HUME REGION ALLIED HEALTH CONFERENCE
2013

Educate, Innovate, Practice

14 & 15 October 2013
QUALITY HOTEL
GATEWAY
WANGARATTA
<table>
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<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Chair</th>
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<tbody>
<tr>
<td>08:30 – 08:40</td>
<td>CONFERENCE REGISTRATION OPENS - Arrival with Tea and Coffee</td>
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<tr>
<td>08:50 – 09:00</td>
<td>Welcome – Convene Conference</td>
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<td>Ms Jacqui Verdon; Chair, Hume Region Allied Health Education Group; Interdisciplinary Clinical Educator, Northeast Health Wangaratta</td>
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<tr>
<td>09:00 – 09:10</td>
<td>Opening Entertainment</td>
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<td>09:10 – 09:40</td>
<td>All Health: Entering a new era in Victoria</td>
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<td>09:40 – 10:10</td>
<td>Examination of Vicarious Trauma</td>
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<td>10:10 – 10:40</td>
<td>MORNING TEA - Poster Viewing and Trade Displays</td>
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<td>11:00 – 12:20</td>
<td>CONCURRENT SESSION A</td>
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<tr>
<td></td>
<td>A1 – Innovations in Practice</td>
<td>Bogong Executive Room</td>
<td>Ms Sarah Hyde, Speech Pathologist, Albury Wodonga Health</td>
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<td>A2 – Allied Health Assistance in Allied Health Practice</td>
<td>Sterling Executive Room</td>
<td>Ms Katherine Lowe, Allied Health Clinical Coordinator, Goulburn Valley Health</td>
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<td>A3 – Self Management and Primary Intervention</td>
<td>Warby Room</td>
<td>Ms Courtney Ward-Jackson, Clinical Leader Speech Pathology, Northeast Health Wangaratta</td>
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**Chair:**
- Ms Jacqui Verdon: Chair, Hume Region Allied Health Education Group; Interdisciplinary Clinical Educator, Northeast Health Wangaratta
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<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Chairs</th>
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<tr>
<td>11:05 – 11:20</td>
<td>“The speech lady” Speech pathology optimising engagement with Aboriginal Preschoolers&lt;br&gt;Ms Jennifer Lepkhannmany and Ms Melanie Jackel&lt;br&gt;Albury Wodonga Health</td>
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<td>O’Murrindindi support group&lt;br&gt;Ms Jacky Noble and Ms Karen Bates&lt;br&gt;Alexandra District Hospital</td>
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<td>A multidisciplinary program approach to delivering continence promotion in the community&lt;br&gt;Ms Janice Cherry and Mr Matt Flanagan&lt;br&gt;Ovens and King Community Health Service</td>
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<td>11:25 – 11:40</td>
<td>Kids Holiday Group – An innovative approach&lt;br&gt;Miss Amy Aldous and Ms Kimberley Lyford&lt;br&gt;Nexus Primary Health</td>
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<td>Skills Centre – Skills for Living&lt;br&gt;Mrs Meredith Nielsen&lt;br&gt;Albury Wodonga Health</td>
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<td>Incorporating Health Literacy Principles into Nutrition Education for Renal Clients&lt;br&gt;Mrs Ellen Humbert&lt;br&gt;Albury Wodonga Health</td>
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<td>11:45 – 12:00</td>
<td>Maximising participation in rehabilitation post stroke: Innovative ideas for therapy&lt;br&gt;Ms Melissa Kearney and Ms Bronwyn Connelly&lt;br&gt;Northeast Health Wangaratta</td>
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<td>Fit for Birth and Bounce Back with Babes&lt;br&gt;Mrs Liz Robinson&lt;br&gt;Alexandra District Hospital</td>
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<td>Managing the High Falls Risk patient in the Subacute Setting&lt;br&gt;Mr Mark Tamaray&lt;br&gt;Northeast Health Wangaratta</td>
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<td>12:05 – 12:20</td>
<td>Why wait! – Occupational Therapy demand management&lt;br&gt;Ms Kim Hall and Ms Kate Brown&lt;br&gt;Bendigo Health</td>
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<td>This little piggy: Re-thinking nutrition screening in subacute services&lt;br&gt;Ms Jessica Amy&lt;br&gt;Albury Wodonga Health</td>
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<td>MY HEALTH, MY LIFE!- perspectives on developing self-management&lt;br&gt;Mrs Glenda Chapman and Mrs Judith Hooper&lt;br&gt;Albury Wodonga Health</td>
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<td>12:20 – 13:10</td>
<td>LUNCH - Poster viewing and Trade Displays</td>
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<td>13:10 – 14:10</td>
<td>CONCURRENT SESSION B</td>
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<td></td>
<td>B1 – Innovations in Practice&lt;br&gt;Bogong Executive Room</td>
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<td>Chair: Ms Anna Pasquali, Physiotherapist, Northeast Health Wangaratta</td>
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<td>B2 – Resilience and Trauma&lt;br&gt;Sterling Executive Room</td>
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<td>Chair: Ms Tessa Archbold, Team Leader Allied Health, Northeast Health Wangaratta</td>
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<td>B3 – The Big Picture&lt;br&gt;Warby Room</td>
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<td>Chair: Ms Anna Sullivan, Allied Health Student Co-ordinator / Physiotherapist, Albury Wodonga Health</td>
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<td>13:15 – 13:30</td>
<td>Sex, drugs and the medical role: a case report about a stroke survivor with expressive dysphasia&lt;br&gt;Ms Natalie Hamam&lt;br&gt;Charles Sturt University</td>
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<td>Actively seeking recovery: An efficacy study&lt;br&gt;Miss Adele Henwood&lt;br&gt;Mind Australia</td>
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<td>Developing capacity for diabetes care using MBS&lt;br&gt;Mrs Kylie Nadenbousch&lt;br&gt;Nexus Primary Health</td>
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<td>Time</td>
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<tr>
<td>13:35 – 13:50</td>
<td>iPhone, iPad, i care – A technological approach to consumer directed care</td>
<td>Mrs Annalee Gardam, Northeast Health Wangaratta</td>
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<td>13:35 – 13:50</td>
<td>Surviving the Court Process</td>
<td>Ms Janice Lynch, Albury Wodonga Health</td>
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<td>13:35 – 13:50</td>
<td>Hume Simulation Alliance: Incorporating Simulation into Allied Health Clinical Learning Experiences</td>
<td>Dr Kirrian Steer, La Trobe Rural Health School, Wodonga</td>
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<td>13:55 – 14:10</td>
<td>A step in the right direction for West Hume</td>
<td>Ms Emma Macdonald, Goulburn Valley Health High Risk Foot Service</td>
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<td>13:55 – 14:10</td>
<td>Personality, resilience, intelligence and dexterity</td>
<td>Mr Denis Flores, Goulburn Valley Area Mental Health Service</td>
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<td>13:55 – 14:10</td>
<td>Evaluation of two allied health services amalgamating – The arranged marriage</td>
<td>Dr Leah Wiseman, Albury Wodonga Health</td>
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<td>14:10 – 14:30</td>
<td>AFTERNOON TEA - Poster Viewing and Trade Displays</td>
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<td>14:30 – 16:00</td>
<td>PLENARY SESSION 2 – Bogong Executive Room</td>
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<tr>
<td>14:35 – 15:05</td>
<td>The Primary Care Picture – Hume Medicare Local</td>
<td>Ms Jacki Eckert, Director of Primary Health Services, Hume Medicare Local</td>
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<td>14:35 – 15:05</td>
<td>The Allied Health Leadership Challenge</td>
<td>Mr Rohan Langstaff, Team Leader Practice Support, Hume Medicare Local</td>
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<td>15:05 – 15:35</td>
<td>The Allied Health Leadership Challenge</td>
<td>Ms Susan Benedyka, Managing Director, The Regional Development Company</td>
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<td>15:05 – 15:35</td>
<td>Ms Suzanna Christison, Consultant, The Regional Development Company</td>
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<td>15:35 – 15:45</td>
<td>Awards Ceremony</td>
<td>Ms Karyn O'Loughlin, Chair, Hume Region Allied Health Leaders Council; Director of Allied Health, Albury Wodonga Health</td>
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<td>15:45 – 15:55</td>
<td>Conference Summary</td>
<td>Ms Karyn O'Loughlin</td>
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<td>15:55 – 16:00</td>
<td>Close of Conference</td>
<td>Ms Jacqui Verdon</td>
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Welcome

Welcome all delegates and presenters to the Hume Region Allied Health Conference 2013

The Hume Region Allied Health Conference provides an opportunity for participants to share ideas, expertise and experiences around areas of allied health practice, professional development and research.

The Conference is a joint initiative of the Department of Health, Hume Region; the Hume Medicare Local, and the Hume Region Allied Health Education Group. The focus of the 2013 Hume Region Allied Health Conference is Educate, Innovate, Practice.

The conference aims to:

• Promote rural and regional allied health research by professionals who practice in these areas and the presentation of their research findings.
• Provide professional development opportunities for Allied Health Assistants. One concurrent session at the conference is dedicated to the role allied health assistance in allied health practice.
• Promote flexibility and innovation in regional allied health service delivery, including the role of Allied Health Assistants and Clinical Placements.
• Showcase best practice, what works and innovative solutions to issues that can be applied to address similar issues regionally and across disciplines.
• Promote continuing education and professional development activities essential to support rural and regional allied health practice.
• Promote networking, collaboration and inter-disciplinary learning across the Hume region’s health workforce.

We hope that you find the conference interesting and educational, as well as an opportunity to network with other allied health practitioners from around the region.

Acknowledgments

The Conference Organisers would like to convey their appreciation to the people and agencies that have made the Hume Region Allied Health Conference 2013 possible.

Thank you to the Keynote, Concurrent, and Posters Presenters for their important contribution and effort.

Thank you to Workforce Innovation and Allied Health, Health Workforce Branch, Department of Health Victoria for providing funding to support the development and delivery of this conference.

Thanks are also due to the following:

• Department of Health, Hume Region
• Hume Region Medicare Local
• Hume Region Allied Health Education Group.

Without the significant level of support provided by these people and agencies this conference would not have transpired.
Conference Steering Committee

Conference Event Manager
Jodie Nolan, Workforce and Quality Coordinator, Department of Health, Hume Region

Conference Steering Committee
This committee was made up of the following active members of the Hume Region Allied Health Education Group:

Jacqui Verdon (Chair) Northeast Health Wangaratta
Kim Arnold Cobram District Health
Holli Davis Hume Medicare Local
Geoffrey Draper Benalla Health
Denis Flores Goulburn Valley Area Mental Health Service
Sheryn Halden Goulburn Valley Child and Youth Mental Health Service
Sarah Hyde Albury Wodonga Health
David Kidd Beechworth Health Service
Katherine Lowe Goulburn Valley Health
Rebecca Oates Ovens and King Community Health Service
Tammy Phelps Goulburn Valley Health
Anna Sullivan Albury Wodonga Health

Conference Content Disclaimer
All conference content, including live, recorded, and written presentations, represents the opinion of the authors and speakers and should not be construed to be those of the conference organisers and steering committee (this includes: Department of Health Victoria; Hume Region Medicare Local; and the Hume Region Allied Health Education Group). The conference content is intended for educational and informational purposes only and it is the responsibly of delegates and readers to assess the accuracy, validity, and credibility of the conference content.

Information for Delegates

Conference venue
Quality Hotel Wangaratta Gateway, 29-37 Ryley Street Wangaratta, Victoria
t. 03 5721 8399 f. 03 5721 3879 w. www.wangarattagateway.com.au

Certificate of attendance
A Certificate of Attendance has been provided for you and is available at the conference registration desk.

Evaluation
At the end of the Conference please take the time to complete your Conference Evaluation Form and return it to the Registration Desk as you leave the Conference. The Evaluation Form can be found in your Conference Satchel.
Mobile phone courtesy

It is requested that delegates ensure their mobile phones are switched off during Conference Sessions for the comfort of others.

Photographs

Please be advised that photographs may be taken during the conference and may be used on websites, in newsletters, publications and for future promotional of allied health conferences.

Duplication/Recording

Unauthorised photography, audio taping, video recording, digital taping or any other form of duplication is strictly prohibited in Conference Sessions.

Conference Awards

Concurrent Presentation Awards

There are two award categories for Paper Presentations:

1. Most Outstanding First Time Conference Presenter
2. Most Outstanding Conference Presentation

Presentation judging criteria

Presentations will be judged by taking the following criteria into account:

1. Quality of the abstract
2. Content
3. Methods / design
4. Clarity of the discussion and conclusion
5. Novelty
6. Relevance / significance
7. Presentation – organisation, visual impact, presentation technique
8. Quality of answers to question time.

Poster Presentation Awards

There are two award categories for Poster Presentations:

1. Most Outstanding First Time Poster Presentation
2. Most Outstanding Poster Presentation

Poster judging criteria

The posters will be judged by taking the following criteria into account:

1. Quality of the abstract
2. Presentation of the poster – organisation, visual impact, eye catching
3. Clear content / easy to follow
4. Novelty / relevance / significance
Conference Sponsor

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ROHO
Keynote Speaker Biographies

L-R: Donna Samon, Georgina Wills, Stacey Manfield

Donna Samon

Physiotherapist

Donna is a physiotherapist who has a keen interest in neuro-rehabilitation in a community setting. Donna has been working in North-eastern Victoria in Rehabilitation facilities for over 20 years. She has a Graduate Diploma in Clinical Rehabilitation. Donna worked at Northeast Health Wangaratta Community Rehabilitation Centre for 10 years before setting up her own home-based rehabilitation physiotherapy service. Donna coordinates a support group for people and careers with neurological impairment.

Georgina Wills

Music Teacher, Wangaratta West Primary School

Georgina studied Teaching and Arts at ACU, and later completed a Masters of School Leadership at Melbourne University. Georgina has been the Music Teacher at Wangaratta West Primary School for 13 years. During this time she has received a national award for Excellence in School Music Education, participated in the Primary Music in Victoria research project and received State Government funding for developing a high quality music specialisation program at the school. Part of Georgina’s passion for music education involves developing community partnerships that connect students to people in their local community. The current successful partnership, which has resulted in the Heart Beat drumming program, grew out of the expertise of the school’s senior African drumming group which was formed in 2009. Georgina also supports music education in local kindergartens through workshops, visits with her students, and professional development for teachers.

Stacey Manfield

Clinical Leader Occupational Therapy, Northeast Health Wangaratta

Stacey has been working as an Occupational Therapist in Northeast Victoria, specialising in Neuro-Rehabilitation for over 10 years. Over the last 5 years Stacey has participated in research through The University of Melbourne, won best poster at an international neuro-rehabilitation conference and presented at both national and international conferences. Stacey is passionate about neuro-rehabilitation and is committed towards strong partnerships within her community to ensure good sustainable outcomes for clients with neurological deficits. Stacey currently works at Northeast Health Wangaratta as a Clinical Leader in Occupational Therapy.

Kathleen Philip

Chief Allied Health Advisor of Victoria, Department of Health

Kathleen was appointed to the newly created role of Chief Allied Health Advisor of Victoria in 2013. She continues in her role as the Manager, Workforce Innovation and Allied Health team, in the Health Workforce Unit of the Department of Health Victoria, a position she has held since 2008. Kathleen completed qualifications in Public Health and Health Economics in 2005 and joined the department in 2007. She is responsible for Victoria’s new workforce reform implementation agenda (2012-16) as well as providing leadership and strategic direction to Victoria’s allied health workforce policy. Prior to joining the department she practised as a specialist musculoskeletal physiotherapist and was involved in the establishing new service models and advanced practice physiotherapy roles in orthopaedics, neurosurgery and Emergency.
**Dr Anthony Gallagher**

*B SC Med (Hons 1), B Med, FRANZCP (Member of the Faculty of Child and Adolescent Psychiatry RANZCP), Consultant Child & Youth Psychiatrist, Clinical Director Goulburn Valley Child and Youth Mental Health Service*

Dr Anthony Gallagher is a Child and Youth Psychiatrist with over 15 years experience in psychiatry, including more than 6 years in Child, Adolescent and Youth Psychiatry. Working in public and private psychiatry, Dr Gallagher treats a wide range of psychiatric disorders with a particular focus on mood and anxiety disorders and a special interest in somatisation disorders. Additionally he treats specific developmental and educational, family, personality and eating issues. Applying a varied approach to his practice, he tailors ethical management to the individual and their support network to maximise sustainable improvement in mental health.

**Jacki Eckert**

*Director of Primary Health Services, Hume Medicare Local*

Jacki has over 25 years’ experience in the health sector including nursing in both acute and primary care. She has a keen interest in population health, chronic disease management and improving communication, access and equity in primary care and has led a number of significant projects and programs in these areas. Jacki has a strong belief that the future health and wellbeing of the people in the Hume region lies in open collaboration across all disciplines and sectors working in health and a greater focus of health professionals and the community on prevention, self management and care that is shared, planned and client centred.

**Susan Benedyka**

*Managing Director, The Regional Development Company*

Susan has an extensive background in rural and regional development and is passionate about providing leadership development opportunities. She is highly experienced in leadership and management roles herself. Over the past four years, Susan has facilitated leadership development retreats for the Alpine Valleys Community Leadership Program. Susan is passionate about regional development and is involved in all aspects

of planning, developing, and facilitating positive futures for rural communities. Susan’s great strength is the way in which she uses her highly developed communication and facilitation skills to enable other people’s visions to become reality.

**Suzanna Christison**

*Consultant, The Regional Development Company*

Suzanna (Suz) has 15 years’ experience in leadership development, group-work and training. Suz has expertise and experience in community engagement, leadership, facilitation, strategic planning and training. Through roles as an outdoor leader and program manager, Suz has a highly developed skill set for working with conflict and interpersonal challenges. Suz has a strong commitment to community wellbeing and has taken an active leadership role in many community organisations in her home area of the King Valley and beyond. Suz is highly skilled at building relationships and using collaborative processes to create meaningful and lasting outcomes.
Concurrent Speaker Biographies

Amy Aldous
Occupational Therapist, Nexus Primary Health
Amy is completing her first year as an occupational therapist and has a keen interest in paediatrics.

Jessica Amy
Allied Health Assistant; Inpatient Subacute Services; Albury Wodonga Health
Jess is an Allied Health Assistant (AHA) with the Acute Geriatric Evaluation and Management team at Albury Wodonga Health and one of the first multidisciplinary AHAs to be employed at Albury Campus. She has been the driving force behind the project which has seen the expansion of the AHA role at Albury Hospital.

Karen Bates
Allied Health Assistant, Alexandra District Hospital
Karen works with the physiotherapists and occupational therapist following completion of her AHA qualification. Karen assisted in the formation of the support group, she coordinates and supervises the gym circuit.

Kate Brown
HACC Allied Health Team Leader, Bendigo Health

Glenda Chapman
HARP Care Coordinator, Albury Wodonga Health
Glenda has a diverse background in Education, Speech Pathology and Chronic Disease Self-Management (CDSM). Her ability to blend her health and education skills is evident by her work creating MY HEALTH, MY LIFE!, a CDSM group program that was Highly Commended at the 2012 Victorian Public Healthcare Awards.

Janice Cherry
Rural Allied Health Team - Continence Nurse Advisor, Ovens and King Community Health Service
Janice is a Registered Nurse (Grade 1) with a post graduate certificate in Continence Nursing and a certificate 4 in workplace training and assessment. She brings a wealth of experience to her clients having provided almost 20 years of District Nursing and 8 years of Continence nurse advice to the OKCHS catchment.

Bronwyn Connelly
Occupational Therapist, Northeast Health Wangaratta
Bronwyn is an Occupational Therapist working in inpatient rehabilitation. Bronwyn graduated from La Trobe University in 2004 and has since worked in the inpatient rehabilitation field. Bronwyn has completed her Masters in Stroke Management via the University of Newcastle.

Matt Flanagan
Allied Health Assistant, Ovens and King Community Health Service

Denis Flores
Project Manager, Hume Mental Health Clinical Training
Denis is a registered Psychologist and Supervisor with a significant research history. He was Chair of the College of Organisational Psychologists from 2003 – 2006. Elected Fellow of the Australian Psychological Society in 2005, he has been an Honorary Fellow, Faculty of Health and Social Sciences at Deakin University since 2006.

Annalee Gardam
Aged Care Package Program - Case Manager, Northeast Health Wangaratta
Annalee has had a diverse career providing occupational therapy to clients across the acute, rehabilitation and community teams of regional hospitals. Following positions in teaching and management, Annalee has made the move to case management whereby she is currently working in the Aged Care Package Program at Northeast Health Wangaratta.

Kim Hall
B App Sci OT, Grad Dip Neurosciences
Project worker, HACC Allied Health, Bendigo Health
Employed by Bendigo Health since 1993, Kim has worked as an OT in various clinical roles in acute, sub-acute and community areas, as a project worker. She also has extensive experience in the private sector. Kim’s current roles include community OT demand management project work, Mobility Project Officer, and private consultant in occupational rehabilitation.
Natalie Hamam
Lecturer, Occupational Therapy, School of Community Health, Charles Sturt University

Natalie is an Occupational Therapist with a range of clinical experience. She completed a graduate diploma in sexual health in 2008 and is part way through a PhD. Her research is investigating how stroke survivors and their partners adapt their sexual lives. Natalie currently lives in Albury and lectures in occupational therapy for Charles Sturt University.

Adele Henwood
Team Leader - Jacaranda, Mind Australia

Adele completed her Graduate Diploma of Psychology at Deakin University, graduating in 2009. Since graduating, Adele worked as a Research Assistant in the School of Psychology at Deakin University for 2 years, working on a number of major research projects in the health and developmental psychology area. In April 2012 started work at Jacaranda as a Community Mental Health Practitioner, moving into the Team Leader position in March 2013.

Judith Hooper
Former MY HEALTH, MY LIFE! participant and current MHML! volunteer facilitator

After developing Chronic Idiopathic Demyelinating Polio Neuropathy Judith found that her self-value and role had changed, and the person that she had been, was no longer. Feeling that people only saw her as a valued member of the community if she was working, Judith had to reinvent herself. The how was found in doing MY HEALTH, MY LIFE!.

Ellen Humbert
Dietitian, Albury Wodonga Health

B/A Health Science (Nutrition and Dietetics), Member of the Dietitians Association of Australia and an Accredited Practising Dietitian. Ellen has been a dietitian since 2007 and has been working at Albury Wodonga health since 2009. Ellen has worked in many areas and is currently working in the dialysis unit at the Wodonga Hospital.

Melanie Jackel
Speech Pathologist, Paediatric program, Albury Wodonga Health

Melanie is the paediatric Speech Pathologist at AWH – Wodonga campus. She has a strong interest in paediatric speech pathology and advocating for best practice.

Melissa Kearney
Occupational Therapist, Northeast Health Wangaratta

Melissa is an Occupational Therapist working in inpatient rehabilitation. Melissa graduated from Charles Sturt University in 2007 and has since worked across several clinical areas, the last 2 years in the sub acute setting. Melissa is currently undertaking a Masters degree in Stroke Management via University of Newcastle.

Jennifer Lepkhammany
Senior Speech Pathologist, Albury Wodonga Health

Jennifer is a senior Speech Pathologist at AWH – Wodonga campus. Jennifer currently works in the admitted services at AWH but has worked in both adult and paediatric caseloads.

Kimberley Lyford
Exercise Physiologist, Nexus Primary Health

Kimberley is completing her first year as an exercise physiologist and has been actively involved in a number of new initiatives at Nexus.

Janice Lynch
Social Worker, Albury Wodonga Health – Albury Hospital

Janice earned both a Bachelor of Social Work (Honours) and Bachelor of Human Services from La Trobe University. She practices as a Hospital Social Worker at Albury Wodonga Health and has previously practiced in the areas of domestic violence and sexual assault. Her research paper “Surviving the Court Process” reflects her passion and commitment to social justice.

Emma Macdonald
Senior Clinician: Podiatrist, Goulburn Valley Health High Risk Foot Service

Emma is a senior Clinician Podiatrist with S4 endorsement who is passionate about working collaboratively to prevent lower limb amputations. Emma has worked at Goulburn Valley Health for 10 years, specialising in the diagnosis and treatment of the high-risk foot, and in 2012 completed a Graduate Diploma in Wound Care.
Kylie Nadenbousch
Diabetes Nurse Educator,
Nexus Primary Health
Kylie has been a Registered Nurse for 25 years and has been a credentialed diabetes nurse educator and community health nurse for the last 10 years. Kylie has a passion for empowering clients to self manage their chronic disease.

Meredith Nielsen
Occupational Therapy Assistant, Albury Wodonga Health
Meredith is the Allied Health Assistant with the occupational therapy team at Albury Hospital. She has been working at the Albury Hospital for two years after completing her Cert. IV in Allied Health Assistance at Wodonga TAFE.

Jacky Noble
BA Health Science, Grad Dip. Advanced Nursing, Cert IV TAE Workplace Training & Assessment
RN Respiratory Nurse, Alexandra District Hospital
Jacky has worked within the adult, paediatric and neonatal environments. Jacky’s nursing focus has shifted from acute care to chronic disease management establishing a multi disciplinary pulmonary rehabilitation program.

Liz Robinson
Cert IV Fitness, Dip Frontline Management, EN Med Endorsed(currently not practising)
Allied Health Assistant, Alexandra District Hospital
Liz has nursed within aged care for 14 years, then transitioning to Allied Health 4 years ago. Liz works with predominately an older aged clientele. Liz currently is delivering pre/post natal exercise programs. Training to support this additional role: Cert. in Pre/Post Natal Exercise, Peri natal Depression Training, Pelvic Floor Training.

Dr Kirrian Steer
SLE Technician, La Trobe Rural Health School, Wodonga
Dr Kirrian Steer is a registered allied health practitioner (osteopathy) and holds a Master of Preventive Medicine. She is experienced in curriculum development and has produced several evidence-based SLE scenarios aimed at professional and undergraduate learners.

Mark Tamaray
Clinical Leader Physiotherapy, Northeast Health Wangaratta
Mark Tamaray is a physiotherapist with over 13 years experience working in public health, private practice and occupational rehabilitation in the North East of Victoria. He is currently participating in a Clinical Leadership program, an initiative by the Department of Health and Latrobe University, to foster quality and safety in health.

Dr Leah Wiseman
Occupational Therapy Manager, Albury Wodonga Health
Leah began her occupational therapy career at Albury Base hospital as a new graduate. She has since worked at SWBIRS, in private practice and at Ballarat Health Services in various rehabilitation teams. Completed PhD in 2008 and has been in OT manager role at AWH since 2009.

Carmen Baroni
Allied Health Assistant, Albury Wodonga Health
Carmen has worked as an Allied Health Assistant for over 20 years in the North East. Carmen is engaged in education delivery at Wodonga TAFE for AHAs.

Kaitlin Boorn
Chronic Condition Self-Management Key Worker, Primary Care Connect
Kaitlin has a Bachelor of Nutrition and Dietetics from Monash University, and is an Accredited Practicing Dietitian. Kaitlin has been working in Chronic Condition Self-Management for over 12 months, and has a passion for enabling people living with chronic illness to achieve optimal quality of life.
Kate Everitt  
*Senior Speech Pathologist, Albury Wodonga Health*

Kate is a speech pathologist working within the acute setting at Albury Wodonga Health. Kate’s area of special interest is in stroke care.

Denis Flores  
*Project Manager, Hume Mental Health Clinical Training Alliance, Goulburn Valley Area Mental Health Service*

Denis is a registered Psychologist and Supervisor with a significant research history. He was Chair of the College of Organisational Psychologists from 2003 – 2006. Elected Fellow of the Australian Psychological Society in 2005, he has been an Honorary Fellow, Faculty of Health and Social Sciences at Deakin University since 2006.

Nicole Humphreys  
*Senior Physiotherapist, Albury Wodonga Health*

Nicole is the Senior Orthopaedic Physiotherapist at Albury Campus Albury Wodonga Health. Nicole was a graduate from Charles Sturt University, Albury. She has complimented her experience to date with both public health employment and private practice. Since taking on the senior role at Albury, Nicole has also undertaken extended training in Lymphoedema management. Nicole shares her clinical expertise through the supervision of Grade 1 physiotherapists and via the clinical supervision of undergraduate students. For a new challenge, Nicole is now embarking on clinical research. Through this experience she hopes to promote the positives of living and working in a rural area.

Marnie Lowry  
*Occupational Therapist and Allied Health Assistant Team Leader, Albury Wodonga Health*

Marnie is an Occupational Therapist and has recently taken the role of Allied Health Assistant Team Leader across Albury Wodonga Health. Marnie is engaged in education delivery at Wodonga TAFE for AHAs.

Rebecca Monk  
*Diabetes Dietitian, Goulburn Valley Health*

Rebecca is an Accredited Practising Dietitian who works as a senior clinician as part of the Goulburn Valley Health Diabetes Centre. The abstract forms part of a review of service delivery as part of planning for efficacy of dietetic therapy in Diabetes management at Goulburn Valley Health.

Sarah White  
*Senior Physiotherapist, Albury Wodonga Health*

Sarah is the Senior Cardiorespiratory Physiotherapist at Albury Hospital, NSW. She trained at the University of Melbourne and has previously worked in Melbourne prior to embracing a rural life. For the past two years Sarah has undertaken the challenges and rewards of rural health. In this time she has also lectured on cardiorespiratory subjects to the physiotherapy students at Charles Sturt University, Albury. Aside from delivering care from ICU to pulmonary rehabilitation and supervising junior staff, Sarah also provides clinical education to physiotherapy students from numerous universities. Clinical education of students and rural workforce development are areas of continuing interest for Sarah.

Wendy Swan  
*Manager Nutrition & Dietetics, Goulburn Valley Health*

Wendy manages the Nutrition & Dietetics team at Goulburn Valley Health. Wendy is an Accredited Practising Dietitian holding a Masters of Rural Health and Diploma of Management. The abstract forms part of a broader state-wide malnutrition research project of which Wendy was the Goulburn Valley Health project lead.
Keynote Abstracts

Heart Beat

Stacey Manfield, Georgina Wills, Donna Samon.

Heart Beat is a hand drumming group in Wangaratta that has been running for the last 3 years. The group is made up of primary school drumming students from Wangaratta West Primary School (WWPS) and adults from the region who have a neurological deficit.

The aim of Heart Beat is to stimulate neuroplasticity through new learning and rhythm. Heart Beat stimulates the adults on multiple levels including physical, cognitive and psychosocial. In addition the group allows students to develop communication and life skills that would not be fostered in a traditional classroom structure. Having had much success and recognition, Heart Beat is a great example of a community partnership and positive integration between a local primary school, public hospital (Northeast Health Wangaratta) and the Neuro Support Group.

The Allied Health Leadership Challenge

Susan Benedyka, Suzanna Christison.

Leadership at a grassroots level is crucial for the future of our communities across Australia. In regional areas we often wear multiple hats and allied health staff can especially find themselves in both informal and formal leadership roles working in a number of different patient, client or project focused teams.

Susan Benedyka knows and understands the importance of good local leadership and will share her experiences and stories with us, focusing on leadership at both an organisational and community level and how we can best provide opportunities for people to shine.

Suz Christison conducted leadership workshops for allied health staff across the Hume Region earlier this year. The two-day training held in Albury, Shepparton and Wangaratta provided an opportunity for allied health professionals to learn more about themselves and others, and about effective teams and working with conflict. One of the key messages from these workshops was that leadership is about each of us doing and being the best that we can.

Notes

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Kids Holiday Group- An innovative approach

**Amy Aldous, Kimberley Lyford, C M’Crystal-Fletcher**

Occupational therapists and the exercise physiologist identified a need for therapeutic groups for school aged children (seven to twelve years) who have been receiving one on one therapy, under HACC and Community Health funding, targeting similar performance goals. Evidence supports the use of group programs to facilitate children’s engagement in occupational performance goals whilst simultaneously enabling development of social skills within a group setting (Case-Smith & O’Brien, 2010). The development of the kids holiday group enabled Allied Health practitioners to deliver effective and fun play based therapy in a cost effective and time efficient model. The aim was to engage children who have developmental and neurodevelopmental disorders in play based activities within a group setting to facilitate the development of social skills, gross and fine motor skills, motor coordination and motor planning skills and sensory regulation skills. Activities included sharing, turn taking, encouragement, and acceptance of fellow group members. Sensory regulation strategies addressed attentional and emotional deficits that impact on participant’s occupational performance. The pilot group of five children was held in April 2013. Four sessions were conducted over two weeks of the school holidays. Three sessions were held at Broadford Primary School with the final session at Seymour Aquatic centre. Evaluation of the pilot group consisted of group reflection exercises (completed with the participants at the conclusion of each session) and group evaluation questionnaires (distributed to parents at the completion for the four sessions). Kids received a certificate for participating and recognition of their individual achievement at the final session. Feedback has indicated the program was enjoyed by the kids and they are looking forward to the next kids holiday group. Based on the pilot program’s success, a yoga holiday program is being planned for the July school holidays.

This little piggy: Re-thinking nutrition screening in subacute services

**Jessica Amy, J Ford**

Under nutrition in older people admitted to hospital is both common and poorly recognised. Comprehensive assessment of older people in hospital should include nutritional screening, yet availability of appropriately trained staff is often limited. At Albury Wodonga Health (AWH), despite the introduction of a comprehensive risk screening tool that aimed to identify patients at risk of functional or hospital associated decline, including malnutrition, a compliance audit across acute wards at one campus showed a mere 5% of risk screens had been completed but 12% of patients included in the audit, had been referred to a dietitian. This result prompted the Dietetics department, in conjunction with Allied Health Assistants working in the Acute Geriatric Management and Evaluation Program (AGEM) to think laterally about how best to identify and manage patients at risk of malnutrition at AWH. This paper will present the findings of a pilot project that addressed this issue.

The pilot project focussed on patients admitted to subacute services at AWH: Inpatient Rehabilitation and AGEM. Dietitians and AHA’s collaborated to establish a management plan for patients who were identified, via nutritional screening, as being at risk of malnutrition. AHA’s were trained how to accurately complete the Mini Nutritional Assessment (MNA) and implement agreed action depending on the patient’s malnutrition indicator score. For example, patients who scored 11, indicating they were at possible risk of malnutrition, were commenced on high protein drinks by the AHA and referred to the dietitian for comprehensive assessment. The project outcomes will be presented within this paper. Preliminary evaluation shows a significant increase in the identification and appropriate management of patients at risk of malnutrition and the associated functional implications this has in the older population.

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Why wait! – Occupational Therapy demand management

Kate Brown, Kim Hall, F Wallis

Demand management strategies were implemented in a community occupational therapy (OT) program to reduce the wait times for clients referred to the services. Average wait times of 6 months for standard priority clients for OT assessment and intervention were recorded for 2011-12. This resulted in risk of ineffective therapeutic intervention due to long wait times and subsequent premature admission to aged care facilities.

The aim of the demand management project was to reduce the wait time for an initial occupational therapy assessment, improve timeliness of response and support equitable access based on need.

A multifactorial approach addressed the three stages of demand management - inflow, flow through and outflow. Inflow activities consisted of screening the existing wait list, review of intake and triage including priority criteria, and development of wait list management strategies. The flow through stage reviewed appointment and scheduling processes, service delivery models and documentation. Outflow addressed planning for discharge based on program guidelines and models of service delivery.

A project worker was appointed to lead the demand management needs identification and implement the strategies. Occupational therapy staff actively participated with incorporating the strategies into practice.

The initial 6 months of implementation of the demand management strategies resulted in a 70% reduction in the wait time from referral to initial assessment and intervention; and, a reduction of 77% in the number of clients on the wait list through screening and throughput. The changes have been sustained and results have continued to improve over the subsequent six months while referral numbers have remained consistent.

The actions undertaken are transferable to other allied health disciplines and allied health services in a range of settings.


MY HEALTH, MY LIFE! – Perspectives on developing self-management

Glenda Chapman, Judith Hooper

In 2008, Albury Wodonga Health-Wodonga (AWH-W) trialled its first program of MY HEALTH, MY LIFE! (MHML!), a chronic disease self-management (CDSM) program based on health coaching, self-management and health literacy principles.

The core aims of MHML! were to raise the profile of CDSM within the organisation; reorientate the health service towards a CDSM approach; provide opportunities for staff to embed newly learnt self-management support skills into their practice; and develop the skills of chronic and complex clients to engage in self-management behaviours.

Five years on, close to 50 health professionals from over twenty health services have been trained to facilitate MHML!. Key learnings from a health service perspective highlight that a coordinated and supported approach to developing self-management enhances participants’ health literacy and self-management skills, as well as developing staff skills in supporting CDSM.

Key learnings from a consumer perspective highlight that taking ownership and management of health can be a difficult task. Self-management can take a long time to develop, but given the right support and skills, consumers can change their attitudes towards and take greater ownership of their health, thus being more in control of their life.

The success of MHML! in meeting its core aims is evident by the recent Highly Commended at the 2012 Victorian Public Healthcare Awards and the financial input from the Victorian Department of Health via the Building the Evidence grant, whereby La Trobe and Charles Sturt Universities are currently collaboratively researching the program.

Personality, resilience, intelligence and dexterity

Denis Flores¹, D Simonov²

¹Goulburn Valley Area Mental Health Service, ²Monash University

Research suggests that resilient people adapt more successfully in response to major life events and traumatic experiences. A previous Australian study (Flores & Shin, 2009) focused on the
systematic development of a psychometrically sound scale and provided a method of measuring pure resilience. The current study investigated the relationship between this new resilience scale, personality, intelligence and dexterity among 250 applicants for operational roles. Participants completed the New Resilience Scale, the NEO 5 factor Personality Scale, test of Quantitative Reasoning, test of Verbal Reasoning, Mechanical Reasoning Test, and Manual Dexterity Test which measures Skill and Speed. Results supported previous findings regarding the relationship of resilience to personality, finding a significant negative correlation with neuroticism as well as significant positive correlations with extraversion and conscientiousness. Unexpectedly, openness to experience was not significantly correlated with resilience, while agreeableness was. This could reflect a difference between the resilience of adolescents and adults; past research with an adult sample shows results similar to those in this study.

Results also supported previous findings regarding intelligence as there was no correlation with overall resilience and only one small correlation with the resilience subscales; Verbal Reasoning was correlated with Threat Perception. Verbal Reasoning indicates a person’s comfort with English and level of comprehension of English, it could allow individuals to better assess threats in an English-speaking environment. Furthermore results extended the findings of resilience to show it is largely not related to Manual Dexterity. Skill (Manual Dexterity) was correlated only with the Recovery dimension of resilience. Past studies have shown physical fitness is related to faster recovery from injury (Geldman 2006). Skill could be one aspect of physical fitness and thus related to Recovery, indicating that fitness is related to Recovery from psychological as well as physical hardship.

A significant medium correlation was also found between Verbal Reasoning and Openness to Experience. This is supported by previous research which has found links between Openness and intelligence. Individuals who are more open to experience may read more widely than others, resulting in their higher level of verbal comprehension. Interestingly, a significant negative correlation was also found between Mechanical Reasoning and Agreeableness. Individuals with higher Agreeableness have more pro-social focus, caring more about others and spending more time helping them. Possibly this focus on others results in less focus on and interest in the workings of machines, which leads to lower Mechanical Reasoning.

Overall these findings show convergent and discriminant validity for the New Resilience Scale, adding to the growing body of evidence that shows a link between personality and resilience as well as to research into personality and intelligence.

**iPhone, iPad, i care – A technological approach to consumer directed care**

**Annalee Gardam**

The Transition Care Program (TCP) targets older people who require more time and support in a non hospital environment to complete their restorative process to optimize their functional capacity and finalise their longer term care arrangements. TCP is for older people who would otherwise be eligible for residential care and enables a significant proportion of older people to return home rather than enter residential care. Case managers within the Transitional Care Program are being encouraged to adopt the principles of Living Better, Living Longer reform. The paradigm is shifting from the traditional case management model to a more self management approach. In addition to this, as a regional health service, case managers are currently travelling all over Northeast Victoria. An extensive amount of hours is being attributed to travelling to perform the case management and care coordination role. Locations such as Myrtleford, Bright, Mansfield and Yundool to name a few. The impact of this on productive case management /care coordination hours is currently uncharted.

So, we have made the most of an opportunity to incorporate technology to enhance our every day practice in case management and to explore avenues to reduce our extensive travel commitments. This project was designed to enhance the client journey of care, introduce another dimension to care using new mobile technologies and improve client contact with the care coordinators.

Mobile technologies invested in were IPADS and communication options such as Skype, email, FaceTime and relevant apps will be trialled. Both staff and clients will be trained in the use of these devices and both advantages and challenges in care coordination will be presented. In conclusion, recommendations for the future
including further education and training and how do we sustain this practice will be explored.

Sex, drugs and the medical role: a case report about a stroke survivor with expressive dysphasia

Natalie Hamam

1,2

1Charles Sturt University, 2The University of Sydney

Background: It is sometimes assumed by health professionals that stroke survivors will raise important concerns; however, this does not always occur, especially with sexual matters. This case report highlights the importance of the health professionals’ role in creating a comfortable environment for stroke survivors to raise concerns about sex.

Case Details: A 64-year-old man with a history of stroke and expressive dysphasia participated in a qualitative research study on sex after stroke. He had been experiencing sexual dysfunction for four years and wanted to know if this was the result of the stroke. Discussions with the man were difficult due to his communication problems however; it was suspected that a change in prescribed medicine might alleviate the problem. The researcher asked him to re-visit his GP who reviewed his medications and changed a prescription. Sexual function returned within a week.

Implications: Sexual dysfunction frequently results from regularly prescribed medications. This case highlights how simple it can be to resolve a sexual concern and how important it is that doctors and health professionals routinely raise the topic of sexual function with patients. Additionally, this case demonstrates the value of allowing people with language problems to participate in research.

Actively seeking recovery: An efficacy study

Adele Henwood, Werner Vogels

Evidence suggests that adolescents who have experienced trauma respond best to treatment that encompass an aspect of playfulness, such as participating in sport and other physical activities (Perry, 2005). The current study assessed the impact of a series of group activities, involving physical exercise, on the prevalence of reported negative affect. Participants were involved in a Youth Residential Rehabilitation Service with Mind Australia and/or linked with other mental health services in the Hume region. Furthermore, the study qualitatively assessed the benefits of delivering intervention strategies, such as the sports days, as an effective service delivery method for rapport building and learning new skills. Participants’ level of affect was assessed using the Kessler Psychological Distress Scale (K10); which was given for participants to complete prior to first sports day (baseline) and then again after each activity (four time points in total). As part of the qualitative component, participants were invited to take part in a focus group, discussing their experience of the activities and what they took from it. Responses provided at focus group were analysed, and themes drawn out. It is expected that there will be a decrease in reported negative affect after participation in physical activities. Furthermore, it is expected that themes derived from the focus group will indicate that participants found the activities to be an effective medium to learn new skills and a positive experience. Preliminary outcomes of the study will be presented and their application to inform future directions of service delivery will be discussed.

Maximising participation in rehabilitation post stroke: Innovative ideas for therapy

Melissa Kearney, Bronwyn Connelly

Guidelines for stroke rehabilitation recommend a structured approach that provides as much practice as possible in the first months following stroke. Clients undertaking rehabilitation should be provided with at least one hour of therapy per required discipline each day to maximise participation and recovery. An evidence based approach should be embedded in clinical practice to ensure each client receives optimal stroke care. Clinicians have identified barriers to achieving the recommended level of stroke intervention in every day practice, therefore innovative approaches to addressing these issues were considered by a multidisciplinary team in an inpatient rehabilitation setting. Clinicians recognised a requirement to use group therapy to compliment traditional 1:1 intervention sessions to achieve the recommended intensity for stroke rehabilitation. The need to implement group therapy for clients was identified and explored through a literature review and evaluation of current practice. An audit focusing on the amount of time clients were engaging in therapeutic
activities was undertaken. The results of this audit found that client’s were not receiving the recommended intensity of rehabilitation to facilitate their recovery.

To address this issue, a multidisciplinary group program was developed. The areas of focus for the group program included strength, cognition, upper limb, simple and complex meal preparation, community access and functional education. The group program has been in place for three months and is currently being evaluated for its effectiveness and feasibility for ongoing implementation in inpatient stroke rehabilitation.

References:

“The speech lady” Speech pathology optimising engagement with Aboriginal Preschoolers

Jennifer Lepkhammany, Melanie Jackel

In 2011, the speech pathology department was contacted by the teachers at the Aboriginal preschool in Wodonga with concerns that a large number of the students were experiencing difficulties with their language, literacy and/or social skills. It was also acknowledged in the Speech Pathology service at Wodonga Community Health that clients who identified as aboriginal and/or Torres Strait islander were infrequently accessing the services, and there was no speech pathology service at the preschool. As a result of discussion and collaboration with the teachers, a Speech Pathology service was implemented by Wodonga Community Health at the preschool. The Speech pathology service was provided once a month as a one to one approach (clinician and student) in consultation with the preschool teachers. Since the initial program started the service delivery model has been reviewed and adapted to a consultative model. The program aims to provide an effective, sustainable and culturally appropriate language and pre-literacy stimulation program for students attending the preschool. The focus is on developing the skills of the kindergarten teachers in language stimulation so the teachers can incorporate language therapy within the teaching program by the teachers.

Since the implementation of the Wodonga Community Health Speech Pathology service at the preschool there has been an increase children from the preschool accessing the Speech pathology service and ongoing visits from the Speech Pathologist at the local Aboriginal Health Service.

Surviving the Court Process

Janice Lynch

Child sexual assault is one of the most prevalent forms of abuse in Australian society (Fergus & Keel, 2005). It infiltrates the sanctity of families and has a devastating impact, yet it is difficult to detect and prosecute (Fitzgerald, 2006). If the case does proceed to trial, the experience can be very traumatic; however, it is not only the child who is traumatised by this experience, whole family systems are at risk.

This paper will present the findings of a phenomenological study which examined the non-offending mother’s journey after they were thrust unexpectedly into the criminal justice system following their child’s disclosure of sexual abuse. The findings showed that when this happened, their world was suddenly inverted and in this time of emotional distress they had to navigate their way through an unfamiliar justice system. Within the adversarial court environment, these women were subjected to rigorous cross-examination, endured humiliation and unfounded accusations and were often made to feel as though they were the ones on trial.

Despite a significant body of research examining the impact of child sexual assault and the court system on the victim, little literature exists as to the impact upon the non-offending mother. The stories provided by these women were profound and provided a compelling insight into this previously little known area highlighting complex psychosocial issues they experienced such as mother blame, rural barriers, personal cost, financial cost, surviving the process, and what can be done to make the process better.

This research aims to add to the existing body of literature and build the capacity of professionals by providing an in-depth understanding of mothers’ experiences and the strategies they draw on to survive. It may also assist in policy development and planning because it explores barriers and constraints and provides suggestions for improved service delivery.
A step in the right direction for West Hume

**Emma Macdonald, GM Kilmartin, N Fraser, JF Kilmartin**

The incidence and prevalence of chronic diseases, including diabetes, and the additional burden of lower limb foot complications and amputations are escalating in Australia. Goulburn Valley Health received funding under the Health Independence Program to reduce hospital admissions for people with high risk feet in the Hume region and to establish and co-ordinate an interdisciplinary, regional high-risk foot service (HRFS). The aims of the HRFS are to increase regional capacity of clinicians across the Hume region, as well as timely access for people with chronic diseases so as to reduce avoidable hospital presentations and admissions.

In early 2013 a mapping of primary care services in West Hume, that provide high-risk foot care, was undertaken within the City of Greater Shepparton, Moira and Strathbogie Shires. A total of four public podiatry services, six private podiatry services, seven district nursing services, twenty-eight general practices and two orthotist and prosthetic services were interviewed via telephone.

The gap analysis high-lighted the limited provision of, and irregular access to, conservative sharp debridement and pressure off-loading in the general community for foot ulcerations. Limited knowledge, and use of, lower limb neurological, footwear and biomechanical assessment, outside of podiatry practices, was identified. There is a recognised need for improved access to high risk foot services across the Hume region, crucial to the development of this new regional service is the development of clinical partnerships and referral pathways with primary care service providers.

A multidisciplinary program approach to delivering continence promotion in the community

**Fiona MacPhee, Matt Flanagan, Janice Cherry**

The aim of the project was to increase the capacity of OKCHS to deliver validated continence promotion programs to clients in the community using Allied Health Assistants (AHA) in order to facilitate an improvement in services (decreased wait time and increase contact time) and demonstrate a service model entirely consistent with Active Service approaches.

To achieve this all low and medium priority clients waiting for continence service were offered an opportunity to participate in the DRY UP self management program in their own Local Government area. Specifically AHA prepared for the program, recruited clients and delivered the DRY UP program with weekly Allied Health Professional input as outlined in the program. The program was designed by Queensland Health HACC for use with groups of older people at risk of urinary incontinence or with early or mild urinary incontinence. The content of the program is based on the ‘First Steps in the Management of Urinary Incontinence in Community – Dwelling Older people’ (The State of Queensland, Queensland Health, 3rd Edition 2010).

Between March - Dec 2012, OKCHS ran seven DRY UP programs, evaluation data revealed some very positive findings, most notably that most clients did not request Continence Nurse assessment or intervention, that clients experienced an increase in quality of life, clients spent less on continence related product and were able to more actively engage in physical and social activities post program. Further there is significant increase in contact time/client for clients referred into Continence promotion programs, and significant improvement to the service delivery model.

In conclusion the DRY UP program offers self management principles to people with early or mild urinary incontinence in a format that is accessible and supportive that can effectively and safely be delivered by an AHA in community setting.

Developing capacity for diabetes care using MBS

**Kylie Nadenbousch, C Morris**

Nexus Primary Health developed the MIDS (Mitchell Integrated Diabetes Service) in 2012 in an effort to manage increasing demand for diabetes care. The service commenced as a project over 2012/2013; funded by the DoH to explore and develop MBS models of care. A project officer and allied health staff developed a group program named Diabetes Essentials for people with type 2 diabetes which provides comprehensive education from a DNE, Exercise Physiologist and Dietitian. The allied health staff works as private practitioners while providing
this program. The programs are run over 4 x 2 hour sessions. Programs have been conducted in Wallan and Seymour. Strengths of the program have been engagement and commitment of existing staff - this program would have had far greater challenges without their commitment, developing stronger links with local general practices with support from the Goulburn Valley Medicare Local and feedback from participants which has been overwhelmingly positive. Weaknesses of the program include GP engagement - the reliance on GP referrals to the program has been a challenge, client engagement - some clients do not view this as essential care such as referral to a specialist. Administrative burden is present on referral and options to minimise this under MBS is minimal. Our current billing system has proved to be a great barrier to collecting MBS fees quickly and easily. Requirements related to providing service as a private practitioner has been onerous and confusing for staff and the agency. Sustainability of this program relies on addressing the identified weaknesses. The knowledge gained across the agency of the MBS funded model in the past 12 months will assist in refining processes to minimize weaknesses, maximise strengths and continue to provide a comprehensive diabetes education.

Skill centre – skills for living

Meredith Nielsen

Skill centre is an occupational therapy and allied health assistant collaboration, developed from the need for an individualised and functional group. Traditionally an upper limb group and a horticulture group were run, but these were exclusive of some patients due to lack of interest in the activities offered. The idea was developed to create an innovative group that facilitated the practise of skills that were meaningful and specific to participants’ current functional capacity and future goals. Patients are initially assessed by their occupational therapist using the Chedoke Arm and Hand Activity Inventory, as a baseline measure and a means to identify areas of concern. This combined with participant driven goals form the basis for the type of therapy prescribed for each participant.

Led by the allied health assistant, each session begins with a group warm up. Participants then move to workstations appropriate to their needs and skills that they are currently improving. Workstations are diverse and flexible focused on activities of daily living including cooking, writing, hanging and folding washing, stacking dishes and gardening. In addition to functional tasks, participants work on foundation elements such as arm and hand strength, range of movement and relearning movement patterns for simple tasks such as picking up a cup. Whilst meaningful work is undertaken, the group has a busy and vibrant atmosphere where group participation also addresses patient social needs.

Participant progress is measured by repeating the Chedoke Arm and Hand Activity Inventory. Anecdotal reports from participants provide a subjective evaluation of progress and satisfaction with the group.

This presentation will:

- Describe the development of Skill Centre group
- Provide an overview of the Skill Centre group
- Provide preliminary findings of the evaluation of Skill Centre
- Make recommendations for future growth and refining of the Skill Centre.

O2 Murrindindi Support Group

Jacky Noble, Karen Bates

Within the rural Shire of Murrindindi, there was no respiratory support Group until the recent establishment of Alexandra Hospital’s (ADH) group, the nearest group is over 100 kilometres away. The Lung Foundation Australia (LFA) offers online support however not everyone requiring support are online.

According to the peak body LFA, benefits of pulmonary rehabilitation (PR) decline over a 6-12 month period, on cessation of a supervised pulmonary program, unless an active maintenance exercise program is available in the community.

This maintenance program assists participants to self-manage their condition effectively, by understanding their disease process, developing psychosocial connections, decreasing social isolation and improving physical and psychological wellbeing.

Research within Australia for Pulmonary rehabilitation and Pulmonary Support groups (PSG) is limited. A randomised controlled trial (RCT) conducted at the Repatriation General Hospital in Adelaide, recently revealed the importance of psychosocial support in respiratory
treatment. This trial demonstrated that reinforcement and support is required to assist people in their ongoing self-care management to sustain improvements learned in PR, which reduced unplanned acute hospital admissions.

In 2013, a successful $20,000 funding submission to the Department of Health (DoH) has enabled a local support group (PSG) to be established.

Professionals who understand lung and exercise physiology, pharmacology, and psychosocial issues can assist with the provision of activities which are fun, in a non-threatening environment where people with COPD can exercise safely and confidently.

Our resources at ADH include three health professionals up skilled in long term self-management strategies. The AHA, with the support of the PR physiotherapist and a respiratory nurse has developed a planned exercise circuit class fortnightly. The AHA is participating in the “lungs in action” training mentored by the PR physiotherapist, run by LFA. Outcomes include best practice delivery of evidenced based programs to participants of the PR and the PSG at Alexandra Hospital-Community Health.

**Fit for Birth and Bounce Back with Babes**

**Liz Robinson**

Being physically fit and psychologically ready for birth and motherhood is essential to new mothers. “Women were unsure which exercise activities were safe for them to continue, once they fell pregnant” so in 2009, the Alexandra Community Health program physiotherapists responded to the needs of pregnant women establishing the Fit for Birth Program (FFB). Fit for Birth has a strong focus towards core exercises and pelvic floor and runs over 24 weeks of the second and third trimesters with 53 women accessing the program since its inception. The FFB program is augmented by a bound educational resource booklet, developed through interdisciplinary consultation.

Program objectives are:

- Improve the physical and psychological readiness of expectant mothers for birth,
- Enhance their social support systems within the community, and
- Improve knowledge and strategies for exercise, pain management and birthing/babycare.

The evaluations by participants in both programs have shown 100% improvement in well being, 80% were more socially connected and 66% made new friends.

In 2010, as part of a continuum of care for mothers and babies, Bounce Back with Babes (BBB) evolved based on well founded evidence linking the benefits of exercise and social connectedness to the psychological wellbeing in the post natal period. The classes are designed for mothers to regain fitness and strengthen muscles stressed during pregnancy and childbirth. Additionally, mothers are referred to both internal hospital and community health services or to external providers as necessary. The group process provides a safe environment to discuss self identified psychosocial, mental health or physical concerns, as well as enabling opportunistic preventative health management. To date 32 women have participated in BBB.

Statistically, the Murrindindi Shire population has a comparatively low socioeconomic status. Public transport is very limited, so women need local accessible peri natal services and 85 have accessed these services.

**Hume Simulation Alliance: Incorporating Simulation into Allied Health Clinical Learning Experiences**

**Janine Smith, Dr Kirrian Steer, Jenny Doyle**

Recently, Health Workforce Australia approved new funding (2013/14) for an expanded Simulated Learning Environment (SLE) program that will allow the three main tertiary education providers in Hume – La Trobe University, the University of Melbourne and Charles Sturt University - to deliver an increasingly interprofessional curriculum as well as have the capacity to collaborate on approaches to accreditation bodies for recognition of simulated delivery as a viable (and, indeed, necessary) adjunct to clinical skills workshops. By working together, the Hume Simulation Alliance (HSA) will have the means to increase the clinical placement capacity and quality of clinical training at a range of regional training locations, develop workforce capacity in rural training locations by utilizing Simulated Learning Environments to train clinical
placement educators in at least 4 disciplines (medicine, nursing, physiotherapy and occupational therapy) and contribute to rural workforce recruitment and retention objectives. This presentation will inform allied health clinicians about how they and their students can benefit from the HSA.

**Incorporating Health Literacy Principles into Nutrition Education for Renal Clients**

**Lara Stoll, Ellen Humbert, Helen Still**

The dietitian’s department at Albury Wodonga Health was fortunate to be offered the opportunity to have a 4th Nutrition and Dietetics Student to complete a 6 week community health placement project in May 2013.

It was decided that a project in the dialysis unit would provide an excellent opportunity for the student to gain research and education skills in a specialised area, but also help the dietitian department to complete a valuable project that due to time constraints would have taken many months to complete.

The project outline for the student was to complete literature reviews into health literacy levels of people accessing the health system and best practice in nutritional education in the dialysis setting. Research was also completed into what low literacy level education materials are available to this population group.

It was found that 60% of people accessing the health service had low health literacy and that there were minimal low literacy resources available nation-wide for nutrition education in the dialysis setting.

Our student then went on to create and evaluate a range of low health literacy resources that are now available for the dietitian’s and dialysis unit staff to educate our clients in an effective and innovative way.

**Managing the High Falls Risk patient in the Subacute Setting**

**Mark Tamaray**

Falls are the most commonly reported adverse event in hospitals, with an incidence of between 4 and 12 per 1000 bed days (Oliver, 2000; Hill et al, 2007). Up to 60% of patients who fall in hospital are injured (Briggs, 2007; Barker, 2009). In the Australian context, falls are associated with increased hospital length of stay and double the hospitalisation costs compared to non-fallers (Hill 2007).

Falls have been identified as a clinical priority at Northeast Health Wangaratta (NHW). Subsequently, a quality and safety project has been initiated to manage the High Falls Risk patient in the inpatient rehabilitation setting. The aim of the project is to develop a standardised, multidisciplinary approach to falls prevention that is clinician-led and targeted to the needs of both NHW staff and patients. It is hypothesised that this will lead to a reduction in patient falls, improved patient safety and increased staff awareness of falls prevention.

Evaluation will include comparison of falls data and survey answers collected before and after the project’s implementation. This presentation will summarise the key findings, identify lessons learnt from the project and provide recommendations to guide future falls prevention initiatives in similar contexts.

References:

**Evaluation of two allied health services amalgamating – The arranged marriage**

**Leah Wiseman, Helen Still, Sarah Roach, Lucie Shanahan**

Albury Wodonga Health has undergone significant change in recent years as Wodonga Regional Health Service and Albury Base Hospital undertook the process of amalgamating to become Albury Wodonga Health. In 2012 Allied Health began the process of change as the two divisions of Allied Health became one, spread across Albury and Wodonga campuses. The unique nature of this interstate amalgamation of services, and consequential negotiation of one Allied Health structure, motivated a group of
Allied Health clinicians to undertake an evaluation of the integration process.

The evaluation involved in-depth, semi-structured interviews with a number of executive staff members and a range of Allied health clinicians who were from both campuses and with varying levels of experience. Following transcription of the interviews, thematic analysis was undertaken by the evaluation team. The interview findings informed an online survey available to all Allied Health staff, which asked a range of questions pertaining to workplace culture, readiness and response to change and perceived success of the integration.

A diverse range of responses were provided by participants in the evaluation with themes ranging from a sense of loss to perceptions of significant opportunities emerging now and in the future. Readiness and response to change related to the individual themselves, in addition to the influence of contextual factors including the culture of the individual’s team/department and their own desire for information and consultation. The purpose of this presentation is to outline the evaluation process, discuss key preliminary findings and provide recommendations for other Allied Health divisions undertaking a restructure process in the future.

Notes
Poster abstracts

Innovating Chronic Condition Self-Management in the Greater Shepparton Community

Kaitlin Boorn, Sonia Makar

This poster presentation aims to highlight the culmination of a variety of projects into a holistic self-management program for people living with chronic illness in the Greater Shepparton area.

The Chronic Condition Self-Management (CCSM) program at Primary Care Connect encompasses two main areas – physical activity and support for people living with chronic illness. The program has expanded over the past 12 months to include new projects with the aim of providing relevant support to enable clients to self-manage their chronic condition/s.

The physical activity program features two weekly Heart Foundation Walking groups, a twice-weekly chair-based strength exercise program (developed by Arthritis Victoria) and a weekly Nordic Walking group (developed by the Nordic Walking Academy and Arthritis Victoria). The participants’ progress in each of these groups is evaluated on a regular basis and the vast majority have shown positive improvements in health, fitness and emotional wellbeing.

The support arm of the CCSM program features individualised health coaching for self-management (using the Health Change Australia model), the My Health, My Life course (developed by Albury-Wodonga Health), the Shepparton Arthritis Support Group and the Chronic Health & Illness Self-Management (CHISM) support group, the latter of which has been developed especially to enhance self-management in conjunction with the groups and consultations available. CHISM is available for anybody living in the community with a chronic health condition; it features social support, self-management education and presentations from guest health-care providers to enable effective self-management.

These programs can be accessed individually or in combination, providing clients with tailored support to cater for their unique needs and goals. Feedback from each of the programs shows that participants are going from strength to strength improving their physical and emotional health.

Meal Time Mates

Kate Everitt, N Davies, E Hill

The Meal Mate Program commenced in September 2012 as a trial at both Albury and Wodonga Campuses of AWH. The program was established through the collaboration of the Volunteer Coordinator, the Project Coordinator for the Older Person Project and the AWH Food & Nutrition Committee. A key objective of the program was to improve the nutrition of older people while in hospital, assist people who may have difficulty accessing their meal for various reasons and to gain feedback about the food services in the hospital. The program has been developed with the support of nursing staff and the volunteers have reported a positive relationship with the staff. A training package has been established and this is provided by Acute Allied Health Team Leader/Meal Time Mate Program Coordinator, Speech Pathologists, Dieticians and the Volunteer Coordinator.

There are currently 25 volunteers in total, which has allowed for the program to run Monday to Friday, and expand across the Medical and Inpatient Rehabilitation Wards at Albury Campus, and across the Acute Ward at Wodonga Campus. The coloured tray system and the protected meal time have all been vital to the success of the program. These initiatives align with the Equip National Criteria 12.2—Provision of Care.

Innovations in Clinical Placements

Denis Flores

Hume Mental Health Clinical Training Alliance (HMHCTA), a cooperative of Goulburn Valley Area Mental Health Service, North East and Border Mental Health Service, Mental Illness Fellowship and MIND Australia, is trialling three new models for clinical placements. The aim of the trials is to confirm suitable supervision models in mental health in an environment where traditional supervision is not meeting workforce demands.

The Collaborative Model involves rotating undergraduate nursing students through three work placements with the Alliance partners. Supervision is provided by a single GVAMHS registered nurse. Placements and rosters are coordinated by a collaborative coordinator. Costs
are met through revenues received from the educational providers for student placement. At times of the day when the supervisor is not on site, the student is able to access either the Senior Psychiatric nurse or the Clinical Nurse Educator located a short distance away at the main campus of GVH.

In the **Tablet Model**, Occupational Therapy students in a variety of locations are issued with a tablet for the purposes of communication and supervision. They work with an on-site preceptor at all times and have access to a supervisor via Skype (or similar). Face to face contact between the student, preceptor and supervisor occurs at commencement of placement for orientation and to clarify learning objectives and at the close of the placement to complete the student assessment and evaluation.

**The Multidisciplinary Model** (Student Led Clinic) involves undergraduate students from a variety of health disciplines (occupational therapy, nursing, physiotherapy, social work, paramedics and psychology) working as a team to determine outcomes for presenting clients. Students from the different disciplines are required to work together under appropriate clinical supervision, taking a case study approach based on the “Mental Health Recovery Star”. This model is based on an original trial by Fiona Kent of Peninsula Health.

A significant benefit of the model is that it provides a different approach to mental health recovery thereby exposing students to practical examples of patient improvement.

All models meet all requirements of the learning facility and all students are able to meet their learning objectives. The trials will be evaluated and be the subject of a formal report.

**A Taste of Allied Health Assistance**

**Marnie Lowry, Carmen Baroni**

The Fieldwork Tasters Program is an initiative of regional allied health assistants (AHA) in collaboration with the Wodonga Institute of TAFE. The program was developed to give students undertaking the Certificate IV in Allied Health Assistance an insight into the many and varied roles an allied health assistant undertakes in the local health sector.

Traditionally allied health assistant students underwent a two week fieldwork placement in the first year of the AHA course. It was found it was difficult for students to develop a sound understanding of the AHA role, responsibilities and scope of practice. The Tasters Program was introduced three years ago as means for students to observe practice and consolidate learning undertaken at TAFE.

Students participate in four half day Tasters over the course of nine months. These sessions are led by a number of AHAs from the local region in different health care facilities. The Taster Program is a partnership between the goodwill of the hosting sites and the passion and hard work of the AHAs in providing an outstanding learning experience. The students complete workbook tasks on each Taster to enhance their learning as well as complete a personal reflection on each of the tasters attended.

Preliminary evaluation has found that the Taster Program has been embraced by both the students and the AHAs. The first year timing of the program has enabled an early opportunity for the students to clearly define and gain a broader understanding of the role of an AHA, confirming their choice of career pathway in the health industry. At the same time it has allowed AHAs to showcase the many facets of the job they are so passionate about. The Fieldwork Taster Program is now firmly cemented in the Certificate IV in AHA delivery at Wodonga TAFE.

**An Audit of Rural Dietetic Input for Paediatric Continuous Subcutaneous Insulin Infusion Therapy**

**Rebecca Monk, Judith Wilkinson, Wendy Swan, John Kilmartin**

In Australia, the majority of diabetes services that provide (CSII) therapy are based in metropolitan hospitals and therapeutic outcomes in rural centres have been under reported. There is also scarce data on the most efficient dietetic service delivery model (DSDM) for CSII commencements.

The aim was to compare the efficacy for carbohydrate counting of two DSDM, group versus individual, in preparation for initiation of CSII in a rural paediatric diabetes centre.

A total of nine participants were reviewed, five were educated using a group DSDM and four participants receiving individual DSDM. A six months pre and post retrospective analysis was undertaken of Glycosylated Haemoglobin (HbA1c). Time (in minutes) of dietetic therapy...
and type of service delivery was measured pre CSII commencement only.

Five female and four male with Type 1 Diabetes (T1DM), age range 11 to 18 years, commenced CSII between 2008 and 2012. Pre HbA1c 8.5%, for the individual DSDM cohort decreased to 7.8%, an overall 0.7% reduction. There was an identical 0.7% reduction of HbA1c from 8.8% to 8.1% in the group DSDM cohort. The average time allocation for the individual DSDM (n=4) cohort was 496.25 minutes compared to 324 minutes for the group DSDM (n=5) cohort.

Both individual and group DSDM provide good clinical outcomes in reducing HbA1c when commencing CSII. Ensuring efficiency and equity of access are essential components in delivering dietic services in regional and rural areas.

1Kilmartin GM, Kilmartin JF, Wilkinson J, Bohra S, O’Neal D, Jenkins A. Providing CSII Care Outside a Major Metropolitan Centre. Infusystems Asia 2008 Vol.3 No.4.

Investigating practices relating to malnutrition in Victorian Cancer Services: The Goulburn Valley Health Experience

Wendy Swan, Olivia Kelly, Deanna Cook

BACKGROUND: Cancer malnutrition has been identified as a significant supportive care need in the cancer population, often unrecognised and therefore untreated. The incidence of malnutrition within cancer patients is reported between 40-80% among the inpatient population and 26% in outpatients receiving chemotherapy. As many as 20% of cancer patients die from the effects of malnutrition rather than the direct effects of the malignancy.

AIMS: The aim of the project was to assess the prevalence of malnutrition risk and malnutrition status for admitted and ambulatory chemotherapy & radiotherapy patients in participating Victorian oncology treatment centres, including Goulburn Valley Health (GVH).

METHODS: Participants in the study were those admitted as acute inpatients for cancer care, attending for ambulatory intravenous chemotherapy or radiotherapy. Ethics approval was granted by each participating health service. All patients provided verbal consent to allow data collection. Data was collected in a two-week period (19–30 March 2012) across all project sites. Dietitians conducted nutrition screening, assessment and data collection. Malnutrition risk and status was determined using a validated and reliable malnutrition risk screening tool (MST) and nutrition assessment tool (Patient Generated-Subjective Global Assessment, PG-SGA). A positive MST score (≥ 2) required a nutrition assessment (PG-SGA) to be completed.

RESULTS: At GVH, nutrition assessment was conducted on 26 at-risk of malnutrition patients, of which 18 (70%) had moderate malnutrition (PG-SGA Stage B) and 5 (19%) had severe malnutrition (PG-SGA Stage C). The prevalence of malnutrition was 42.6%. GVH dietitians were involved in nutritional care of half (52%) of the total cohort (n=54), but 43% (n=10) with malnutrition had not had a dietetic referral. Of these, 70% were obese.

CONCLUSIONS: Malnutrition is highly prevalent in Victorian oncology populations, including patients with excess weight status. Early identification by screening can expedite appropriate nutritional management and improve patient outcomes.


Undergraduate physiotherapy students’ expectations and perceptions of rural clinical placements: A qualitative comparison between regional and metropolitan universities

Sarah White, Nicole Humphreys

The recruitment and retention of health professionals to rural and remote areas remains an ongoing issue despite an increase in government initiatives to entice professionals to these areas. Rural clinical placements for health students have been found to be an effective recruitment strategy, however shortages of rural physiotherapists continue. The majority of research undertaken to date investigates medical students’ thoughts and experiences of rural placements rather than those of allied health students. Little research has been undertaken to determine the expectations and perceptions physiotherapy students have about undertaking rural placements and how these perceptions
impact on their willingness to participate in rural placements and potentially consider future rural careers.

Pre-clinical undergraduate physiotherapy students from both a regional and metropolitan university participated in focus groups to discuss their expectations of rural clinical placements and the experiences they believed they may have whilst on such a placement. The aims were to seek insights into whether they held positive or negative ideas about rural life, their opinions regarding the quality of educational experiences in rural settings, perceived difficulties and benefits of having rural placements, willingness to participate and any other concerns or attitudes regarding a rural placement as compared to a metropolitan placement.

Benefits of obtaining the above information includes being able to provide feedback to universities regarding student attitudes to rural placements, and potentially create stronger links between rural clinical educators and course providers. This in turn may allow for greater pre-clinical promotion of rural clinics as a positive experience for physiotherapy students and encourage a greater number of students to be willing to undertake rural clinical placements. Rural clinical educators may become more heartened by enhanced student interest and seek to further assist students to embrace the rural health experience with the overall aim being to increase future retention of rural and remote physiotherapists.

Emerging themes identified from these focus groups will be presented and discussed with the aim of enabling an enhanced promotion and delivery of clinical education to physiotherapy students in the rural or remote setting.

Notes