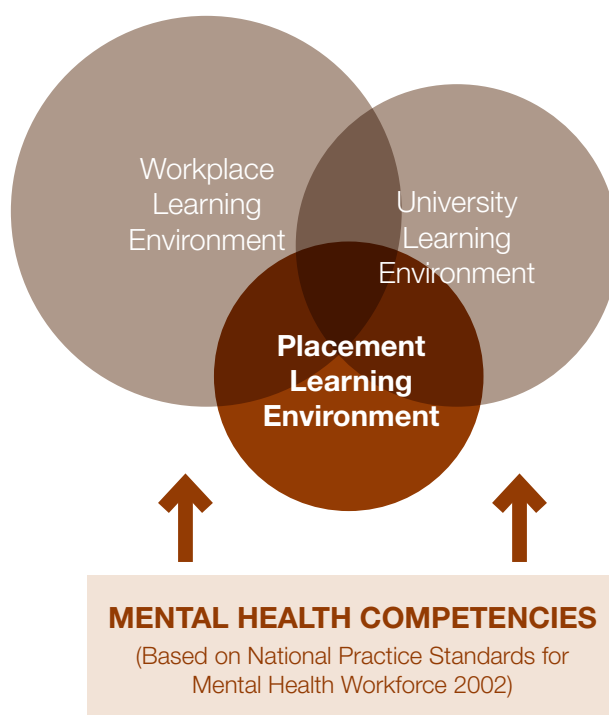


# chapter 5:

## clinical placements and support

This chapter describes the **placement learning environment** component of the Aboriginal Mental Health Worker Training Program Learning Model. It includes information about the aim of clinical placements, an outline of requirements, expectations of the placement site, the responsibilities of Trainees as students in relation to organising placements and associated entitlements.



# The placement component

'Placement Learning Environment' is the third component of the Learning Model and links with both the workplace component and the university component. A 'placement' refers to spending time in a service or program to gain particular competencies required for students 'to have the necessary knowledge, skills and attitudes refined through comprehensive clinical and workplace experiences'.<sup>1</sup> The Bachelor of Health Science (Mental Health) course requires students to spend time each year undertaking clinical placements in appropriate services or programs. These placements are linked to clinical subjects. The placements will include mainstream mental health, primary health care, and alcohol and other drug services.<sup>2</sup>

## Value of placements

Trainees are employed in different services and teams; for example, mental health and drug and alcohol services, crisis management, social and emotional wellbeing services, case management teams, adult and aged health teams, and child and family health teams. These services specialise in different areas of mental health such as adult mental health, mental health promotion, management of people with a diagnosed mental illness, rehabilitation, child and adolescent mental health involving families and carers, and older persons mental health services.

Trainees, Line Managers and Clinical Leaders Aboriginal Mental Health should meet at the beginning of each year to discuss and plan the clinical placements that will most benefit Trainees and their mental health teams, as well as meet course requirements.

Trainees will be able to undertake placements in services different from their workplaces. The aim is to enable Trainees to gain a comprehensive clinical and workplace experience over the three years of the Traineeship.



Mental health services may be contacted directly by other students of the Djirruwang Program who are seeking a clinical placement. Students need to be referred to the Area Health Service staff member who is responsible for coordinating student placements to discuss appropriateness and availability of placement sites. It is important for Djirruwang students to follow the usual procedure for student placements in each Area Health Service.

## The clinical experience

In general, it is expected that the clinical experience assists students in the ongoing development and application of knowledge and skills relevant to their roles by:

- providing students with the opportunity to interact with people experiencing mental and substance use disorders and their families/carers and to develop and extend the skills learned in the theoretical program
- assisting students to develop and refine the interpersonal skills that are necessary during their professional career
- providing students with the opportunity to develop an understanding of total client care such as considering the person's environment, family and decision making role
- assisting students to modify their clinical performance by providing feedback that will improve effectiveness

- helping students to develop an understanding of legal and ethical issues associated with clinical practice
- assisting students in their transition from the role as a student to the role of competent and safe practitioner
- applying scientific and social science knowledge to the provision of mental health care
- having an appreciation of the cultural, psychological, physical, social, environmental, spiritual and political factors impacting on people experiencing mental health issues
- appreciating the importance of research in building mental health evidence
- having an awareness of the extent [that] personal values and beliefs may impact on mental health care
- undertaking responsibility for personal professional development and self evaluation.<sup>3</sup>

## Clinical placement requirements

Clinical placements total 20 weeks throughout the duration of the course. Students are required to successfully meet the clinical requirements of the course each year and will be unable to progress, and hence graduate, if these remain incomplete or unsatisfactory.

Table 3 shows the clinical subject associated with a clinical placement in each year and the length of time allocated for each placement.

**Table 3: Clinical subject placements**

	Semester One	Semester Two	Yearly total
Year One	There are no clinical placements for this semester	MHP105 (2 weeks) <i>Introduction to Primary Health Care: Mental Health 1</i>  MHP107 (2 weeks) <i>Healing Our People (Counselling 1)</i>	4 weeks
Year Two	MHP201 (4 weeks). This is a year-long subject. <i>Assessment, Diagnosis and Management in Psychiatry</i>		8 weeks
	MHP202 (2 weeks) <i>Crisis Management</i>  MHP203 (2 weeks) <i>Healing Our Spirit: Grief, Loss and Trauma</i>		
Year Three	MHP301 (2 weeks) This is a year-long subject. <i>Research in Mental Health</i>		8 weeks
	MHP302 (2 weeks) This is a year-long subject. <i>Professional Issues in Aboriginal and Torres Strait Islander Mental Health</i>		
	MHP304 (2 weeks) <i>Mental Health and Substance Use (Dual Diagnosis)</i>	MHP305 (2 weeks) <i>Working with Families</i>	

**Source:** Charles Sturt University (2010). op. cit., page 6, with approved edits.

During clinical placements, Trainees as students will be expected to achieve certain competencies. Students and clinical placement supervisors will receive a copy of the Clinical Handbook, which contains information and documentation pertaining to clinical placements and responsibilities. In addition, students will receive a Djirruwang Clinical Assessment Tool (DCAT) book for each of the three years. These list the clinical placement objectives (in line with the subject's objectives) to be achieved and assessed by the clinical placement supervisor during each placement. Students are also expected to complete a reflective practice journal component every day.

Students are required to demonstrate the knowledge, skills and attitudes consistent with the National Practice Standards [for the Mental Health Workforce 2002] and subject learning objectives at an appropriate level across the course. At the first-year level emphasis is placed on developing student **awareness**. At the second-year level the emphasis is on developing student **understanding**. At the third-year level the emphasis shifts to **demonstration of skills**.<sup>4</sup>

## Industry Clinical (Placement) Supervisors

The mental health industry plays an integral part in the development of [a] student's clinical skills. It is important that students (in all three years) have sufficient opportunities to develop their clinical and professional skills. [The four] key roles of supervisors are... role modelling, facilitation, guidance and prioritisation. Clinical supervision is a process of guidance, information exchange and support between students and experienced clinicians.

Immediate responsibility of students on clinical placement rests with the industry clinical [placement] supervisor. It is recommended that clinical [placement] supervisors are familiar with the requirements of the course and the need for students, while on placement, to be involved in the day to day clinical activities of the service to assist with their learning.

### Clinical supervision process:

- The supervision process should be negotiated between the [placement] supervisor and student at the beginning of the clinical placement. [Placement] supervisors should be available to students whilst on placement.
- Orientation to the health facility and community at the commencement of clinical placement is [crucial] to the clinical placement process.
- It is important to ensure that the students are provided with clear direction for the activities they are permitted to undertake and that they do not undertake activities for which they have not been prepared.
- Students need to be aware of the facility's [guidelines and] policies, including the Code of Conduct, which may affect the placement experience.
- Planning and organisation of relevant student learning activities whilst the student is on clinical placement should also be negotiated at the beginning of the clinical placement.

- These activities should reflect the clinical placement objectives identified in the Djirruwang Clinical Assessment Tool, which students must take with them on each clinical placement. Students are given a copy of the clinical assessment tool by the course clinical coordinator.
- The clinical placement objectives have been explicitly linked to the National Practice Standards for Mental Health Workers 2002 and to the objectives of the course subject to which the clinical placement is attached. [On completion of the Bachelor of Health Science (Mental Health) students should have addressed the 12 National Practice Standards.] Suggested activities have been included to allow industry [placement] supervisors opportunities to observe and support students to achieve the objectives of the clinical placement.
- The provision of feedback and support for students whilst on placement is crucial to a successful placement experience.
- Clinical [placement] supervisors should contact the course clinical coordinator, or in [the coordinator's] absence, the course coordinator [Director], should a problem arise.
- CSU requires that **all** incident reports... be completed as soon as practicable after an incident occurs, with a copy sent to the course clinical coordinator [and the Director/ Course Coordinator]. [The 'Accident/Incident Report' form is available through CSU Human Resources at <[www.csu.edu.au/division/hr/working-life/health-well-being/incident-hazard.htm](http://www.csu.edu.au/division/hr/working-life/health-well-being/incident-hazard.htm)>.]
- The course clinical coordinator [and the Director/Course Coordinator] is to be informed should a student continue on clinical placement following a body fluid exposure incident.
- [Placement] supervisors are required to complete all documentation confirming student achievement of the clinical placement objectives. Duplicate copies are kept by the clinical [placement] supervisor, student and course clinical coordinator.<sup>5</sup>

# Planning and organising a clinical placement

Because clinical placements are a requirement for all students enrolled in the Djirruwang Program, there is a particular way they must be organised (see 'Djirruwang Program requirements' below). For Trainees and their teams, there are some additional considerations.

## Planning the placements

It is recommended that the Trainee, the Line Manager and the Area Health Service Clinical Leader Aboriginal Mental Health discuss learning and development objectives when developing the year's work plan. This time is ideal for considering the placements that need to be undertaken, which services or programs would be most suitable (meeting the university's requirements and the needs of the service and Trainee) and when the most appropriate time would be to undertake them.



See 'Planning the Workplace Learning Experience' in Chapter 3: Workplace Training and Support.

When planning the clinical placements, keep in mind a number of factors.

- The Course Clinical Coordinator will need to assess and approve the nominated placement site before it is organised. Contact the Course Clinical Coordinator once a schedule of placements is decided upon.
- The clinical placement site will need to meet certain criteria before it is approved by the Course Clinical Coordinator:
  - it will need to meet the clinical objectives for the subject; for example, if the subject content is substance misuse, the service must provide drug and alcohol services (it can be a dual diagnosis service)
  - there must be an experienced, senior professional who can provide clinical supervision
  - the team needs to have the resources to accommodate a Trainee/student; that is, there should be enough staff so as not to overburden the team with a learner and there should not be too many other students doing placements
  - the site will need to provide a culturally safe environment; for example, unproblematic family relationships, gender balance
  - it will need to be able to provide a supportive and rewarding learning environment for the Trainee/student.
- The clinical placement requirement needs to be completed in the same semester as the subject to which it is linked.

It is advisable for Trainees to contact the potential placement site to ensure that it will meet the learning objectives. Trainees are advised to ask to speak with the person responsible for student placements.

Trainees in some Area Health Services are rotated through the different specialist areas of the local mental health service; that is, they spend several months with one specialist team and then move to another team within the same service area. It is advisable to check whether it is possible to meet the university's clinical placement requirement while located within a particular specialist team, timed to coincide with the rotation.

When a Trainee is undertaking a formal clinical placement as part of the university program, all formalities need to be considered in line with any student undertaking formal studies, especially if the placement is in another Area Health Service. For example, each Area Health Service will have particular procedures related to risk management around infectious diseases and compliance with NSW Health policies. Trainees will need to familiarise themselves with these policies and procedures.



Forward planning is crucial because placement sites tend to fill up quickly. Some placement coordinators take bookings a year in advance.

## Recommended placement sites

It is strongly recommended that, where possible, Trainees undertake placements in local services and programs within the Area Health Service in which they are employed. There are numerous advantages to undertaking local placements: a better understanding of how different local services operate; an increased knowledge of the services and programs that are available to consumers and carers via the Trainee and his/her team, and an increased potential for better coordination and collaboration among services as a result.

The following are some examples for Years One, Two and Three of ways clinical placements can be organised to the benefit of Trainees and their teams.

### Year One

If the Trainee is employed in a mental health team that has counselling as one of its functions, the Trainee could undertake a formal, two-week clinical placement linked to MHP107 Healing Our People (Counselling 1) with his/her own team. Team members will gain a greater understanding of the university course as they work through the DCAT objectives with the Trainee and a greater understanding of the 'Trainee as student' and what is required to support the Trainee through subsequent placements and study. The Trainee will be able to practise organising and undertaking a placement with his or her team rather than having to organise a placement with an unknown service in another locality.



In this circumstance, it is important to follow and adhere to the university clinical placement processes and requirements outlined in this chapter. If the placement needs further clarification, contact the Course Clinical Coordinator to discuss it. However, management supervision arrangements will continue to apply (for example, who to notify in the case of illness, misadventure or extenuating circumstances).

If there is a suitable AMS in the immediate area that has a social and emotional wellbeing program, it would be ideal for the Trainee to organise a placement with the AMS for two weeks linked to MHP105 Introduction to Primary Health Care: Mental Health 1. The Trainee will gain a better idea of the services the AMS offers and its approach to mental health promotion and wellbeing. The AMS will learn about the Training Program. There are a number of AMSs in each Area Health Service, so if the local one does not meet the requirements as a placement site another one can be contacted.



See the Aboriginal Health and Medical Research Council website at [www.ahmrc.org.au/members.htm](http://www.ahmrc.org.au/members.htm) for a list of AMSs

## Year Two

In Year Two there is a two-week clinical placement linked to the subject MHP202 Crisis Management. A placement with an allied health team at the Area Health Service's inpatient unit will provide the Trainee with knowledge about what takes place in that particular unit and what consumers are likely to experience. The Trainee will be able to share that information with consumers (and carers) who may have to spend time there at some stage.

## Year Three

In some instances, especially in the third year, it could be beneficial to arrange a placement in a specialist service that people from the local area are referred to, or a service that will provide the Trainee with a greater depth of experience in an area of interest. For example, a Trainee interested in substance misuse, could organise a research placement at the Langton Centre in Sydney linked to MHP301 Research in Mental Health and an additional placement there linked to MHP304 Mental Health and Substance Use (Dual Diagnosis).

For a valuable resource about possible clinical placement sites, see the *Way Ahead: Mental Health Information and Services Directory NSW*. It contains up-to-date information on more than 2000 mental health and welfare-related services across NSW and is updated annually.



For more information about the *Way Ahead*, see 'Supporting documents and resources' in Chapter 2 or the Mental Health Association NSW website at [www.mentalhealth.asn.au/](http://www.mentalhealth.asn.au/).



See 'Getting the most out of a placement' and the two 'Placement review' documents in 'Supporting documents' at the end of this chapter.



If there are any problems organising or related to a clinical placement, contact the Course Clinical Coordinator on 0448 827 268.



# Djirruwang Program requirements

Detailed below are the requirements set by CSU in relation to clinical placements. Trainees can seek assistance from the Line Manager or the Clinical Leader Aboriginal Mental Health if they experience difficulties with the process.



See also Chapter 3: Workplace Training and Support for additional information about choosing and organising a clinical placement, as well as the section 'Planning and organising a clinical placement' above.

## Choosing and organising clinical placement

**It is the responsibility of the student to organise all clinical placements. This needs to be done well in advance of the proposed commencement date and must be approved by the course clinical coordinator before placement can commence.**

The Djirruwang Clinical Assessment Tool (DCAT) book for the relevant year (1st, 2nd or 3rd) contains the documentation required to organise and undertake clinical placements for each year.

### Choosing a clinical placement

- Briefly familiarise yourself with the objectives of the clinical subjects.
- If needed, consult the course list of possible placements and contact details for those placements.
- Choose an appropriate placement that will enable you to meet the clinical objectives of the subject.
- If you are having difficulties in choosing a clinical placement please contact the **course clinical coordinator, ASAP**.

### Organising a clinical placement

- Contact the appropriate clinical facility to make an appointment with the appropriate **contact person**. If you are unable to arrange a face to face meeting, ask for a convenient time to talk with them over the phone.
- If you are having difficulties organising a clinical placement please contact the **course clinical coordinator, ASAP**.
- You must present your **letter of introduction** which is included in the DCAT book. If mailing your application please include a covering letter mentioning any prior contact with the facility.

- Explain to the service the clinical placement objectives. You must be allocated a clinical [placement] supervisor. This should be an experienced senior clinician who will organise the clinical experience throughout the placement. The senior clinician is required to use the Djirruwang Clinical Assessment Tool. Students are responsible for providing this information to their clinical [placement supervisor].
- Once you have organised the placement please forward the completed **Clinical Placement Form** to the course clinical coordinator. (A copy of this form is included in the DCAT book for each placement).
- **The placement must be approved by the course clinical coordinator, who will also notify the facility of placement approval, before placement can commence.**
- A checklist is provided within each DCAT book to assist you to complete all that is required for [organising a] clinical placement.<sup>6</sup>

## Undertaking clinical placement

Students are expected to ensure that they understand the legislation applicable to the state and guidelines for the Area Health Service, within which they undertake clinical practice. While there may be many similarities between states and health service areas, there [may] also be specific requirements.

This also applies to working within Indigenous communities other than your own. It is important to seek out, respect and adhere to the Lore and any cultural protocols of the community. A breach of the Lore and any community protocols may mean you are denied access to that community.

- **Code of conduct**

While on clinical placement students are encouraged to be a **team member** of that site and, as representatives of the University, must adhere to policies of normally expected standards of courtesy, dress and general behaviour.

- i. Client's records and any personal information relating to the clinical site must be kept in the **strictest confidence**.
- ii. Students will adhere to the relevant State/Territory Health System Code of Conduct whilst on placement. The Code provides assistance for both employers and employees when they are required to decide what are acceptable standards of behaviour. The clinical supervisor during the student's orientation to the service should provide relevant service codes of conduct.
- iii. If a student is asked to perform a task which the student believes is contrary to legal, ethical considerations and teaching of the University, the student has the responsibility of **declining** to perform this task/procedure. The student is advised to contact the course coordinator [Director] or course clinical coordinator to discuss the issue further, if required.

iv. Students are permitted to sign clinical files under the supervision of their clinical [placement] supervisor. All file/case notes entered by students are to be co-signed by a [placement] supervisor.

v. **Students are not allowed to administer medication under any circumstances.**

- **Attendance**

vi. Clinical placement is a compulsory and important part of the Bachelor of Health Science (Mental Health) program. Students may not absent themselves from clinical placement unless they [first] consult with their clinical [placement] supervisor.

vii. Students are to commence the first day of clinical placement at the agreed time.

viii. When on clinical placement, students work the **normal** shift hours.

In agreement with the clinical [placement] supervisor, students may negotiate different hours if a learning experience is available, for example, to observe a specific procedure or to observe a psychiatric admission or mental health crisis assessment.

ix. Students are required to work the number of days as outlined in the clinical subject outline. Flexibility may be negotiated with the course clinical coordinator.

x. In the case of illness, misadventure or extenuating circumstances, it is the student's responsibility to inform the clinical [placement] supervisor and the service [Team Leader/ Manager] prior to the commencement of the [work day].

xi. Any absences must be made up at the convenience of the service before a student will be eligible to pass the subject.

xii. All clinical time must be completed as **soon as possible** [for example] after the student has recovered from illness etc.

- **Workers compensation**

i. Students are required to notify the course clinical coordinator if they have a *Workers Compensation Claim* in progress.

ii. Students who have a claim in progress will not be able to undertake clinical placement, until after the claim has been finalised.

iii. Once the claim has been finalised, a medical clearance will be required prior to clinical placement being undertaken.

iv. Failure to notify the Course Coordinator [Director] of a current claim will jeopardise your coverage under the University's insurance for clinical placement.

- **First Aid Certificate**

i. All students are required to have a **current First Aid Certificate** (within the last three years – see expiry date on your certificate) from an accredited body (Workcover approved).

ii. If you are working outside your home state, check this requirement.

iii. A copy of the certificate must have been received by the clinical coordinator before commencing clinical placement.

- **Criminal Record Checks**

- i. Some States and Territories have implemented policies whereby all health care workers engaged in dealing with children and patients / clients must undergo a Criminal Record Check and a Working with Children Check. Students are not permitted by law to attend clinical placement without having received a criminal record clearance.
- ii. A copy of the Criminal Record Check and a Working with Children Check must have been received by the clinical coordinator before commencing clinical placement.

- **Student immunisation**

- i. Students are required to comply with State Health Department immunisation requirements.
- ii. It is the student's responsibility to ensure that relevant state/territory requirements have been met prior to commencement of clinical placement. Some state requirements are more involved with vaccination records needing to be submitted to the Health Department for clearance prior to entering the facility.
- iii. Evidence of [compliance] must be received by the clinical coordinator before commencing clinical placement.<sup>7</sup>



Students are covered by CSU for insurance purposes while undertaking clinical placements.

## Clinical performance assessment

### **Djirruwang Clinical Assessment Tool**

Students are required to demonstrate satisfactory performance when on clinical placement.

Clinical performance is assessed using the Djirruwang Clinical Assessment Tool (DCAT)... which consists of the:

- clinical placement objectives assessment and
- a student reflective journal.

The clinical placement objectives for each placement are aligned with the *National Practice Standards for the Mental Health Workforce 2002* and the clinical subject learning objectives.<sup>8</sup>



See the Bachelor of Health Science (Mental Health) Djirruwang Clinical Handbook for further information regarding assessment of performance while on clinical placement.

# Entitlements

## Attendance at a clinical placement

Trainees must fill in the Area Health Service 'Learning and development enrolment form' and have it signed by the Line Manager to signify that they are 'on duty'.

Travel to and from placements will not attract time in lieu. There is no allocated learning and development day while on clinical placements.

## Travel and accommodation arrangements

If travel to attend a clinical placement is required, the university will organise and pay for travel and accommodation through 'Away from Base' funds, under the same terms and conditions as travelling to residential teaching blocks at CSU. It is the student's responsibility to negotiate with Ngungilanna Indigenous Student Services regarding these arrangements.

The Indigenous Student Service needs at least four weeks' notice to organise travel and accommodation. They will book three-star accommodation near the placement site. Alternatively, Trainees can identify suitable accommodation within the price range and notify Indigenous Student Services. A meal allowance of \$85.00 per day will be banked in the Trainee's account by direct deposit.



Some hotels/motels require a credit card or a cash deposit in case there are additional charges (for example, telephone, internet, movies, minibar). Students are reminded that they are guests in the accommodation and are expected to respect the required standards of that facility.



If support and further information are required, contact Ngungilanna Indigenous Student Services on (02) 6933 4121 or (02) 6933 4122, by email at <isu@csu.edu.au> or see the website at <[www.csu.edu.au/division/studserv/iss/wagga.htm](http://www.csu.edu.au/division/studserv/iss/wagga.htm)>.

# Supporting documents

Supporting document	File type	File name	Purpose
<b>Planning and organising a clinical placement</b>			
Getting the most out of a placement	PDF	CPS_1	Information
Placement review (Trainee)	Word document	CPS_2	Evaluation tool
Placement review (Supervisor)	Word document	CPS_3	Evaluation tool

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## Notes:

- <sup>1</sup> Charles Sturt University (2010). op. cit., page 5.
- <sup>2</sup> For further information, see the CSU Health Science (Mental Health) website at [www.csu.edu.au/study/science-courses/djirruwang/practicum.htm](http://www.csu.edu.au/study/science-courses/djirruwang/practicum.htm).
- <sup>3</sup> Charles Sturt University (2010). op. cit., page 5.
- <sup>4</sup> Charles Sturt University (2010). op. cit., page 3.
- <sup>5</sup> *ibid.*, pages 8–9.
- <sup>6</sup> *ibid.*, pages 9–13.
- <sup>7</sup> *ibid.*
- <sup>8</sup> *ibid.*, page 13.