an essential requirement for External School Reviews.
7. What can we learn from dentistry group?
8. Annual/research reports can be a useful source of research information that are produced regularly.
9. Versions have emerged... need to be dated and for it to be clear what version we are working on.
10. Feeling that we need the information by discipline.
11. Agreed to use each improvement/latest version.
12. UQ version needs a glossary with definitions of terms.

Agreed Actions:

1. Trial of the current template with a glossary of terms for Lund 2005 (attached new template).
2. Work on web based format after the trial between 2004-2005.
3. Lorraine could assist with the glossary and could probably call on for IT assistance from Uni Melbourne.
4. Routinely send each other our School Reports to Lorraine who can place them on the U21 Health Sciences website..
5. One representative from each discipline to report back for each discipline on groups’ data:
 - a. OT – Sylvia Rodger (Queensland)
 - b. PT - Pat Wrightson (Birmingham)

- c. SP - Tara (Uni of Hong Kong)
 - d. Audiology – Louise Hickson (Queensland)
6. Discipline leaders to contact non attending members of their disciplines within U21
 7. Suggestion that at the next meeting discipline subgroups (OT, PT, Audiology, SP) meet as well.

4.0 Feedback on email and web communication within HRS U21 Group

1. Email list is working – and will be updated after this meeting
2. Website has been utilized – prompt to check details.
3. Discussion as to website with discussion list (password protected) outside of LRC.
4. Possibility of annual teleconference for HRS group prior to the next meeting – Lorraine could assist with this.
5. Approach U21 managers for funding for teleconference – Lorraine to follow this up.

5.0 DeloCAT

1. Contains learning resources (multimedia) resources for teaching and learning
2. Anatomedia is a useful electronic resource
3. Gillian has a resource on the catalogue as has Joan from Melbourne.

6.0 Discussion on Research Capacity Building led by Lesley Bainbridge and Sue Kelly.

How do we define our selves as HRS disciplines in a research intensive university?

Need to identify and document the interface between quality teaching and research and in particular research led teaching.

Research Productivity

- Need to establish a collective research profile
 - Develop research activity profiles – strengths, emerging themes, opportunities for collaboration and training across U21 institutions.
 - Need for focused data collection through benchmarking
1. Research strengths – in annual reports
 2. Emerging themes in annual reports
 3. Other data in benchmarking document – include % collaborations.
 4. Funding – How do we best use U21 exchanges and postgraduate fellowships.
 5. List of top journals in each of our disciplines
 6. Need to get HRS people on grant review bodies
 7. Mentoring clinicians.
 8. Developing a research culture
 9. Need to look at outcomes not just outputs – descriptive data may be useful re the impact of journal articles on client care eg quality of life, professional recognition, contributions to policy, leading change in practice, rather than just number of publications or journal impact factors.
 10. International collaborations – which agencies fund international research grants? Need to generate a list.
 11. Need to aim for strategic research among U21 organisations.
 - 12.

Actions

1. Circulate annual reports of each School/University to each other.
2. For further discussion in Lund

7.0 Agenda for Lund Meeting 2005

Main themes:

1. Research action plan across U21
2. Establish inter-professional research agenda
3. Establish inter-disciplinary research agenda
4. Draft position paper for discussion
5. Plenary session on clinical practice education (led by Rehab Sciences)

Compiled by Sylvia Rodger
U21 Health Sciences Executive Member
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