



Family &
Community
Services

Student Supervisor Practice Package



Document approval

The Student Supervisor Practice Package has been endorsed and approved by:

Alix Goodwin

Director

Clinical Innovation and Governance

Approved: 22 December 2016

Linda Mallett

Executive Director

Service System and Program Reform

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1 Introduction

1.1 Introduction and purpose

Welcome to the Student Supervisor Practice Package. This resource was developed by the Specialist Placement and Recruitment (SPAR) Unit with consultation from the districts in Family and Community Services, Ageing, Disability and Home Care (ADHC).

This practice package has been developed to support student supervisors who supervise students on clinical placement with an organisation that supports people with disability. This may include ADHC, non-government organisations and private practice settings.

This practice package has been designed to promote consistent and efficient best practice across New South Wales and assist student supervisors to better understand their roles and responsibilities when supervising a student that is working with people with disability.

If further explanation or support is required, supervisors are encouraged to contact their clinical supervisor or the SPAR Unit.

Other useful documents to refer to include:

- [FACS Student Placement Policy](#)
- [FACS Student Placement Procedure](#)
- [Professional Supervision Core Standard](#)
- [Discipline specific Core Standards](#)
- [Supporting People with Disability: The NSW Service Sector's Expectations of Entry Level Occupational Therapists, Physiotherapists and Speech Pathologists](#)

The core standards have been developed by ADHC's Clinical Innovation and Governance directorate to help practitioners in their everyday person centred work with individuals with disability. A core standard is the demonstration of the recommended knowledge practitioners need to support people with disability.

Supporting People with Disability: The NSW Service Sector's Expectations of Entry Level Occupational Therapists, Physiotherapists and Speech Pathologists identifies the skills needed by newly graduated occupational therapists, physiotherapists and speech pathologists to be able to work in the disability sector. The resource was developed by Clinical Innovation and Governance in collaboration with the Therapy Project Reference Group (now known as the Disability Workforce and Education Reference Group (NSW)).

This package is a dynamic document and the SPAR Unit intends to add additional sections over time, and update accordingly to reflect current best practice.

All templates referred to in the package can be located in the [Appendices \(section 23\)](#) at the end of the practice package.

It is important to discuss with students the shift in the way 'disability' has been defined and conceptualised, from a "deficit focused" model of disability to a social model.

Traditionally, health professionals worked within the 'medical model'. Over time society has become more aware and sensitive of the complex issues that can surround people with disability. There has been an increased understanding of how crucial it is to have people with disability and their families involved in the decision making around their own support, highlighting the significance of person centred and family centred practices, which aligns itself with the 'social model' (Armstrong 2007; Bundy 2008).

Disability has begun to be seen as something that affects most people in the population, to varying degrees and at different life stages. Perceptions of 'disability' vary greatly across communities and cultures, which impacts upon how needs should be assessed and services negotiated and delivered.

The National Disability Insurance Scheme (NDIS) is a new way of providing support for people with permanent and significant disability, their families and carers. It will give people with disability choice and control over the support they receive. The NDIS will provide individualised packages of support to eligible people with disability.

The NDIS replaces the current disability support system in New South Wales (NSW). The NDIS is a national scheme. The National Disability Insurance Agency (NDIA) is an independent agency that has been set up to deliver the NDIS. The shift towards people with disability and their families being able to be supported through a cohesive mainstream system will enable them to receive appropriate supports in the same settings as everyone else.

1.2 Terminology

For the purpose of this practice package, the term 'student supervisor' has been used. It is recognised that some disciplines use other terms, including but not limited to; fieldwork educator, clinical educator and clinical supervisor.

1.3 Copyright

The content of this package has been developed by drawing from a range of resources and people. The developers of this package have endeavoured to acknowledge the source of the information provided in this package. The package also has a number of hyperlinks to documents, ADHC intranet sites and external internet sites. Please be mindful of copyright laws when accessing and utilising the information through hyperlinks. Some content on external websites is provided for your information only, and may not be reproduced without the author's written consent.

2 Specialist Placement and Recruitment (SPAR) Unit

The Specialist Placement and Recruitment (SPAR) Unit sits within Clinical Innovation and Governance and contributes to the improvement of outcomes for people with disability by promoting, developing, and recruiting expertise in the disability sector for therapists, nurses, psychologists and dieticians.

The role of the SPAR Unit is to:

- provide leadership and support to student supervisors across the sector in relation to student placements
- promote consistent, high quality practice standards and promote best practice in the supervision of students
- develop and maintain effective working relationships with universities with a view to increasing the disability focus in entry level training
- support and promote other disability services for student placements and as a work choice option upon graduation.

ADHC clinicians are encouraged to complete the Student Placement Data Collection survey each time they have a student so that data can be collected on the number of students taken throughout the year by ADHC. Refer to the link below to access the survey:

[ADHC Student Placement Data Collection](#)

More information on the SPAR unit can be found on the [SPAR Unit](#) page of the intranet, or the [SPAR Unit](#) internet page.

3 ADHC district requirements

There may be some district differences in practice related to student placements, particularly in relation to pre-placement screening processes.

The information provided in this practice package is in accordance with the [FACS Student Placement Policy](#) and the [FACS Student Placement Procedure](#), which sets a minimum standard of requirements for student placements within ADHC. Both documents outline current practice in student supervision within ADHC which has been reflected in this practice package.

Some districts or directorates may have specified additional processes related to student placements that are not stated in this practice package. Before offering a student placement, clinicians should consult with their clinical supervisor or line manager to ascertain what requirements are needed in their local district.

4 Non-government or private sector considerations

Different organisations will have varying requirements for coordinating and facilitating student placements. Clinicians working in the non-government or private sector should approach their senior clinician or manager to discuss what policies and procedures are in place for student supervision, before offering a student placement.

Some non-government organisations or private practices may not have any policies or procedures in place to guide the implementation of a student placement. In this case, the clinician together with management may want to use this document as a guide in developing their own processes. It is also recommended that they contact the local university to discuss any requirements for potential student placements and determine what support the university may be able to offer them.

The SPAR Unit is also available to support student supervisors and organisations who are arranging a student placement for the first time or developing policies and procedures to govern student placements.

5 Benefits of offering a student placement

There can be many positive outcomes to supervising a student on placement. Student supervisors have reported the following benefits from supervising a student:

- Development of their own supervision skills
- Development of their own clinical reasoning skills
- Development of staff organisation and time management skills
- Being able to assess students potential for future employment
- Promotes exposure of service to the university and community
- Keeps student supervisor's skills current
- Promotes diversity in the workplace
- Assists with the completion of projects
- Assists with the development of resources
- Assists with the implementation of quality assurance or evidence based practice activities.

(Thomas et al 2007; James Cook University 2015)

An explorative study of the expectations and experiences of student supervisors in speech pathology revealed the following benefits of student placements in private practice:

- An improvement in the quality of work of the clinicians
- Students brought knowledge of up to date evidence-based practice, theory and new resources
- Student supervisors enjoyed the experience and appreciated the students' enthusiasm, leading to increased job satisfaction
- Improved productivity
- Improved client care and satisfaction.

(Sokkar and McAllister 2015)

6 Taking a student for the first time

ADHC recommends student supervisors have a minimum of twelve months full time equivalent experience as a practicing clinician prior to supervising their first student. If the placement is observational only, less experience is acceptable.

If a clinician is considering taking a student they should discuss it with their clinical supervisor and line manager. They will be able to answer some of the questions about what supervising a student involves. It is also advised that potential student supervisors contact the SPAR Unit for further information, and to speak to colleagues who have previously taken students to learn from their experiences.

Some clinicians prefer to co-supervise a student with an experienced supervisor when taking a student for the first time. The more experienced colleague can provide mentoring and support on the role of the student supervisor.

Many universities offer workshops for student supervisors. This includes introductory workshops for clinicians who want to supervise students for the first time. They also offer advanced workshops covering topics such as how to support students at risk of failing. It is recommended that student supervisors attend these workshops to develop and maintain their skills in the area of clinical education. Contact the clinical placement coordinator at the closest university to find out when the next workshop is being held.

7 Arranging a student placement

The [FACS Student Placement Policy](#) and the [FACS Student Placement Procedure](#) have comprehensive information about arranging and supporting a student placement.

The process outlined below is specific to ADHC. Non-government organisations and private practices can use the information outlined below to guide them in establishing or refining their own processes specific to their workplace.

7.1 Approval of placements

A clinician will need to obtain approval before agreeing to supervise a student. Consultation with their clinical supervisor or line manager to find out about the approval of placements within their district is recommended. Approval processes may differ between districts.

The Student Placement Policy states that approval of the placement should be sought at the outset from the FACS District Director or, alternatively, from the manager that the FACS District Director has nominated to approve them.

The SPAR Unit can assist in the coordination of placements for districts if required, however, there is acknowledgement that already established local arrangements may exist. If needed, the SPAR Unit can foster the development of links between the ADHC site and the local university, as well as the sharing of placements with external organisations and private practices.

7.2 Considerations

Some student placements require the student to undertake specific projects or tasks while on placement. Prior to accepting a student placement it is recommended that the student supervisor contact the university to determine which placements require this to ensure they are able to support the student to complete these tasks.

Refer to the list of [University Student Placement Contact List](#) or contact the SPAR Unit for further information.

7.3 Working with people with disability across the lifespan

ADHC wants to provide students with a variety of rich learning opportunities and experiences that prepare them for working with people with disability across the lifespan. Each site may want to consider offering a variety of caseload placements.

If a placement site does not cater for certain age group caseloads a shared placement could be considered. Shared placements are being encouraged between ADHC, other government and non-government organisations or private practices.

A shared placement involves a student assigned to two different sites during the same placement. It is highly recommended that the two sites are in the same area of practice, or complement each other so that the student can transfer knowledge and skills between the environments.

Shared placements can give students the opportunity to experience two caseloads within one placement. For example, two days spent at ADHC and three days with a non- government organisation for the entire duration of the placement. [Section 19.3](#) has more information on shared placement models.

If a shared placement is not possible and the site does not cater for all ages, it is important for the student supervisor to discuss what disability looks like across the lifespan with the student.

8 Before a student commences

To assist the student supervisor in planning and supporting the student placement a [Student Supervisor Checklist](#) has been developed to incorporate all phases of the student placement.

8.1 Initial phone/ email from the student

Students are usually required to contact their supervisor at least four to six weeks before the placement commences. Please note that this is a minimum standard set by the university. The time required to complete the necessary paperwork varies across ADHC districts and organisations. Student supervisors are advised to consult their clinical supervisor or line manager to ascertain the required time frame for the student to contact their supervisor and inform their local university.

During the initial contact a student supervisor may discuss the placement requirements including completion of any checks, clearances, IT forms and paperwork that may be required prior to the placement commencing. It is also a good opportunity for the student supervisor to provide and explain background information about the organisation and how they can prepare for their placement. The [Guide for Initial Phone Call/ Email with the Student](#) acts as a guide for the student supervisor to refer to during their conversation with the student.

The information listed below contains suggested items for the student supervisor to discuss with the student when they first call or email:

Confirm start date/ end date of placement

Location/ Address

- Where to meet the student supervisor on the first day.
- What time to meet the student supervisor on the first day.

Hours

- General start/finish time.
- Specify the days they will be on placement.

Dress code

- Students are required to dress in the same manner as employees, unless otherwise instructed by their university.
- Smart casual attire is suitable.
- Flat enclosed shoes should be worn to protect the feet from injury.
- Loose, hanging and large jewellery should be avoided.
- Ask the student if they are required to wear a university uniform (only applies to some disciplines).

ADHC student supervisors should refer to the [Work Health and Safety Attire and Footwear Guidelines](#).

Identification

- Discuss what identification requirement is needed at the site, in particular if the student is required to wear a university identification badge (only applies to some disciplines).

Transport

- Public transport options.
- Discuss whether they are required to use their own car for the placement. Confirm driver's licence status and ask them to bring it on the first day to be sighted.
- Parking e.g. availability, location, cost.

Accommodation (where applicable)

- Accommodation options in the local area.
- Contact details of recommended accommodation options.

Information about the organisation

- General organisation information e.g. who is eligible for the service.
- General information about the National Disability Insurance Scheme (NDIS) (ADHC student supervisors should refer to [NDIS: What students on placement need to know](#) for further information)
- Nature of caseload i.e. paediatric, adult, mixed
- Service delivery i.e. consultative, multidisciplinary/ interdisciplinary/ transdisciplinary, home, school, group home etc.

Pre-placement screenings

- Outline the process for completing National Police History Check and Working with Children Check. More information is available in [Section 8.2](#).

Vaccinations

Students need to be informed of the organisation's vaccination recommendations as soon as possible prior to commencing their placement. This will allow them to have sufficient time to obtain vaccinations if they choose to do so.

ADHC does not require any mandatory vaccinations for students on placement at ADHC. Vaccination is voluntary. The current recommendations are:

- combined Hep A / Hep B vaccination
- current year Influenza vaccination
- screening for Tuberculosis.

Districts may recommend additional vaccinations for students on placement. For further information contact the Work Health and Safety team in the relevant district or directorate.

8.2 Documents to be sighted prior to the student commencing placement

8.2.1 Pre-placement screenings required for ADHC

Students must have the following checks processed and cleared before commencing placement. A lead time of at least six weeks is recommended to allow for checks to be processed and clearances to be received.

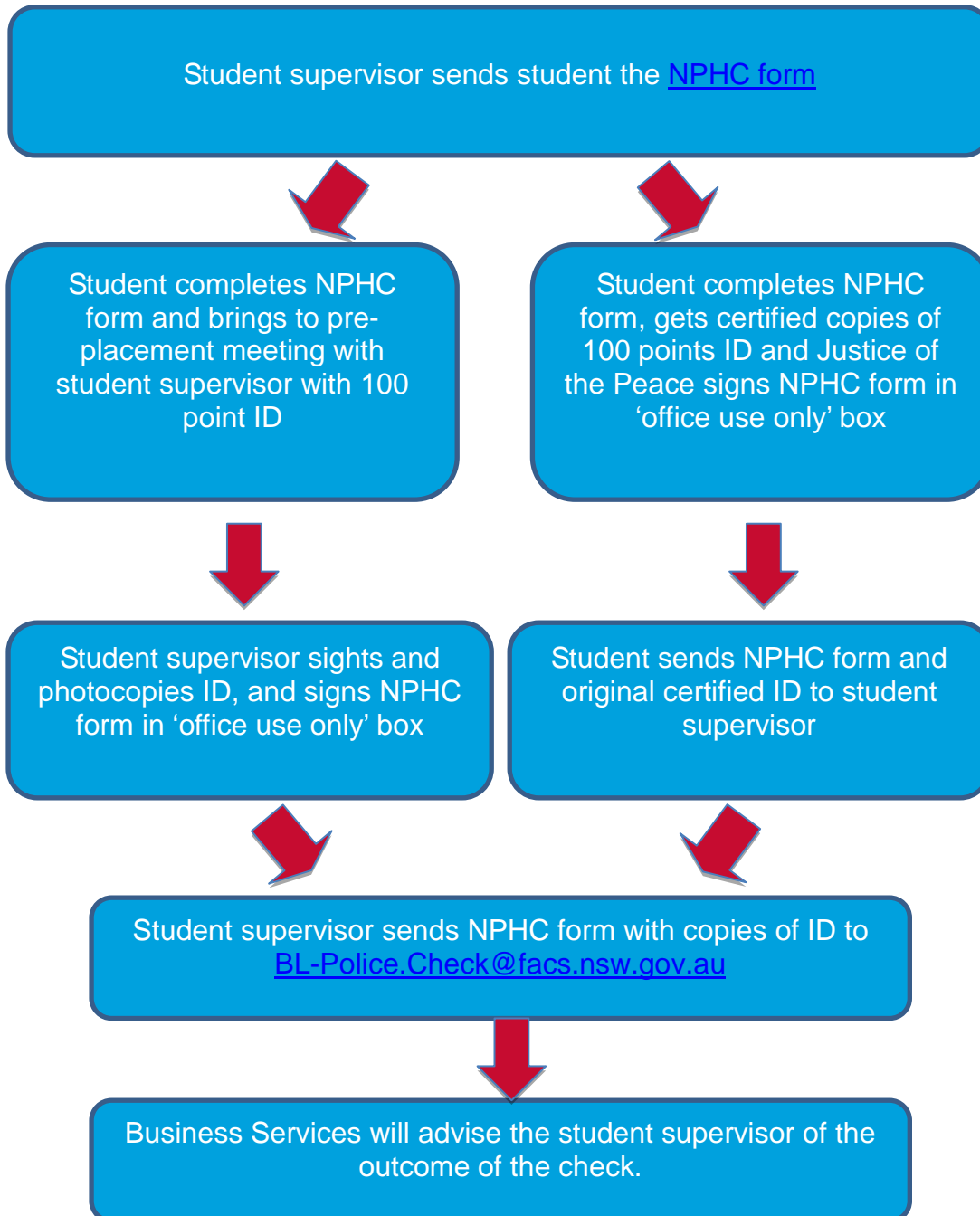
8.2.1.1 National Police History Check (NPHC)

The NPHC is a formal search for any criminal conviction recorded on an individual's police record. It has replaced what was previously known as the National Criminal Record Check (NCRC). It is a requirement of all students undertaking a placement in the disability sector to comply with the [Disability Inclusion Act 2014 \(NSW\)](#). To ensure this, all students on placement with ADHC must have a National Police History Check completed by Business Services prior to commencing placement. This must be done before every placement with FACS.

The following guide will help ensure that the NPHC is completed in a timely manner for students on placement with ADHC:

- The student supervisor should provide the student with the National Police History Check form. Please contact BL-Police.Check@facs.nsw.gov.au or the SPAR Unit to obtain the latest version of this form. This can be included with the Welcome Letter in the orientation package. Provide clear instructions on how to complete the form.
- Arrange a face to face pre-placement meeting with the student so they can show the student supervisor their 100 point identification and complete the NPHC form. The student supervisor sights the original identification and signs as the authorised checking officer in 'section 2: proof of identify' under 'verification- office use only' (page 3 of the form).
- If the student cannot attend a pre-placement meeting, the student needs to return the completed NPHC form by having a Justice of the Peace (JP) sight the 100 point identification. The JP sights the 100 point identification and signs as the authorised checking officer in 'section 2: proof of identify' under 'verification-office use only' (page 3 of the form)
- The supervisor emails the completed NPHC form and a copy of the 100 points of identification to BL-Police.Check@facs.nsw.gov.au.

These two options for completing the NPHC with the student are summarised in the flowchart below:



8.2.1.2 Working with Children Check

The [Child Protection \(Working with Children\) Regulation 2013](#) states that a student over 18 on a professional placement in the course of a student clinical placement in a hospital or other health service is not considered to be in child-related work and does not require a Working with Children Check (WWCC). Regardless of this, it is the policy of FACS that students will follow the same principles as all staff in FACS and require a WWCC.

Many students will already have a WWCC reference number. They need to provide the WWCC reference number to the student supervisor who will email it with the student's name and date of birth to Business Services to process, wwcc1@facs.nsw.gov.au. The student supervisor will then be advised as to whether or not the student is cleared to engage in any unpaid child related role in NSW.

If a student does not have a WWCC reference number, they will need to apply for one. To do this, the student must complete the following:

- Complete the online [NSW Working with Children Check application form](#). They will then receive an application number.
- Students must take their application number and [proof of identity](#) to a [Service NSW](#) centre. The Check is free for volunteers and students over 18.
- Students will receive a letter either by post or email which will provide a WWCC number. The student must then provide a copy of this letter to their student supervisor. This letter is not proof of clearance. The student supervisor needs to email a copy of this letter to wwcc1@facs.nsw.gov.au along with the student's date of birth.
- The student supervisor will then be advised as to whether or not the student is cleared to engage in any unpaid child related role in NSW.

For more information, go to the [NSW Office of the Children's Guardian website](#).

8.2.1.3 Issues identified on NPHC or WWCC

If either of the checks comes back with issues they will need to be resolved by the local Human Resources Cluster Lead. The student supervisor should email the appropriate cluster lead requesting advice.

HRSouthern.Cluster@facs.nsw.gov.au

HRNorthern.Cluster@facs.nsw.gov.au

HRWestern.Cluster@facs.nsw.gov.au

8.2.2 Pre-placement screenings required for non- government organisations and private practice

Student supervisors should discuss with their senior supervisor or manager what screenings need to be processed and cleared before the student commences placement with their organisation. They should also discuss what process to follow if a check comes back with an issue.

As a minimum requirement, all students undertaking a placement in the disability sector require a National Criminal Record Check (NCRC) in order to comply with the Disability Inclusion Act 2014 (NSW).

8.2.3 Insurance coverage

It is the responsibility of the university to ensure the student has the correct insurance coverage. In addition, it is stated in the [FACS Student Placement Policy](#) and the [FACS Student Placement Procedure](#) that the student supervisor must ensure that these requirements have been satisfied by the university prior to the placement commencing.

Students must be covered for personal liability, professional indemnity and personal accident insurance. This covers the student for injury to themselves or others, property damage and professional indemnity whilst on placement. The university is responsible for providing the insurance coverage. The university should provide a copy of the Certificate of Insurance or outline it in the clinical handbook they send to the student supervisor prior to the placement commencing. The minimum levels of coverage are:

- Public liability insurance- \$20,000,000
- Professional indemnity insurance- \$5,000,000

Taken from FACS Student Placement Policy and the FACS Student Placement Procedure (2015).

For more information refer to relevant sections of the ADHC [Risk Management Policy](#).

8.2.4 Document storage

The pre-placement screenings and documents signed by the student during induction need to be recorded on file. These documents should be stored in the same way as they are for any employee. Document storage processes vary across organisations. Some organisations have documents filed with administration staff, others have it stored with the line manager. The student supervisor should speak to their clinical supervisor or line manager to determine how long documents need to be kept on file and where they should be stored.

8.3 Actions to undertake prior to the student's first day

- Arrange access to building and IT access e.g. swipe cards, computer log in.
- If the ADHC student supervisor wants the student to have access to CIS and Records Manager, the manager needs to complete a New Hire Part One in SAP. Non-government organisations or private practices may have their own processes to follow to enable a student's access to records and information management systems or databases.
- Arrange a desk space where the student will work from, this can change from day to day. If this is the case, explain to the student on the first day how they will know where they will be working each day.
- Negotiate with the manager who will complete the Work, Health and Safety induction.
- Inform the team and administration staff about the placement dates.
- Arrange for other team members to take the student on visits for observation and explain their role on the team. Students often find this to be a valuable way to learn about the role of other disciplines.
- Contact local disability and mainstream services to negotiate opportunities for the student to broaden their clinical experience and knowledge by visiting their site. Alternatively, the SPAR Unit can be consulted for further suggestions of other sites available for students to spend time at.
- Student supervisors are to obtain verbal or written consent from people with disability and/or their carers to involve students in their services. This should be documented in the client's progress notes. The SPAR unit are currently developing resources on gaining consent for student services to be released in late 2017.
- Send the Orientation Package to the student.

9 Information to send to the student

Students often find it helpful to receive an orientation package prior to the placement commencing. This assists them to prepare for the placement and can reduce some of their anxieties about what to expect. The following templates below have been developed for use by student supervisors to send to the student before the placement begins.

9.1 What to include in the orientation package

9.1.1 Welcome letter

The [Welcome Letter To Student](#) provides more in-depth information than what was discussed on the phone. It may include details on what lunch facilities are available, what to bring on their first day etc.

Items students are required to bring on their first day may include:

- Drivers licence
- Identification badge/student identification card (if applicable)
- Original copy of CPR certificate (applicable to some disciplines)
- Practicum folder (if applicable)
- Stationery, diary
- Documentation that the university has given the student to complete during their placement e.g. learning agreement, quality improvement project, research questions, assignments
- Relevant textbooks/resources
- Tools specific to the discipline e.g. calculator, stethoscope

9.1.2 Map of site

Provide the student with a map of the site showing transport options such as buses, train station and available parking.

9.1.3 Accommodation

If the student is travelling a long distance for the placement and requires accommodation, the student supervisor may provide them with information about local accommodation options including approximate costs. This is particularly relevant for students attending rural placements.

9.1.4 Recommended pre-reading

Students will often ask the student supervisor for pre-reading material to assist them in preparing for the placement. The student supervisor may already have some resources that are specific to their site that they provide to students.

The documents listed below may support your site in expanding their bank of resources or be of assistance if putting one together for the first time:

- [Useful websites for students from all disciplines.](#)
- [Discipline specific preparation for students.](#)

The following fact sheet has been developed to give a brief introduction to the NDIS for students before starting placement with ADHC. Non-government organisations and private practices may want to develop their own fact sheet on the NDIS and what a student needs to know while on placement with their organisation.

- [NDIS: What students on placement need to know](#)

9.1.5 Optional ADHC IT forms

Students may require access to email and intranet systems in order to fulfil their duties, gain experience in agency communications and benefit from organisation specific information including policies and procedures. Appropriate internet and/or intranet access may be provided if the relevant manager considers it necessary as part of the placement. In circumstances where access is granted, the student should be given a clear understanding of, and agree to abide by, the organisations internet usage policy. Usage and monitoring of the email and internet systems is the responsibility of the student supervisor.

Students on placement with ADHC are to be provided with the agreed access to FACS client or data information systems as outlined in the [FACS Student Placement Procedure](#) (2015). This may include access to; Client Information System (CIS), Records Manager, Citrix, Outlook and Intranet. The systems the student has access to is at the discretion of the student supervisor and manager.

Access to some systems may need to be discussed between the student supervisor and their manager prior to a student commencing placement.

Complete the [Network Account Form](#) if a student requires access to email or intranet.

Taken from [FACS Student Placement Policy](#) and [FACS Student Placement Procedure](#) (2015)

9.1.6 Person centred pre-placement questionnaires

It is often beneficial to ask the student to provide some information about their previous clinical placements, their learning style and what type of supervisory support they prefer. This will assist the student supervisor to understand what skills the student is bringing to the placement and how they can best support them in their learning.

To assist the student in collating this information there are two templates that have been developed. They are optional and can be modified to suit the local site. The student supervisor may also choose to use one their site has already developed.

The student may be sent just one of the following templates or both depending on the student supervisor's preferences.

- [Student pre placement questionnaire.](#)
- [Student one page profile.](#)

The pre-placement questionnaire includes a section for recording emergency contact details. If the one page profile is used it is important that the students emergency contact details are still recorded and kept on file for the duration of the placement.

9.1.7 Learning styles

The pre-placement questionnaire and one page profile encourages the student to identify how the supervisor can best support their learning on placement. If the student has difficulty with this, the student supervisor may also provide the student with a learning style questionnaire.

These tools should be used to generate a discussion with the student about different learning styles. The student should not be categorised as only learning via one particular style. There is emerging evidence that not only are individuals fairly poor self evaluators of their preferred style, but also that a preferred style might not be the most effective method for that individual to take in new information (Pashler, McDaniel, Rohrer and Bjork 2008).

Student supervisors should provide learning opportunities which require students to access different learning styles. This may assist them in understanding the new information they are being presented with. The student supervisor can also encourage the student to discuss ways they can develop other learning styles to help cope with the range of learning experiences they will encounter on placement and later in their working life.

Resources and information about learning styles are below:

[Honey and Mumford Learning Styles Questionnaire](#)

[Information on Honey and Mumford Learning Styles](#)

[Vark: A Guide to Learning Styles](#)

9.1.8 Further reading on learning styles

Cavanagh, S., Hogan, K., Ramgopal, T (1995). The assessment of student nurse learning styles using the Kolb Learning Styles Inventory. *Nurse Educ Today* 15, 177- 183.

French, G., Cosgriff, T. & Brown, T. (2007). Learning style preferences of Australian occupational therapy students. *Australian Occupational Therapy Journal*, 54 Supplement 1, S58-S65.

Hauer, P., Straub, C. and Wold, S. (2005). Learning styles of allied health students using Kolb's LSI- IIa. *Journal of Allied Health*, 34, 177- 182.

McLeod, S., Lincoln, M., McAllister, L., Maloney, D., Purcell, A. and Eadie, P. (1995). A longitudinal investigation of reported learning styles of speech pathology students. *Australian Journal of Human Communication Disorders*, 23, 13-25.

Pashler, H., McDaniel, M., Rohrer, D., Bjork, R. (2008). Learning Styles: Concepts and Evidence. *Psychological Science in the Public Interest*, 9 (3): 103-119.

Robertson, L., Smellie, T., Wilson, P., & Cox, L. (2011). Learning styles and fieldwork education: Students' perspectives. *New Zealand Journal of Occupational Therapy*, 58 (1), 36- 40.

10 Student's first day

There is a large volume of information to cover on a student's first day. The student supervisor should speak to their clinical supervisor or line manager about who will be responsible for each of the following induction tasks. Some aspects of the induction may be shared with another team member or the manager.

10.1 Site tour

Provide the student with a tour of the site. Show them the location of fire exits, toilets, lunch room, therapy resources, sign in/out board, car folders, stationary, photocopier, printer, phones etc. Explain any emergency procedures specific to the site. Introduce the student to key staff including administration, line manager, senior clinicians and discipline specific team members.

10.2 Induction meeting

Once the student has had a tour of the site, the student supervisor should spend some time meeting with them to plan for the placement. Items that need to be discussed during this meeting are included below. It may be useful to collate the documents listed below into a student orientation folder for the site. This can then be given to any student when they commence their placement to read on their first day.

10.2.1 Provide an overview of the team

Provide a brief overview of the disciplines within the team and their roles. Discuss the services the team provides and what the student's role will be within the team.

10.2.2 National Disability Insurance Scheme

The student supervisor should introduce the student to the key concepts of the National Disability Insurance Scheme (NDIS) and explain that it replaces the previous disability support system in New South Wales (NSW). It should not be assumed that the student would have heard about the NDIS through the university or media. Discuss with the student any processes they need to be aware of and follow in relation to the NDIS e.g. service agreements, billable hours.

Students on placements with ADHC should be provided with the [National Disability Insurance Scheme: What students on placement need to know](#) handout prior to commencing placement.

Provide students with the [NDIS website](#) for further information.

10.2.3 Code of Ethical Conduct

The student should be provided with a copy of the organisations Code of Conduct on their first day. The student supervisor should discuss the principles contained within the Code of Conduct with the student.

A copy of the FACS [Code of Ethical Conduct](#) is to be given to students on placement with ADHC. The student should sign the 'Code of Ethical Conduct Statement of Agreement – Others', which can be found on page 28 of the document. A copy of the signed form should be kept on record.

10.2.4 Mandatory reporting

In NSW, mandatory reporters include people who deliver health services wholly or partly, to children as part of their paid or professional work.

Students need to be aware that student supervisors working with children are legally required to report concerns when they suspect a child or young person may be at risk of significant harm. Students should also be made aware of and have access to the key policies around child protection. It is important to discuss with your student the mandatory reporting procedures within the organisation should they have any concerns around a child or young person's wellbeing during the course of their placement. It may be helpful to complete a mock [NSW Online Mandatory Reporter Guide](#) with the student so they have a better understanding of the process.

For further information please see [Child protection laws – what staff should know](#) and the [Keep Them Safe](#) website.

10.2.5 Work Health and Safety

Students on placement from either secondary school or tertiary university are classified as workers under the **Work Health and Safety (WHS) Act 2011**. Every organisation has a duty to students under the Act equivalent to that of any other staff member within that workplace. Students also have duties under the WHS Act during their placement. These duties and any relevant documentation must be discussed during the student's induction. For further information refer to the [Workforce Safety and Wellbeing Policy](#).

10.2.6 Infection control policy and procedure

Students should be provided with the organisations Infection Control Policy and Procedures. Discuss with them any infection control procedures that may be applicable to them while on placement.

Students on placements with ADHC should be provided with a copy of ADHC's [Infection Control Procedures](#).

10.2.7 Office protocols

Provide the student with telephone and computer protocols for the site they are located in. Discuss with the student who to contact if they are running late or sick. Ensure these contact details are provided. If there are any specific procedures in place to protect staff working within your specific site it is important to also make students aware of these. This may include particular safe home visiting procedures, distress alarms, code words etc.

Take a photocopy of the student's driver's licence and have the copy signed and dated by the appropriate staff member e.g. administration staff, line manager. If students on placement with ADHC will be driving departmental cars ensure they are aware of the [Safe Driving Policy](#).

10.2.8 Timetable

The student supervisor should discuss the client appointments booked, team meetings the student will be expected to attend (frequency), and any other appointments they need to be aware of. Advise them when any set written tasks are due, dates of mid and final assessment or when any verbal presentations are to be given. The student supervisor may ask the student to schedule in time to meet team members from other disciplines to learn about their role. This will assist the student in planning their time and balancing their clinical and administrative responsibilities. Explain that the timetable is subject to change across the course of the placement

10.2.9 University assessments

Most students will need to complete a competency assessment with their supervisor mid way through their placement and at the end of the placement. It is important to discuss with the student what university documentation needs to be completed and what level of skill they will need to demonstrate to meet the assessment requirements. If the student supervisor is unsure of what level of competency the student needs to demonstrate while on placement, they should contact the university's clinical placement coordinator to discuss. It is the student supervisor's responsibility to ensure that the university assessment requirements are completed.

Some students may also need to complete academic components of their degree during their placement. This may include implementing a research project, developing a quality improvement project, participating in a mock interview, or providing a case study presentation. The student supervisor may be required to support the student to complete aspects of these tasks or provide feedback to the university on the student's performance. The student supervisor should ask the student if they have any additional tasks to complete while on placement as this will assist them in planning their workload.

10.2.10 Learning contract

A learning contract is a written agreement between the student and student supervisor that makes explicit what the student will do to achieve specified learning outcomes. Learning contracts have shown to have a positive influence on learning by increasing the student's autonomy, motivation and confidence to meet their own learning needs (Siggins Miller Consultants, 2012).

The university will often provide the student with the learning contract template they need to complete while on placement. The student will need to discuss this with the student supervisor in their first week to ensure their goals are appropriate for the placement. This is also an opportunity for the supervisor to discuss with the student what support they require to achieve these goals.

11 Optional learning activities

The student supervisor should have a list of alternate tasks for the student to work on when they are not engaged in direct client work. The activities should be designed to consolidate the student's learning and reduce dependence on the student supervisor.

See examples below:

- [Disability Awareness Resource - for students on clinical placements.](#)
- Quality Improvement projects. Examples of projects already undertaken include:
 - Manual Handling and Therapists: What is the policy?
 - Falls reviews in Group Homes: Where is the consistency?
 - Review of the Early Intervention Clinic: How beneficial is it?
 - The Transdisciplinary Approach: The procedure for its use.
- Update or develop discipline specific resources.
- Update discipline or team resource libraries.
- Meet with other disciplines to learn more about their role in the team.
- Structured self-reflection tasks for example; person centred tools, what's working/not working? 4+1 etc.
- Literature review on a topic or clinical question relevant to the student's caseload.
- Presentation of case studies to other students and clinicians.

12 Student supervision

12.1 Student supervision agreement

Supervision is an essential component of a student's placement. It can include direct observations of the student with a client, reviewing video or audio tapes of sessions, discussion of sessions, provision of verbal and/or written feedback and weekly supervisory meetings.

Some universities provide advice on what processes or documentation they require in terms of supervision. These processes must be adhered to.

It is important that the details of supervision are negotiated with the student during the orientation process in week 1 of the placement.

This should cover:

- the type of supervision the student will receive
- the frequency, duration and location of supervisory meetings
- the structure of supervisory meetings
- how and when feedback will be provided to the student
- expectations of the student and student supervisor.

Sometimes the learning contract provided by the university will cover this information. Otherwise, the student supervisor may refer and use or adapt the Professional Supervision Agreement in the [Professional Supervision Core Standard](#). For access to this link a login will need to be created by following the online prompts. Any email address can be used to create a login, it is not specific to ADHC.

Ideally, supervision of the student will involve regular observation of the student, provision of verbal and/ or written feedback at the time of, or after these sessions and regular supervisory meetings such as at the end of each week for an agreed duration.

Ensure supervision fulfils the placement requirements. Clinical students must be supervised by suitably qualified persons only.

12.2 Student/supervisor meetings

Regular meetings with the student can provide the student supervisor with the opportunity to give the student feedback on their performance. The student supervisor can also gain insight from the student on how they are experiencing the placement, and it allows them to monitor progression and flag any issues early on in the placement. If the student supervisor is going to have formal supervisory meetings with the student this should have been discussed with the student during the orientation process.

The meeting should have a written agenda with both the student and student supervisor having the opportunity to request items they would like to discuss and place on the agenda.

A written record of these meetings should be kept by the student supervisor. It should be signed by both the student and student supervisor as a true and accurate record of the discussion that has taken place. A copy should be provided to the student. This can be a particularly useful tool if concerns about the student's performance arise during the placement.

Some tools to assist the student supervisor with planning and conducting their supervisory meetings:

[Student supervision record](#)

[Person Centred Supervision – Process Model](#)

[ClinEd Aus](#) - Providing Feedback Webpage

[The Superguide: A Handbook for supervising allied health professionals.](#)
Pages 72, 73, 76 and 80 are useful templates for supervision.

12.3 Adapting your supervision style

Throughout the course of a placement a student's confidence and level of competence will change. The student supervisor needs to be able to assess the student's progress and alter their supervisory style to match the students changing needs and abilities.

Students show confidence through their positive attitude towards learning, motivation and commitment. Students will demonstrate competence by achieving their learning goals and completing set tasks.

The Situational Leadership Model (Hershey, Blacnchard and Johnson, 1996) has been adapted for use in clinical supervision (Johnson, Haynes and Oppermann 2007). It provides guidance on how to match a supervisory style to a specific task, the student's motivation, confidence, and competence.

There are four supervisor interaction styles which are developmental in nature.

Directive → Coaching → Supportive → Delegation

Refer to the ['Situational Leadership Guide'](#) for further details on the supervisor interaction styles.

12.4 Further reading on student supervision

[ClinEdAus: Enabling Clinical Education Skills](#)

[Situational Leadership Model](#)

[Situational Leadership Guide](#)

[The Learning Guide - a handbook for allied health professionals facilitating learning in the workplace](#)

[The Superguide - a handbook for supervising allied health professionals](#)

Healey, J. and Spencer, M. (2009). *Surviving your Placement in Health and Social Care: A Student Handbook*. Open University Press: New York.

Johnson, C., Haynes, C., & Oppermann Ames, J. (2007). Supervision Competencies for Fieldwork Educators. *OT Practice* 12(22) CE-1 - CE-8

Kilminster, S.M. and Jolly, B.C. (2000). Effective supervision in clinical practice settings: a literature review. *Medical Education*. 34: 827- 840.

Milne, D. (2009). *Evidence- Based Clinical Supervision Principles and Practice*. British Psychological Society and Blackwell Publishing Limited: West Sussex.

Siggins Miller Consultants (2012). *Promoting Quality in Clinical Placements: Literature review and national stakeholder consultation*, Health Workforce Australia, Adelaide.

Stagnitti, K. (2010). *Clinical and Fieldwork Placement in the Health Professions*. Oxford University Press: Victoria.

13 Feedback

Feedback is “information on actual performance in relation to the intended goal for performance” (Titchen 1995). It is essential for professional clinician’s growth as it helps identify and build the skills needed to become sound health professionals. Providing effective feedback to a student is a vital part of the student supervisor’s role. Feedback is key to learning, it can be motivating and change a person’s behaviour.

Feedback is a two way process. Engaging the student in a collaborative decision making process will enhance their understanding of their own discipline and further develop their reflective and self evaluative skills.

13.1 Principles for providing effective feedback

Be timely

Give feedback as close as possible to the event.

Provide it in an appropriate setting which allows for privacy and discussion as required

Discuss the aim of the feedback session

Describe the purpose of the feedback session to the student

Use descriptive feedback

Feedback should be non-judgemental and describe exactly what happened. Provide specific feedback on observed behaviours.

Feedback should be specific

General or vague comments will not help the student change their performance. Feedback should be detailed and specific so they know exactly what they need to do.

Feedback should focus on behaviour rather than the student’s personality

Focus feedback on the student’s behaviour and what they did rather than commenting on who they are as a person.

Feedback should be linked with outcomes

What is it that you want the student to achieve? Looking at the outcome and what they need to do to achieve the outcome will encourage a problem solving approach by the student. It also encourages feedback to be non- judgmental.

Ensure it is a two way process:

- Encourage **self reflection** from the student.
- **Ensure feedback involves the sharing of information rather than giving advice** e.g. make offers and suggestions for improving skills but

allow the student choice in deciding what course of action they would like to take.

Feedback should be limited to the amount of information that the student can use rather than the amount you would like to give.

If you overwhelm a student with feedback you reduce the possibility that they will be able to use any of it to effectively change their behaviour. Concentrate on the most relevant areas of learning for the student and cover other areas later in the placement.

Summarise

Ask the student to summarise the key take home messages to ensure they understand what they need to do. Lastly, the student supervisor and student should document this as a record of the feedback provided, and to allow follow up.

13.2 Further reading and resources on providing feedback

[Clinical education; Giving Effective Feedback](#)

[ClinEdAus: Giving Effective Feedback](#)

[Keep stop start model for providing feedback](#)

[SET GO method of descriptive feedback](#)

[Student supervisor feedback guide](#)

Cohen, M 2005, *HNET supervisors manual*, Hunter New England Area Health Service, Newcastle, (updated 2009).

Devlin, M. (2003). A solution- focused model for improving individual university teaching. *International Journal for Academic Development*, 8(1/2), 77-89.

Ende, J. (1983). Feedback in clinical medical education. *Journal of the American Medical Association*. 250 (6): 777- 781.

Kilminster, SM & Jolly, BC 2000, 'Effective supervision in clinical practice settings: a literature review', *Medical Education*, vol. 34, pp. 827–840.

Lake, FR & Ryan, G 2006, *Teaching on the run: teaching tips for clinicians*, MJA Books, Sydney.

Pendleton D *et al* (1984) *The Consultation: An Approach to Learning and Teaching*. Oxford, Oxford University Press

Rodger, S., Fitzgerald, C., Davila, W., Millar, F. & Allison, H. (2011) What makes a quality occupational therapy practice placement? Students' and practice educators' perspectives. *Australian Occupational Therapy Journal*, 58, 195- 202

Silverman, J., Kurtz, S.M. and Draper, J. (1996). The Calgary- Cambridge approach to communication skills teaching 1: agenda- led, outcome- based analysis of the consultation. *Education for General Practice*. June 4(7): 288-299.

Silverman, J., Draper, J. and Kurtz, S.M (1997). The Calgary- Cambridge approach to communication skills teaching II: The SET- GO method of descriptive feedback. *Education for General Practice* 8: 16-23.

14 Supporting Cultural and Linguistically Diverse (CALD) Students

In recent years there has been a marked growth of international and culturally and linguistically diverse (CALD) students completing health placements. There are an increased number of international students studying abroad, as students are now given much more freedom to experience a mobile and international education through the universities offering exchange programs. There may be additional challenges and benefits that exist for CALD students and their supervisors on clinical placements. Interestingly, both CALD students and their supervisors often report similar challenges, particularly around communication and language. This highlights a necessity to strengthen and support the cultural competency of the Australian workforce. (Faculty of Health Sciences Discipline of Physiotherapy, 2012, p.18-19)

14.1 Difficulties encountered by CALD students

Most students tend to feel overwhelmed, confronted, and at times disorientated, on clinical placement. These feelings can be further compounded for CALD students faced with the challenge of communicating in a foreign language (Abu-Arab and Parry, 2015).

Living away from family and what is familiar can also give students a “culture shock” which is characterised by the following typical stages; euphoria, depression, adjustment and acceptance. Each of these stages will affect student performance (Faculty of Health Sciences Discipline of Physiotherapy, 2012, p.18-19).

Other factors that may affect performance:

- Living in Australia without family and financial supports.
- Difficulty understanding the Australian environments, culture and history.
- Some CALD students have been speaking English for many years however struggle with Australian accents, jargon and slang.
- Some CALD students may show a discrepancy between written and verbal expression, with written expression presenting far superior to verbal expression which can lead the supervisor to misinterpret the student’s ability.
- Some CALD students may have word finding difficulties, or difficulty using easy to understand terms instead of jargon.
- Some CALD students have difficulty with acronyms and abbreviations as their English language skills are not well established.

- Students often are not aware of the language and literacy support services that are available within their university, should they need additional support.

(Abu-Arab and Perry, 2015; Faculty of Health Sciences Discipline of Physiotherapy, 2012, p.18-19).

14.2 Considerations for Student Supervisors

Western expectations can differ significantly from other cultures and conflicting ideas can arise between students and student supervisors if cultural differences are not identified early on.

Student supervisors should consider the following:

- Western expectations of self directedness, assertiveness and independent problem solving skills appear to be in direct conflict with some cultures learning behaviours. Some CALD students come from backgrounds where their opinions and views are not encouraged by student supervisors and where "...respect and good manners are demonstrated by taking a passive, silent attitude" (Abu-Arab and Parry, 2015).
- Some CALD students may engage in conversations that have long pauses and wait times. These may be necessary to allow the student to translate the verbal information received, think of a response and then translate back into English again. Student supervisors should consider this time needed to process conversations.
- Combinations of word selection, tone and sentence construction can cause communication to sound 'sharp' causing conversations to be abrupt and simple. This can cause difficulties building rapport as CALD students come across as cold and clinical although this is not the case.
- Some CALD students express concern that asking for help indicates a lack of intelligence, and some cultures view exposing a lack of knowledge as negative. Student supervisors should consider this when asking if the student understands directions given or the task at hand.

(Testa and Egan, 2014; National Clinical Supervision Fellowship Initiative, 2012)

14.3 Tips for Student Supervisors

The following points may be helpful to support some, but not necessarily all CALD students. It is important to remember that there are many other factors which may affect performance, such as personality and learning styles. Not all CALD students will experience all, if any, of the above mentioned challenges.

These points should be used as a guide.

- At orientation make it clear that discussions are encouraged and not thought of to be disrespectful, but a means of expressing opinion and showing clinical reasoning.
- Ask the student whether there are any cultural sensitivities which need to be accommodated throughout the placement e.g. prayer times, foods eaten and foods not eaten and dress codes.
- During orientation student supervisors should ask their student what they have found challenging and difficult on previous placements to gauge what supports the student may require during their placement.
- Ask the student what their preferred learning style is.
- Ask the student how they like to receive feedback.
- Supervisors may need to provide feedback in writing so that the student has time to read the information before discussing their performance.
- Consider supervising two students from the university. Having a buddy system can be beneficial. Buddying up CALD students with a domestic student for conversation practice outside of the clinical setting is considered to be potentially beneficial.
- Articulate words clearly and speak at a moderate pace if there are receptive language difficulties.
- Allow the student time to think about what has been said; they may be translating words in their heads following a conversation.
- Inform the student that self directed learning is encouraged but that support can be sought from the student supervisor to assist in developing this skill if it is difficult.
- Encourage students to write down any terms and expressions they do not understand and re-visit with their supervisor at another time.

- Contact the international student advisor at the university for assistance in directing CALD students to relevant resources or courses to help support them in academic areas.
- Find out what the university offers in regards to workshops, programs and online resources which cover areas such as, academic literacy and writing styles, general writing and literacy support, essay writing, paraphrasing and referencing and even more specific workshops such as writing in health sciences and nursing.

(Abu-Arab and Perry, 2015; Testa and Egan, 2014; Faculty of Health Sciences Discipline of Physiotherapy, 2012, p.18-19; National Clinical Supervision Fellowship Initiative, 2012).

14.4 Further reading on CALD Students

Abu-Arab, A. & Parry, A. (2015). Supervising culturally and linguistically diverse (CALD) nursing students: A challenge for clinical educators. *Nurse Education in Practice*, 1-9.

14.5 Resources for International students

[Australian Catholic University- Living in Australia](#)

[Sydney University- Support for International Students](#)

[Western Sydney University International Student Support](#)

15 Reflective practice

Reflective practice is 'the ability to reflect on action in order to engage in a process of continuous learning' (Schon, 1983 cited in Health Education and Training Institute, 2012). It encourages us to make meaning of our experiences by focusing on the 'how' and 'why' things have happened.

The ability to reflect on professional practice is an essential skill for all health professionals. The literature indicates it is a valuable way for students to progress their clinical judgement and further their ability to evaluate their clinical thinking (Lasater and Nielsen, 2007). It encourages us to identify our strengths, weaknesses and strategies for improving our own skills. Through both self directed and facilitated reflective practice, we can increase our level of self awareness and insight into practice which ultimately leads to improved standard of care for the people we support (Health Education and Training Institute, 2012).

Reflective practice should be carried out by the student throughout the duration of their placement, ensuring continued self evaluation. Every student learns in different ways and some find reflecting easier than others. Those who do not find that the process of reflection comes naturally will need guidance from their supervisor in developing this skill.

15.1 How to engage a student in reflective practice

A student's life experience and cultural background may affect their ability or eagerness to self reflect and share their self reflection with the student supervisor. It is important that the student supervisor takes time to get to know the student at the commencement of the placement so that they can tailor reflective practice to suit the students needs This can be done using such tools as the [One Page Profile](#) and the [Pre Placement Questionnaire](#), as well as informal discussions.

High variability in the student's caseload can be a hindrance to their reflective practice and their ability to apply sound clinical reasoning. When a student has greater consistency in their caseload they can build on their reflective skills, which can then be translated into a variety of circumstances.

The next section outlines strategies which can be used to facilitate reflective practice in students. Research suggests that using too many different strategies is actually detrimental to the development of a student's reflective skills (Sladyk and Sheckley, 2000). If the student supervisor is familiar with the strategies and knows the student, then they are well placed to select 1-2 appropriate strategies to implement.

15.2 Reflective practice strategies

Have it as a standing agenda item at formal supervisory meetings

During the supervisory meeting the student supervisor may ask the student to reflect on a particular event that has taken place in clinical practice, about a challenging situation and how the student responded, or about an upcoming event the student needs to prepare for.

Written reflection

The student supervisor may ask the student to spend some time putting their thoughts about a particular event or the placement as a whole on paper. It is often helpful to provide key areas that the student should focus their reflection on. This may then be discussed with their supervisor or kept as a written record of the students learning. This is very helpful if the student needs extra time to process their reflection.

Journal reflection

This is a self-directed activity that the student completes on their own. The student may keep their journal private or choose to share it with the student supervisor. This type of reflection should not focus on the chronological details of a clinical experience. It should encourage the student to think about what they have seen, felt and experienced.

Case studies

The student supervisor can give a written or filmed case study to the student, and ask the student to reflect on it. Alternatively, the student supervisor or another staff member or student can present a case study to the student. This can be particularly useful if the student is finding it difficult to reflect on their own experiences for fear of judgement.

Model reflecting openly on your own experiences

The student supervisor can demonstrate to the student how they reflect on their practice. This not only shows the student how to reflect but also highlights for them that self reflection is an ongoing skill that clinician's use routinely as part of their practice.

Provide a supportive environment

It is important that the student feels comfortable in sharing their thoughts about how they are experiencing the placement and the development of their skills. Meet with the student in an environment that allows for privacy. Ask the student how they are finding the placement. The student supervisor should encourage them to give feedback on their supervision.

Use advanced questioning techniques

Asking higher order questions will provide opportunities for the student to critique a situation and enhance their clinical reasoning skills. Ask the student questions that encourage analysis and evaluation of a situation or event. Encourage them to create a plan or possible solutions.

High order thinking skills



Creating – can the student create new points of view?

Evaluating – can the student justify a decision?

Analysing – can the student distinguish between the differing parts?

Applying – can the student use the information in a new way?

Understanding – can the student explain ideas or concepts?

Remembering – can the student remember the information?

Lower order thinking skills

(Bloom's Taxonomy, 1956)

Video reflection

The student supervisor may encourage the student to watch a video of themselves working with a client to help guide their reflection. This can be particularly useful for students who are having difficulty changing their behaviour following feedback from the student supervisor.

A video reflection can be conducted using a strength based approach as this will encourage a collaborative process between both the student and student supervisor. The student supervisor may pose questions to the student to reflect on. The student may also watch the video on their own and discuss their reflections with the student supervisor afterwards.

15.3 Student's who have difficulty engaging in self reflection

Self assessment is a "personal evaluation of one's professional attributes and abilities against perceived norms" (Colthart et al, 2007). Being able to evaluate our own strengths and weaknesses is critical to reflective practice (Mann, et al, 2009).

Some students will try to avoid participating in self analysis. One way to encourage them to self evaluate is to refer to a specific incident e.g. the student supervisor may ask "how did you go with the client this morning" they may respond by saying "alright". The student supervisor could rephrase it and ask "can you tell me two things that you did well and two things you would like to improve on next time."

Self assessment is not always accurate. Some students may lack insight into their own areas of incompetence. To help improve the development of a student's self assessment skills:

- provide clear benchmarks so the student knows exactly what is expected of them
- demonstrate or provide examples of other people's work so the student can compare their ability to others
- use video feedback. Ward et al (2002) suggested that viewing one's own performance and then completing a self assessment is more accurate than merely relying on recall of one's own performance.

15.4 Student reflection templates

These templates may assist the student supervisor in encouraging a student to engage in reflective practice while on placement:

- [Strengths based reflective practice guide](#)
- [Case study template for student](#)
- [Reflection on service visit](#)
- [Reflection on preparation](#)
- [Keep stop start model for reflective practice](#)
- [Video reflection plan](#)
- [E-Learning Student Reflection Template](#)

15.5 Person centred reflection templates

- [4 + 1 Questions](#)
- [Person centred reflection template for student](#)
- [Working / Not Working](#)

15.6 Further reading on student reflection

Cirotto, M. (2007). How reflective practice improves nurses' critical thinking ability. *Gastroenterology Nursing*. 30(06): 405- 413.

Hanson, D., Larsen, J.K. and Nielsen, S. (2011). Reflective writing in level II fieldwork: a tools to promote clinical reasoning. *OT Practice*, April edition.

Lasater, K and Nielsen, A. (2007). Reflective Journaling for Clinical Judgment Development and Evaluation. *Journal of Nursing Education*. 48 (1): 40 – 44.

Mackenzie, L. (2002). Briefing and debriefing of student fieldwork experiences: exploring concerns and reflecting on practice. *Australian Occupational therapist Journal*. 49, 82-92.

Zimmerman, S.S., Byram Hanson, D.J., Stube, J.E., Jedlicka, J.S. and Fox, L. (2007). Using the power of student reflection to enhance professional development. *The Internet Journal of Allied Health Sciences and Practices*. 5(2): 1-7.

16 Mid placement assessment

Student supervisors are responsible for evaluating the student at the mid and end points of the placement. The university should provide information to the student supervisor on how to complete the necessary assessment.

Each discipline uses a different competency assessment tool to evaluate a student's performance:

- Speech Pathology
Competency Assessment in Speech Pathology (COMPASS®).
- Occupational Therapy
Student Practice Evaluation Form- Revised Edition (SPEF-R©).
- Physiotherapy
Assessment of Physiotherapy Practice (APP) Instrument.
- Nursing
Currently there is no universal assessment tool that is used for student assessment. See relevant assessment tool as prescribed by the university.
- Psychology
Currently there is no universal assessment tool that is used for student assessment. See relevant assessment tool as prescribed by the university.
- Dietetics
Currently there is no universal assessment tool that is used for student assessment. See relevant assessment tool as prescribed by the university.

16.1 Feedback for the student

At the mid placement the student supervisor should arrange to have a formal meeting with the student to complete the mid assessment. During this meeting the student supervisor will provide feedback to the student on their strengths and areas requiring further development. It is important to provide the student with enough detailed information to enable them to further enhance their skills before the end of the placement.

16.2 Review learning goals

It is advised that the student supervisor review the student's learning contract and goals that were developed at commencement of the placement. Provide feedback to the student on the goals they have achieved and help identify any necessary additional experiences for the remainder of the placement to meet other unachieved goals.

16.3 Feedback for the supervisor

Feedback from the student on how they are experiencing the placement is also very valuable. It is important to ask the student for their opinion on the supervisory process, the type of feedback being provided and how they are managing with the workload in general.

The student may feel more comfortable to provide honest feedback via a written form, rather than face-to-face. The [Mid Placement Student Feedback](#) form can be used by the supervisor to gain insightful feedback from the student and make changes in their supervision methods accordingly.

16.4 If there are concerns

If there are concerns about a student's performance then this must be discussed and documented during the mid assessment. Refer to [section 17](#) of this practice package for more detailed information about what to do when concerns exist.

17 Student at risk of failing

Clinical placement is an exciting time for students. It is the opportunity to obtain “hands on” experience and put the theory they have been learning into practice. It can also be a challenging time and there are some students who may struggle to develop the required skills needed to pass the placement.

17.1 If there are concerns about a students performance

- **Provide feedback to the student on the areas of concern as soon as possible.** Give specific examples of behaviours that were observed e.g. being 15 minutes late to several appointments. Identify practical strategies that will assist them in developing their skills in these areas e.g. plan longer preparation time before appointments. Outline what the expectations are for the identified behaviour or skill e.g. is always on time to appointments. The student supervisor may find it useful to put these concerns and strategies in writing and have both themselves and the student sign it as evidence of the discussion.
- **Document the concerns.** It is useful to keep a record of when the undesirable behaviours started, how frequently they have occurred and how they have been addressed.
- **Discuss your concerns with a senior clinician and/or the SPAR Unit** to obtain advice and feedback on how to effectively manage the situation.
- **Contact the clinical placement coordinator at the university** to raise these concerns and discuss strategies for supporting the student. Student supervisors often struggle with knowing when the right time to contact the university is. The clinical placement coordinator is a valuable resource throughout the student placement, whether concerns exist or not. It is most helpful to contact the clinical coordinator early in the process of identifying concerns so that they can be addressed sooner rather than later. If a student is at risk of failing it is crucial that the university is contacted. The university may have a standard procedure for managing students where concerns exist. There may also be written documentation that the student supervisor needs to complete e.g. “at risk” learning contract.
- **If problems persist at the mid assessment** then the completed assessment form should indicate the areas in which the concerns exist. Contact the university. If the university does not provide an ‘at risk’ learning contract the student supervisor may refer to the [Student “at risk” plan](#).

- **Using a strength based approach** - Using a strength based approach may be useful when trying to determine how a student can make improvements to their practice. This will help them to continue to improve over the course of their placement. A strength based approach allows the supervisor and student to work together to determine a plan that draws on the student's strengths and assets
- **If a student is unable to achieve the required level** at the end of the placement then this should be clearly indicated on the final assessment form. The university should have been contacted prior to this and made aware that the student would fail the placement.

The SPAR unit is available to provide advice and support.

18 Student's last week

The last week of the student's placement can be very busy as the student prepares to complete the placement and either finishes off service requests or prepares to hand them over. There may also be paperwork they need to complete for the university.

Ensure the student:

- returns any client files or resources they have signed out to them
- returns their swipe access card
- completes any client paperwork they were working on or complete a handover to their supervisor if there is insufficient time to complete all client paperwork
- leaves their work space in a clean and tidy manner.

The student supervisor will also need to:

- review the student's learning contract and personal goals
- sign any documents that the student developed and wishes to use for university assessment purposes. Ensure that confidentiality is maintained in any such materials.
- complete the final assessment with the student and determine if it is the student or supervisor that will return the completed assessment to the university.
- complete any other applicable university documentation and determine if it is the student or supervisor that will return it to the university
- submit [Details of the Placement](#) to assist ADHC in the monitoring of student placements occurring across the state (mandatory for ADHC student supervisors)
- complete any site specific surveys or processes such as the End of Placement Student Feedback form.

If a student will be failing the final assessment:

Contact the university to inform them that the student will be failing the placement and seek advice on how to conduct the final assessment meeting.

19 Alternate clinical education models

19.1 Sharing the supervisor role

At times it may be necessary to share the supervisor role. This may be due to staff working part time, or a new supervisor seeking support while taking on the role for the first time.

Sharing the supervisor role can also be to provide the student with varied learning experiences. The available literature on alternate approaches to one-to-one supervision is quite limited (Aiken, Menaker, Barsky, 2001).

Below are some key points which may assist you in undertaking a shared supervisor placement.

- A consistent approach to expected tasks and learning is required.
- Ensure there are consistent and open expectations between all parties.
- Be aware of different teaching styles.
- Frequent, open communication is needed between the supervisors rather than through the student. If staff days do not overlap it may be useful to send updates via email and/or keep a communication book.
- If one supervisor has been assigned as the primary supervisor make this clear to the student when placement commences.

(Rodger, Fitzgerald, Davila, Milar and Allison 2011)

19.2 Multiple students

This model means the supervisor is supervising two or more students. Every placement requires planning to ensure optimal learning is achieved for your student. When supervising two or more students it is important to be aware of each student's individual learning needs and opportunities.

Supervising multiple students has considerable benefits over the traditional one-to-one model. Student supervisors commonly report that supervising two or more students at a time promotes independence of the students and is less time intensive. Students grouped together tend to seek assistance from each other before approaching their supervisor, and are better placed to complete project work with their peers.

Below are some key points to consider when supervising multiple students at the same time:

- Ensure each student is assessed as an individual rather than as a pair.

- Be aware of each student's individual learning needs.
- Ensure all students have sufficient opportunity to demonstrate clinical independence. For example, rather than asking a general question to both of the students, ask them each a question and give them an opportunity to respond individually.
- Ensure all students have an opportunity to have 1:1 supervision
- Discuss with the senior clinician and line manager the most appropriate and efficient way to allocate client caseload to ensure both students receive adequate learning experiences
- Ensure feedback is individualised
- Highlight early on to the students that some visits may not be suitable for both students to attend particularly if there are numerous team members already attending, or if the case may involve sensitive issues.

(O'Connor, Cahill, McKay, 2012)

19.3 Shared placement across sites

A shared placement involves a student assigned to two different clinical sites during the same clinical placement. This arrangement could exist between ADHC, NSW Health, non-government organisation or private practice.

This model provides an opportunity for therapists who work part time, occupy a sole position, or work in the private sector to participate in the clinical education of students in a more efficient and manageable way. It also allows for an organisation inexperienced in student supervision to work alongside another organisation with more experience, and to learn from them.

The following resources have been developed to assist therapists who are planning to participate in a shared placement model:

- [Introduction to Shared Placements for Student Supervisors.](#)
- [Introduction to Shared Placements for Students.](#)
- [Shared Placement Guide.](#)

It is recommended that the student receive the 'Introduction to Shared Placements for Students' with their orientation package.

It is also recommended that the 'Shared Placement Guide' be completed jointly by both supervisors at least four weeks before the student placement commences.

19.4 Interprofessional Placements

An interprofessional placement involves students from two or more disciplines whose placements overlap together at the same location. The student supervisors work collaboratively to provide a holistic experience for the students, while the students are encouraged to work collaboratively to provide a holistic service for the clients. Various aspects of the placement can be shared, including but not limited to:

- Orientation
- Client visits and resulting joint intervention planning
- Student work space
- Projects
- Resource development

Interprofessional placements seek to enhance team function by building competency in communication and collaboration, increasing understanding of roles and responsibilities and fostering an environment conducive to a person/family centred approach, where the family and client are also part of the interprofessional team.

(Canadian Interprofessional Health Collaborative, 2010)

19.5 Cross-Year Peer Mentoring

Peer mentoring or peer learning refers to the transfer and acquisition of skills and knowledge from one individual to another in the same group as they both seek to learn and teach (Topping, 1996). In the context of student supervision in the disability sector, this would include students of the same discipline and year group on placement together, and would occur to varying degrees in the aforementioned placement models.

Cross-year peer mentoring exists when these interactions occur between students of different stages in their academic progress. It involves the more senior student taking on a mentor role for the more junior student whilst their placements overlap at a particular site.

The benefits of using the cross-year peer mentoring approach include that:

- Senior students consolidate their clinical knowledge and skills through mentoring, moving from skill development to skill competence
- Junior students have increased opportunities for learning, both through interaction with a peer and a more active involvement on placement
- The student supervisor is able to delegate teaching opportunities

- It encourages reflective practice from the students and facilitates clinical reasoning
- It leads to increased productivity in the workplace

For further reading into this model see [Cross-Peer Mentoring Model: Implementation Into Practice](#) (Penman, Volkert, Vasquez, Wykes, 2015)

20 Rural Placements

A rural placement is described as a period of experience provided to a health professional student in a region outside of the metropolitan areas. Rural placements have been an important part of learning in Australia for many years and students experience great benefits from them. Key determinants for students being eager for rural placements include being from a rural area originally, having a partner from a rural area and other extended support networks in rural areas.

There is substantial evidence to support that students who are from a rural background are more likely to return to these areas following graduation (Playford, Larson, Wheatland, 2006). In addition, literature outlines that a well-supported and positive rural placement experience will attract and support future employment in the rural and remote workforce (National Priorities Paper 2013-2014, National Rural Health Student's Network, 2014).

There are differing opinions to support whether longer rural and remote placements promote students to return back to rural and remote areas post graduation (National Rural Health Alliance, 2004; Playford, Larson, Wheatland, 2006).

20.1 Benefits of a rural placement

Rural placements often take place in smaller settings with team work and interdisciplinary practice developed throughout the placement. It is discussed in the literature that these opportunities may foster recruitment for students to these areas.

Positive and well supported rural placement experiences are integral for health professional students to attract and support a future in the rural and remote health workforce. Rural and remote placement opportunities allow students to further their professional development in an environment which offers many new experiences. Students have reported being given a higher sense of autonomy due to the nature of the workplace team dynamics e.g. student supervisors working part-time hours or team members working remotely and dialing in to workplaces, which ultimately enhances student confidence in clinical skills following rural placements. For students, a positive rural placement can encourage continuing practice in rural and remote areas (National Priorities Paper 2013-2014, National Rural Health Student's Network, 2014).

20.2 Considerations for a rural placement

A number of factors should be considered when planning rural placements. It has been highlighted that there may be a number of barriers that students face when being allocated rural placements. The following should be taken into consideration:

- Adequate time for students to travel to their rural placement site from university prior to commencement.
- Equitable financial support should be provided to all students completing a rural placement so that finances are not a barrier.
- The University can provide the student with information on what current relocation grants are available. Where possible by providing this prior to placement commencement it will ensure that students can cover their costs upfront at the time of incurring them so financial pressures do not impact on placement performance (refer to appendix for rural funding initiatives).
- Student supervisors are encouraged to ascertain what the barriers are for their student in completing the rural placement prior to placement commencing. This could be done via email or telephone conversation in order to be able to adequately prepare for supporting the student throughout the duration of their placement.
- A practical issue that student supervisors currently face is being able to advise on affordable accommodation for students on placement. Student supervisors should direct students to their University website. University websites provide students with information about access to affordable and appropriate accommodation through funding grants and initiatives.
- Student supervisors may consider compiling a list of affordable accommodation in the area, however it is not expected that student supervisors take responsibility for the organisation of accommodation for students.
- It is recommended that student supervisors take on students in rural placements in pairs, or that co-placements are considered with other disciplines to promote and encourage interprofessional collaboration between students.
- Student supervisors may consider longer placement blocks when taking students as there is some evidence to support these placements being more beneficial to the student's professional development (National Rural Health Students' Network, 2013-2014).

- Difficulties surrounding the social support supervisors can provide students may arise due to the ethical boundaries of supervision, thus highlighting another reason to consider taking multiple students at the one placement site for peer support.
- Students may feel lonely and socially isolated from friends and family during a rural placement. It is encouraged that supervisors support positive integration into the rural placement community by assisting students to engage in extra-curricular opportunities and community events.

20.3 Tips for when a student begins a rural placement

- Provide a thorough orientation to the placement site and consider any additional orientation needs that a rural site may entail. The orientation should contain information about the local area and local community. This can include general information about opening and closing times of local shops, hospitals and services.
- Encourage students to write about their experiences and share these with peers.
- Ask students about their previous driving experience and investigate whether they are confident driving on unsealed roads or at night-time.
- A student developed guide or frequently asked questions book could be developed to provide to each student commencing a rural placement at a particular site. The [Rural Placement Orientation Checklist](#) has been developed to highlight some of the key information that will assist in orientating a student to a rural location.

20.4 Telesupervision

Telehealth is a strategy that has come about in response to the unprecedented predicted increase in rural health care needs, and the current unsustainable demand on resources. It is defined as “*enabling health care services and related processes delivered over distance, using information and communication technologies*” (Australasian Telehealth Society, 2013).

Telesupervision is a term used by the American Speech-Language-Hearing Association and others to avoid confusion with Telehealth. Telesupervision is sometimes referred to as distance supervision/education and is defined as supervision, mentoring and pre-service and continuing education conducted through the use of technology (AHTA, 2016).

Telesupervision can occur with or without a clinical supervisor located rurally with the student, and can involve direct observations of student-client interactions, a consultation about a student’s experience, or a student

supervisor review of data and subsequent feedback. Telesupervision has been shown to be positively received by both students and student supervisors (Nagarajan et al. 2016).

Telesupervision can be incorporated into a rural health placement to enhance the experience and learning of the student. As it can be implemented in the absence of a student supervisor on site, it can increase a rural site capacity for student placements while providing rural experience and attracting students to a career in a rural setting.

20.5 Rural Grants and Scholarships

Students may be eligible for rural placement grants and/or scholarships for the duration of their placement.

Student supervisors should encourage students to apply for these grants prior to the student commencing placement.

Some rural grants and scholarships can be found on University websites and at the following:

[Services for Australian Rural and Remote Allied Health](#)

[NSW Rural Allied Health Clinical Placements Grants](#)

20.6 Training and Resources

20.6.1 On Track eLearning Package

[On Track e-learning](#) was developed by WACHS Allied Health Clinical Education Program with funding made available from Health Workforce Australia. It was developed to support student supervisors, both experienced and inexperienced, based in rural and remote areas. Many of the strategies and practices outlined in this package are applicable across a range of settings. It has a focus on family centred practice, interprofessional work and primary health care.

The modules can be completed in any order and self paced. The time duration beside each module should be used as a guide only. The modules seldom take as long as recommended.

It is recommended that Module 1 be completed first to instruct the supervisor on how to use the e-learning modules. A 'help' button is located within the module page if further assistance is needed throughout the package.

The e-learning modules are as follows:

- Deciding to start - Planning and preparing for student placement (thirty minutes)
- Starting your journey - Commencing placement and orientation (thirty minutes)
- On the road of supervision - Conducting a supervision session and evaluating students (thirty minutes)
- Looking back at the journey - Facilitating reflection and evaluation of the supervisory experience (thirty minutes)
- Skills 1 for your journey - Coaching and communication skills (sixty minutes)
- Skills 2 for your journey - Teaching skills, Emotional intelligence, Conflict Resolution, Professional Skills & Managerial Skills (sixty minutes)
- Journey to self-discovery - Understanding how communication and learning styles, culture and experience influence supervision (sixty minutes)
- Navigating your way to more effective supervision - Developing a plan to advance your supervision skills (thirty minutes)
- Bumps in the road - Managing difficulties in student performance and the supervisory relationship (sixty minutes)
- Working with and providing supervision to others - Identifying legislated and ethical supervisory obligations, and utilizing supervision skills in multifaceted roles (sixty minutes).

The e-learning package can be accessed using the link below:

http://www.health.wa.gov.au/wactn/home/wachs_resources.cfm

(You will need Adobe Flash to access these modules).

20.6.2 National Rural Health Student Network

The [National Rural Health Student Network](#) (NRHSN) is a multidisciplinary health network made up of 28 Rural Health Clubs from various Australian universities. It aims to provide a voice for students interested in rural and remote health, and to promote rural health careers to students.

The NRHSN has produced two guides of interest to students on rural placements, both freely available for download from the following links:

- [Mental Health Guide](#)
- [Rural Placements Guide](#)

20.6.3 Further Resources

[Live Traffic NSW](#) – For up to date information concerning road closures and traffic conditions due to fires, floods etc.

Get the app – [Android](#) or [iOS](#)

[The Australian Rural Health Education Network](#) – Linking and supporting University Departments of Rural Health across Australia.

Closing the Gap

- [Engaging with Indigenous Australia – exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities](#)
- [Cultural competency in the delivery of health services for Indigenous people](#)

21 Frequently Asked Questions

21.1 What is the procedure if a student is sick?

It is important that the student supervisor makes the procedures around sick days clear to the student in the orientation. The student supervisor should be aware of the specific universities policy on student sick days including:

- how many sick days are allowed
- does the university need to be advised of any sick days
- if excess sick leave can be made up after the placement
- documentation that is required from the student.

Generally, the student should follow the same procedures that a sick staff member would e.g. calling and speaking to their supervisor before 9am and providing medical certificates as required.

21.2 What support is available for students with mental health issues?

Given the prevalence of mental health issues in society, and the added pressures felt by students on clinical placements, it is advisable that a student supervisor be aware of what support is available for students. Most universities will have confidential counseling services and other resources available for their students. Some examples are below.

University of Sydney has the following resources available:

- [Learn to Manage Stress and Anxiety](#)
- [Learn to Manage Perfectionism](#)

Western Sydney University has a video on [perfectionism and procrastination](#).

University of NSW has resources for [coping with stress](#).

For further reading on fostering resilience in students, please see:

Delany, C., Miller, K. J., El-Ansary, D., Remedios, L., Hosseini, A., & McLeod, S. (2015). Replacing stressful challenges with positive coping strategies: a resilience program for clinical placement learning. *Advances in Health Sciences Education*, 20(5), 1303-1324.

Klibert, J., Lamis, D. A., Collins, W., Smalley, K. B., Warren, J. C., Yancey, C. T., & Winterowd, C. (2014). Resilience mediates the relations between perfectionism and college student distress. *Journal of Counseling & Development*, 92(1), 75-82.

21.3 Can a student see a client unsupervised?

This is at the discretion of the organisation and student supervisor. The student supervisor should consider:

- the competency of the student to provide the session independently
- the safety of the student while travelling and at the visit location
- the students' ability to adapt to unforeseen circumstances
- If the visit is offsite, ensure the student is aware of safe home visiting principles.

21.4 What is the student supervisor's responsibility when an incident occurs involving the student?

The student is considered a staff member for these purposes while on placement. The organisations incident reporting procedures should be followed. Depending on the nature of the incident, the University may also need to be contacted.

ADHC Student Supervisors should consult the [Occupational Health & Safety and Injury Management Standard](#) and the [FACS Incident Reporting and Management Policy for People Accessing Ageing and Disability Direct Services](#) which details the course of action should an incident occur involving the student. For further information please refer to the [Occupational Health & Safety](#) intranet site.

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