Bachelor of Health Sciences

HLTH1302
Introduction to the Health Professions (Internal)

Tutor Guide 2010

Flinders University
Faculty of Health Sciences
Welcome to HLTH 1302: Introduction to the Health Professions

**Educational Aims** The aim of this topic is to:
- familiarise students with the structure and function of the Australian health care system
- explore with students the division of labour in health care across the various disciplines and the impact this has on practice and multidisciplinary care
- encourage students to commence development of their own professional identity as a health professional
- introduce students to the UK and USA health care systems as comparative systems
- examine various modes of shared/multi disciplinary care in the light of increased consumer demand, the maldistribution of health professionals and other factors that have impacted on supply and demand.

**Expected Learning Outcomes**

On completion of this topic, students will be expected to be able to:
- demonstrate understanding of the various features of the Australian health care system.
- discuss various theoretical and conceptual ideas associated with the Australian health care system
- efficiently search for up to date health information on a range of health professions using key journals and various health professional association home pages
- analyse key Australian policy directives, commissions and inquiries into the health profession labour market which have impacted upon various health professional groups
- articulate and critically evaluate models of shared and multidisciplinary care
- critically evaluate public portrayals of health care professionals in films, media and books

**Syllabus**

The topic provides an introduction to the work of health care professionals in the Australian context. This is achieved firstly, through an introduction to the Australian health care system and secondly, through an examination of the role and function of multidisciplinary care in health care. The topic provides opportunity for examining the work of various health professionals; paramedics, allied health, nurses and doctors through international comparisons particularly with the USA and the UK; and key issues in professionalisation, accreditation, supply/demand and governance arrangements across...
the states in hospitals and community settings, including private, for-profit, rural and urban areas and the complementary health sector. The focus is on providing students with a framework for understanding the Australian health care setting and for examining their own profession choice and the way in which the various professions operate within the Australian health care system.
Class Times

Lecture
Thursday 0900 – 0950 N335

Lectures will be recorded and made available the next day from the library.

Workshop Times & Locations

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Workshop Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon 09:00 - 11:00</td>
<td>N209 A&amp;B</td>
<td>Louise Reynolds</td>
</tr>
<tr>
<td>Tues 09:00 - 11:00</td>
<td>STG G124</td>
<td>Phil Palmer</td>
</tr>
<tr>
<td>Wed 09:00 - 11:00</td>
<td>STN N220B</td>
<td>Eileen Willis</td>
</tr>
<tr>
<td>Thu 10:00 - 12:00</td>
<td>STN N318</td>
<td>Sheila James</td>
</tr>
<tr>
<td>Thu 11:00 – 13:00</td>
<td>STS S404</td>
<td>Yvonne Parry</td>
</tr>
<tr>
<td>Thu 13:00 - 15:00</td>
<td>STN N220A</td>
<td>Sheila James</td>
</tr>
<tr>
<td>Thu 16:00 - 18:00</td>
<td>STN N318</td>
<td>Yvonne Parry</td>
</tr>
<tr>
<td>Fri 13:00 - 15:00</td>
<td>STN N220A</td>
<td>Liz Abery</td>
</tr>
<tr>
<td>Fri 15:00 - 17:00</td>
<td>STN N220A</td>
<td>Liz Abery</td>
</tr>
<tr>
<td>FLO</td>
<td></td>
<td>Samantha Meyer</td>
</tr>
</tbody>
</table>

Staff

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Textbook
There is one set textbook for this topic:
This is available at UniBooks or in the library:
Sturt Library – 7 day loan
Call number: 362.10994 W733u
<table>
<thead>
<tr>
<th>Wk</th>
<th>Date</th>
<th>Lecture topic</th>
<th>Pre - readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4th March</td>
<td>Introduction to the course including explanation of assessment. What is Health?</td>
<td>Chapter 1 Willis (2009) The Australian health care system</td>
</tr>
<tr>
<td>2</td>
<td>12th March</td>
<td>Health Care Systems =&gt; historical and political Public</td>
<td>Chapter 3 Vine and Willis (2009) The public hospital system</td>
</tr>
<tr>
<td>3</td>
<td>18th March</td>
<td>Private Health Care Systems</td>
<td>Chapter 5 Livingstone (2009) The private sector and health insurance</td>
</tr>
<tr>
<td>4</td>
<td>25th March</td>
<td>Searching for Health Information</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1st April</td>
<td>The role of the doctor</td>
<td>Chapter 25 Vnuk (2009) The profession of medicine</td>
</tr>
<tr>
<td>6</td>
<td>8th April</td>
<td>The role of the paramedic</td>
<td>Chapter 18 Reynolds &amp; O’Donnell (2009) The professionalisation of paramedics: the development of pre-hospital care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>MID SEMESTER BREAK</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>ACADEMIC SKILLS SESSION</strong></td>
</tr>
<tr>
<td>7</td>
<td>29th April</td>
<td>The role of the nurse</td>
<td>Chapter 16 Toffoli &amp; Henderson (2009) Progress in nursing: multidisciplinary and shared care</td>
</tr>
<tr>
<td>10</td>
<td>20th May</td>
<td>The role of community based care</td>
<td>Chapter 4 Kelcher (2009) Primary health care</td>
</tr>
<tr>
<td>11</td>
<td>27th May</td>
<td>Pharmaceutical</td>
<td>Chapter 7 Lofgren &amp; Harvey (2009) PBS</td>
</tr>
<tr>
<td>12</td>
<td>3rd June</td>
<td>Other health care systems</td>
<td>Chapter 15 Yates and Lewis (2009) Health care in the UK and USA: welfare versus the market</td>
</tr>
<tr>
<td>13</td>
<td>10th June</td>
<td>The helping professions</td>
<td>Chapter 26 Dunn (2009) Who’s missing: where’s the consumer?</td>
</tr>
</tbody>
</table>
# Workshop Outline

<table>
<thead>
<tr>
<th>Wk</th>
<th>Lecture Date</th>
<th>Workshop activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4th March</td>
<td>Introductions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflecting on your health beliefs</td>
</tr>
<tr>
<td>2</td>
<td>12th March</td>
<td>Be prepared to discuss the following aspects of these readings:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Australian Health care system</td>
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<tr>
<td></td>
<td></td>
<td>Medicare</td>
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<td>3</td>
<td>18th March</td>
<td>Be prepared to discuss aspects of private health insurance</td>
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<tr>
<td></td>
<td></td>
<td>The Great Debate</td>
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<tr>
<td></td>
<td></td>
<td>Public versus Private health care systems: what can Australia afford?</td>
</tr>
<tr>
<td>4</td>
<td>25th March</td>
<td>Information searching activities</td>
</tr>
<tr>
<td>5</td>
<td>1st April</td>
<td>Team based activities</td>
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<tr>
<td>6</td>
<td>8th April</td>
<td>Team based activities</td>
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<tr>
<td></td>
<td></td>
<td><strong>MID SEMESTER BREAK</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>ACADEMIC SKILLS SESSION</strong></td>
</tr>
<tr>
<td>7</td>
<td>29th April</td>
<td>Team based activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture Yvonne Parry</td>
</tr>
<tr>
<td>8</td>
<td>6th May</td>
<td>Team based activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture Liz Abery</td>
</tr>
<tr>
<td>9</td>
<td>13th May</td>
<td>Team based activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture Yvonne Parry</td>
</tr>
<tr>
<td>10</td>
<td>20th May</td>
<td>Be prepared to discuss community and team relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture Caroline Ellison</td>
</tr>
<tr>
<td>11</td>
<td>27th May</td>
<td>Thinking about your assignments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture Eileen Willis</td>
</tr>
<tr>
<td>12</td>
<td>3rd June</td>
<td>Be prepared to discuss international perspectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture Louise Reynolds</td>
</tr>
<tr>
<td>13</td>
<td>10th June</td>
<td>Tutorial Discussion and wrap up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture Louise Reynolds</td>
</tr>
</tbody>
</table>
Assessment for this topic:

[1A] Engagement in tutorial Grade value 20%.

Your engagement in team based weekly tutorials and class exercises will be graded. You will be assessed on your capacity to contribute to the discussion. This includes raising questions, completing preparatory exercises, listening and responding intelligently to your peers, making informed comment, offering critique and providing theoretical links.

As a health care professional, you are required to manage your time effectively in light of competing demands. As such, students are expected to have 100% attendance at tutorials. If you miss a tutorial you are required to complete a 1 page summary which will be graded Satisfactory/Unsatisfactory to be handed to your tutor the following week. Students are expected to notify tutors prior to workshop absence.

[1B] Engagement in team based exercises. Grade value 20% Weeks 5 – 9

The purpose of this assessment is to develop team work skills, working collaboratively and research a commonly idea. As a future health professional, you often will be part of a team.

During the weeks of the team based work (weeks 5 – 9), as a group you’ll be required to complete a reflection sheet. You are required to email this sheet to your tutor (via FLO) by the end of the workshop session. One team member will be required to present the major findings of your group work activity.

[2] Study Summary of 1000 words. DUE 29/04/2010 4pm

Grade value 20%

The purpose of this assignment is to develop your written and database search skills. As a future health professional, you will be required to locate, evaluate and discuss the latest research evidence to inform yours and others current practice.

You are to search for five (5) published journal articles** from different journals on one (1) of the following topics:

Medical dominance
Health care funding
Health care Policy
Interest groups
Workforce planning issues
Population issues

Your study summary (or annotated bibliography) should:
**Your articles are to come from 5 different journals to demonstrate how you can locate a range of material from a variety of sources.**

The journal articles need to be from ‘quality’ journals, such as those that are ‘peer reviewed’ which are discussion or research based.  
**This does NOT include: newspaper articles, news reports or editorials or web pages.**

If you are unsure what a study summary (or annotated bibliography) is, here are a few websites that might help:


http://www.utoronto.ca/writing/annotatebib.html

http://www.library.cornell.edu/olinuris/ref/research/skill28.htm#what

http://leo.stcloudstate.edu/acadwrite/annotated.html

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**Individual Team Reflection Sheet. Grade value 10% Due 27/5/2010 4pm**

The purpose of this assignment is to develop your critical reflection skills by reflecting on your participation in the last five weeks working in a team. As a future health professional, reflective practice enables you to consider what your past practices have been in order to consider improving and developing your future practice.

The purpose of this assessment is an opportunity to reflect on your participation in the last five weeks working in a team.

This is intended as a personal narrative which addresses the questions posed by considering a SWOT (strengths, weaknesses, opportunities and challenges) consider what you have learnt and experienced working in a team environment. The final statement requires to you think about as a future health professional, what does team mean to you?

You can write in the first person – so use personal statements / first person ‘I’ in your narrative.
The purpose of this assignment is to assist you in developing your professional identity. As a future health professional, you develop a sense of what is your contribution to the ‘chain of care’ as a person journeys through the health care system.

You are to interview a health professional of your choice. This should be someone that you are not overly familiar with (that is => not related to them!). Ask them a series of questions relating to their work.

For instance:
What are the main elements of their job?
What do they enjoy most about their job?
What do they find the most frustrating?
What kind of professional accreditation or training do they have to do?
What impacts most upon their job?
Do they work in public or private system?

Summarise the findings from the interview, evaluate the findings by linking it to the literature and then reflect on these issues with regard to your intended future practice as a health professional.

You can be creative in how you present the findings of the interview. When reflecting on the findings, you can use the first person ‘I’ statements in considering how / what this will affect you as a future health professional.
# Alignment of Assessment + ILO’s + Graduate Qualities

<table>
<thead>
<tr>
<th>Assessment</th>
<th>ILO</th>
<th>Rationale</th>
<th>Graduate Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>1, 2, 4, 5, 7</td>
<td>Multidisciplinary, reflective</td>
<td>Boundaries, Collaboration</td>
</tr>
</tbody>
</table>

The purpose of this assessment is for students to be engaged in discussion with the class and their peers. As future health professionals, they need to be able to work across boundaries in multidisciplinary teams.

<table>
<thead>
<tr>
<th>Study Summary</th>
<th>1, 2, 4</th>
<th>Searching and writing</th>
<th>Knowledgeable</th>
</tr>
</thead>
</table>

The purpose of the study summary (annotated bibliography) is to develop searching skills by locating 5 journal articles from peer-reviewed publications. Students will have had a lecture and workshop practice for the development of these skills. Students are encouraged to consider focusing their articles on or around topics for their final assessment.

<table>
<thead>
<tr>
<th>Team based</th>
<th>1 – 7</th>
<th>Searching, team, reflective</th>
<th>Boundaries, Collaboration</th>
</tr>
</thead>
</table>

The purpose of this assessment is for students to not only engage but produce written work. They also need to be developing their literature searching skills, as well as linking the information to key concepts presented in the readings and lecture. This activity builds towards the final assessment.

<table>
<thead>
<tr>
<th>Team reflection</th>
<th>6</th>
<th>Reflective practice</th>
<th>Independently, Ethics</th>
</tr>
</thead>
</table>

The purpose of this assignment is to ask students to reflect on their time as a team member. As with all teams, the experiences vary. Engaging students to reflect on their experience is to be cognisant of not only their own behaviour but group behaviours.

<table>
<thead>
<tr>
<th>Interview</th>
<th>1 – 7</th>
<th>Links across topics, links to literature, theory and future practice</th>
<th>Application, Ethical behaviour</th>
</tr>
</thead>
</table>

The purpose of this assignment is to ask students to locate a professional of their intended career path. Taking a first-hand account of their experience, students are to link these issues with the literature to qualify the issues as they have been presented. After which students are asked to reflect on their future students (get them to ask ‘why’ they have changed and ‘how’ they have changed their opinion).
Assessment and Teaching Policy

Preamble

The University:

- will select applicants for entry into University courses by fair and open procedures within criteria outlining access for all levels of candidacy. The principles upon which selection decisions are made will be stated clearly and adhered to by the University.
- will expect honest work at all levels from students, and will not accept cheating, plagiarism, and fabrication or falsification of data. The University will expect students to be aware of their individual rights and responsibilities regarding the proper use of copyright material and academic conventions.
- will use assessment to form part of the educative process, and to determine whether the aims of a program of studies have been achieved by a student.
- will inform students of assessment methods at the commencement of a program of studies and will provide opportunities for students to comment on the process to be used and to negotiate change. Students will be treated fairly and may question the assessment of their work if dissatisfied.
- will provide advice to students whose results in their course indicate the risk of preclusion, will provide academic counselling and, where appropriate, will refer students to the academic support and counselling services provided by the University.
- will provide consultation and appeal mechanisms to enable students to question informally or formally any matter relating to their enrolment in the University. The University expects students to make any complaints responsibly and the University will treat them seriously.
- will treat in confidence all matters relating to an individual student's admission, enrolment, assessment, progress, and course completion, and any discussions or negotiations concerning such matters.
- will endeavour to address the reasonable needs of all its students regardless of gender, ethnicity, age, disability or background.
- will endeavour to provide an environment for students which is free from harassment and discrimination as set out by relevant University policy and State and Commonwealth Anti-discrimination legislation. Where alleged harassment or discrimination occurs, procedures will be available to students to facilitate expeditious and just resolution of grievances. The relationships that University staff develop with their students should not provide any basis for the abuse of the power that staff have over students in the University environment nor of the trust that students may legitimately expect to place in staff.

Students are responsible for making themselves aware of all University statutes, policies, rules and regulations pertaining to their rights and responsibilities as students, and for abiding by them.
Application of Policy and Procedures

Except as otherwise specified, the policies in this document, and the procedures associated with them, apply to all students (whether undergraduate or postgraduate) formally enrolled at the University in an award course, or on a cross-institutional basis, or on a non-award basis and, where applicable, to applicants for such enrolment.

All matters relating to an individual student's admission, enrolment, assessment, progress, and course completion, and to any discussions or negotiations concerning such matters, are confidential and should not be divulged to any party not involved in the related processes as provided in University statutes, policies and procedures or by-law, without the authority of the student concerned.

Publication of Policy and Procedures

These policies will be published annually. Their existence will be drawn to students' attention in the Student Diary, and in handbooks published by Faculties and Academic Organisational Units.

Definitions

Academic Organisational Unit means those departments, schools and other sub-units which comprise the internal structure of the faculty.

Assessment exercise includes all forms of assignments set for assessment purposes including examinations. Assessment exercises may take the form of essays, project reports, laboratory reports, practical work, field trip reports, performances, teaching practice, clinical placements, etc.

Deadline refers to the date for submission of assignments.

Examination includes formal tests, whether administered by the University's Examinations Officer or by the faculty, which are held during or outside the normal teaching periods as approved by Council for each faculty.

Final Grade means the final result determined on the basis of all assessment in a topic, or in the case of anhonours degree course, on the basis of all assessment in the course.

Grade Point Average (GPA) is the average of the grades achieved by a student taking into account topic unit values. Values ranging from 0 to 7 are assigned to each grade and GPA is calculated to two decimal places. The value for the grade achieved for each topic is multiplied by the number of units for that topic. This product is totalled for all topics undertaken, and averaged by dividing the total number of units:

\[
\text{sum of (value for each grade } \times \text{ topic unit value)} \div \text{total units}
\]

From 1993 the following values have been assigned to grades for Flinders University students:
High Distinction = 7; Distinction = 6; Credit = 5; *Pass Level 1 = 4.5 [This grading no longer applies to results from 1999 onwards]; Pass Level 2 = 4; Pass = 4; Fail = 0; Withdraw Fail = 0.

The following grades are not counted in the calculation: Non Graded Pass; Withdraw Not Fail.

For the purposes of calculating GPA for study undertaken prior to 1993 or at other institutions, the conversion table published annually by SATAC is used.

Lecturer includes all classifications of academic staff responsible for assessment within a particular topic.

Mark means the result of assessment of a single piece of work in a topic. This may be a numerical or alphabetical or other notation.

Mode of Study refers to the manner in which studies may be undertaken ie, internal, external or mixed modes on a full-time or part-time basis.

Placement refers to a period of learning in which a student is placed in an organisational setting, usually external to the University, that involves a level of supervision by staff of that other organisation.

Resubmission means the lodging for assessment of a student's work after he or she has revised it.

Re-marking means the reassessment of a student's unaltered piece of work by the same or another marker.

Student means a person formally enrolled at the University under the provisions of Statute 6.2 Enrolment of Students in an award course, or in accordance with the Council Policy on Non-Award Studies.

Supplementary assessment means an examination or other assessment, in addition to the specified assessment requirements for a topic, which is set to provide an opportunity to a student to redeem a previous result.

Topic Coordinator means the academic staff member who is either solely responsible for the assessment in a topic if he or she is the only person involved in teaching or who is responsible for the coordination of assessment in the topic if more than one staff member is involved in teaching.
Statute 6.4 Student conduct

Preamble
1
This statute provides a basis for ensuring that the University offers a conducive environment for the pursuit of academic and scholarly activities by promoting appropriate conduct of students of the University.

Conduct of Students
2
A student of the University is required to abide by the statutes, regulations and other lawful directions of the University.
3
A student must respect the rights and welfare of other persons who use the University, and the reasonable freedom of such other persons to pursue their studies, research, duties or activities. A student will not wilfully damage or use without authority the property of the University and will ensure that his or her conduct does not infringe the rights of other members of the University.
4
A student found to be acting in a manner which does not accord with these principles will be subject to action in accordance with this statute and policy and procedures pursuant to the statute, on the grounds of misconduct.

Student Rights and Responsibilities
5
A student who is the subject of action under this statute will, before being required to participate in any process identified herein be entitled to:

(a)
be informed of the allegations made against him or her;

(b)
be informed of his or her rights and responsibilities in accordance with University statutes, regulations, and policies; and

(c)
be informed of support or representation which he or she is entitled to have.

Responsibilities of the University
6
The University is required to exercise a duty of care towards its staff and students, and those who use its facilities and property, and to provide a safe, secure and suitable environment for the conduct of educational, scholarly and community activities.
7
The Council will establish processes which are consistent with the principles of natural justice for handling a matter of misconduct under this statute.

Processes for Resolving a Matter
8
The University will seek to resolve a matter under this statute by discussion and mediation, unless such an approach is impracticable or inappropriate.
9
The University will establish a Board of Inquiry to resolve by way of a formal inquiry a matter which cannot be resolved by discussion. The Council will approve policy and procedures on the Board's establishment and operation.
Appeals
10 The University will establish an Appeals Committee to consider appeals on matters identified in this statute. The Council will approve policy and procedures on the establishment and operation of the Appeals Committee.
11 An appeal will be heard to resolve a matter on the grounds that:

(i) proper process has not been followed in the handling of a complaint; or

(ii) new evidence of a substantive nature has become available after the resolution of a matter by a Board of Inquiry which could change the outcome of the matter; or

(iii) an outcome imposed by a Board of Inquiry is unjust, in which case the Appeals Committee will limit its investigations to a review of the outcome.

Penalties and Disciplinary Measures
12 The University may impose penalties or disciplinary measures upon a student, including suspension or expulsion of the student, where the student is found to have committed an act of misconduct. The range of penalties or disciplinary measures which may be imposed on a student will be specified in Council policy and may be reviewed from time to time.
13 During a period of suspension or expulsion, a student's enrolment will be terminated and the student will not be entitled to have access to University premises or facilities, except with the written permission of the Vice-Chancellor. A student who has been expelled will only be entitled to re-enrol as a student of the University with the permission of the Council.

General Matters
14 The University is entitled to pursue action on a matter through a court of law or a legally constituted external forum in addition to taking action in accordance with this statute. The University may suspend proceedings under this statute if a matter is being considered by a court of law or a legally constituted external forum, or at the discretion of the Vice-Chancellor. The Vice-Chancellor or the Director of Administration and Registrar may involve the Police in a matter of student conduct if they see fit.
15 Where a matter is the subject of investigation or a resolution process under this statute and is simultaneously being dealt with through another similar process within the University, every effort will be made to avoid or minimise the duplication of proceedings.
16 A penalty imposed by the University on a student in accordance with this statute will remain effective during the subsequent consideration of the same matter if it proceeds to a further stage, unless the Vice-Chancellor decides otherwise.
17 If a staff member or a student fails to participate in a process which relates to action under this statute, or lays a malicious or vexatious complaint, or wilfully misuses or
disrupts any of the processes established under this statute, these actions may be regarded as misconduct and the following actions may be taken:

(a) action may be taken against a student in accordance with the provisions contained in this statute;

(b) action may be taken against a staff member in accordance with the relevant staff provisions.
Flinders University

STATEMENT OF ASSESSMENT METHODS - 2010

Students' attention is drawn to the Student Related Policies and Procedures Manual 2010 (http://www.flinders.edu.au/ppmanual/student.html), which outlines the University's Assessment Policy.

Topic number and title: HLTH 1302 Introduction to the Health Professions
Date on which this statement was provided to students: 4/3/2010
Duration of topic: 16/6/2010

Academic Organisational Unit(s) responsible for topic (Department/School): School of Medicine
Topic Coordinator: Dr Louise Reynolds
Telephone number of Topic Coordinator: 8201 3970

Expected student workload* (http://www.flinders.edu.au/ppmanual/student/SecC_expected.html): number of hours per week or in total (specify). 9 hours / week
* Indicative only of the estimated minimum time commitment necessary to achieve an average grade in the topic. Expected student workload should be based on the standard student workload of approximately 30 hours of student time commitment per unit.

Topic Learning Outcomes:

- demonstrate understanding of the various features of the Australian health care system.
- discuss various theoretical and conceptual ideas associated with the Australian health care system
- efficiently search for up to date health information on a range of health professions using key journals and various health professional association home pages
- analyse key Australian policy directives, commissions and inquiries into the health profession labour market which have impacted upon various health professional groups
- articulate and critically evaluate models of shared and multidisciplinary care
- critically evaluate public portrayals of health care professionals in films, media and books

Details of assessable work in the topic. (Optional forms of assessment, where permitted, are also detailed):

<table>
<thead>
<tr>
<th>Format of each form of assessable work</th>
<th>Proportion of total marks</th>
<th>Deadline for submission</th>
<th>Penalties to be applied if deadline is not met</th>
<th>Date work is expected to be returned to students</th>
</tr>
</thead>
</table>

18
1. Tutorial participation  20%  100% attendance
   Where class missed 500 word summary graded Satisfactory/not Satisfactory

2. Team based exercise  20%  Weekly at the end of workshop
   No late submissions
   Weekly team work will be returned at the next workshop

3. Study Summary  20%  29/04/10 4pm
   No late submissions unless appropriate application made
   3 working days before due date
   4 weeks after submission

4. Team reflection sheet  10%  27/05/10 4pm
   Late submissions not accepted, unless appropriate application made
   3 working days before due date
   4 weeks after submission

5. Interview essay  30%  24/06/10 4pm
   Late submissions not accepted, unless appropriate application made
   3 working days before due date
   4 weeks after submission

* Extensions may be granted by a topic coordinator where the following criteria apply:
  • the student has made a written request for an extension 3 working days prior to the due date for the assessment item;
  • the student has justified the request on the basis of unforeseen individual circumstances that are reasonably likely to prevent completion of the assessment by the specified due date.

The criteria for successful completion of the topic (including, where appropriate, the achievement of a certain minimum level of competence in both the theoretical and practical components of the topic and details of special requirements concerning particular elements or aspects of the topic such as attendance/participation requirements, group activity) are as follows:

**ALL ASSESSMENT ITEMS MUST BE SUBMITTED IN ORDER TO PASS THE TOPIC**
Detection of Breaches of Academic Integrity

Staff may use a range of methods (including electronic means) to assist in the detection of breaches of academic integrity. In addition, the University makes available for staff and student use the electronic text matching software application – SafeAssignment.

Will the electronic text matching software application SafeAssignment be used?: Yes / No

If Yes, students will receive a written statement describing how the software will be used and be advised about the Flinders Learning Online (WebCT) Academic Integrity site.

Will scaling procedures be used in determining marks for each piece of work or for determining the final topic grade? Yes / No

Details of scaling procedures:

May assessment exercises be resubmitted after revision for re-marking? Yes / No

The circumstances under which assessment exercises may be resubmitted, the form this may take and the maximum mark obtainable are as follows:

Students are requested to consult with the Topic Coordinator. The final grade will not exceed 50% (Pass)

Students who believe that their ability to satisfy the assessment requirements for this topic has been or will be affected by medical, compassionate or other special circumstances and who want these circumstances to be taken into consideration in determining the mark for an assessment exercise may apply to the Topic Coordinator of the topic for special consideration. The preferred method of application is: specify

Applications for extensions will only be considered no later than THREE WORKING DAYS (3) days BEFORE the due date of the assessment item. Students are requested to submit the appropriate form to the Bachelor of Health Science Office, 2nd Floor Sturt South Building.

When considering applications other than those for an extension, either PHONE or EMAIL the Topic Coordinator THREE WORKING DAYS (3) days BEFORE to the due date.

Supplementary assessment for this topic may be approved on the following grounds:

• Medical/Compassionate – a student who is unable to sit or remain for the duration of the original examination due to medical or compassionate reasons may apply for supplementary assessment. If illness or special circumstance prevents the student from sitting or remaining for the duration of the scheduled supplementary examination, or from submitting by the agreed deadline a supplementary assessment exercise, the student will be either: awarded a
result in the topic of Withdraw, Not Fail (WN); or be offered the opportunity to demonstrate competence through an alternative mechanism. If illness or special circumstance is demonstrated to persist up to the commencement of the next academic year, then the student will be awarded a result in the topic of WN.

• **Academic** – a student will be granted supplementary assessment if he/she: achieves an overall result in the topic of between 45 and 49%, (or between 40 and 49% where a student obtains a fail grade in the last 12 units required for completion of a course) or the equivalent where percentage marks are not awarded; has completed all required work for the topic; has met all attendance requirements; and obtains at least a pass level grade in any specific component of assessment (other than an examination) for the topic where this is explicitly stated to be a formal requirement for the successful completion of the course or topic. If illness or special circumstance prevents the student from sitting or remaining for the duration of the scheduled supplementary assessment, the student will be either: awarded a result in the topic of Withdraw, Not Fail (WN); or be offered the opportunity to demonstrate competence through an alternative mechanism. If illness or special circumstance is demonstrated to persist up to the commencement of the next academic year, then the student will be awarded a result in the topic of WN.

A student with a disability, impairment, or medical condition who seeks reasonable adjustments in the teaching or assessment methods of a topic on the basis of his/her disability may make a request to the Topic Coordinator or the Disability Liaison Officer as soon as practicable after enrolment in the topic. Any such reasonable adjustments must be agreed in writing between the student and the Topic Coordinator and must be in accordance with related University policy. A student who is dissatisfied with the response from the Topic Coordinator or with provisions made for reasonable adjustments to teaching or assessment methods may appeal in writing to the Faculty Board.

.....................................................     9th February 2010..
Signature of Topic Coordinator
Date

.....................................................     9th February 2010..
Signature of Topic Coordinator
Date

SPJ:rh  08.12.09
Proposed Meeting Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>Agenda items</th>
</tr>
</thead>
<tbody>
<tr>
<td>@ 12th May 2010</td>
<td>Catch up</td>
<td>Any issues?</td>
</tr>
<tr>
<td>@ 17th May 2010</td>
<td>Study Summary marking</td>
<td>Consistent marking</td>
</tr>
<tr>
<td>@ 2nd July 2010</td>
<td>Interview essay marking</td>
<td>Consistent marking</td>
</tr>
<tr>
<td>7th July 2010</td>
<td>Grades due</td>
<td></td>
</tr>
</tbody>
</table>

Interview with a Health Professional – Major Assignment

Phil Clarke
Kathryn Jackson
Details TBA

Academic Skills Sessions

Tuesday 13th April
Wednesday 14th April
Details TBA
Tutorial Session 1  
Week 1  

Preliminary issues [15 minutes]  
1. Mark roll => gather names / emails / class  
2. Review lecture- any queries or questions  
3. Ground rules for tutorials  
4. Any questions on topic  
5. Any questions about assessment  
6. Identify tertiary transfer students => mark name on list  
7. Team allocation => sheet  

Key concepts  
- Health beliefs  
- Professionalism  

Tutorial activity – suggested format – Speedy introductions  
Inner circle and outer circle, arrange chairs  
- Name  
- Course studying  
- Aspirations on graduation  
- One thing that makes them special  

Tutorial activity – suggested format - Value Walk  

Materials  
4 x signs Agree / strongly agree / disagree / strongly disagree  
Sticky tape / blue tack  

Value Statements  
Sick people should stop whinging and take a panadol  
Doctors are gods!  
Registered Nurses don’t do any direct patient care  
Paramedics don’t need degrees  
The public know all about good health choices and don’t need health promotion  
Pharmaceutical companies are glorified drug pushers  
Chocolate and coffee should be in the food pyramid  
Allied health professions are under recognised and under valued  
I can’t wait to do my assignments!  
The National Heart Foundation tick can be “bought” by big food companies  
There should be a tax on fast food to generate money for obesity programs  
Old people are a burden on our society  

Tutorial activity - suggested format  
Small group discussion  
What are your (the student’s) health beliefs?  
How do you define health?  
Why does health matter? What impacts upon health?
Draw on your experiences with health, for yourself and other’s in your family. Which health professionals were involved? What was that experience like? How are you as a future professional going to impact on others health?

**Tutorial activity – suggested format – Wiki definition**

Arrange students into various discipline or stream groups
Ask students to develop a paragraph for as an entry onto Wikipedia
Ask one student to enter this under your FLO heading
This will be referred to in Week 13, and ask students to reflect on how this has changed.

**Reflective activity – suggested format**

On one half of an A4 paper get the students to write a personal statement about what they expect from this course, their program and being new to university. You can then write them a note back next week or at the end of the semester with your own personal commentary.
<table>
<thead>
<tr>
<th>NAME</th>
<th>EMAIL</th>
<th>PROGRAM</th>
<th>WANNA BE?</th>
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<tbody>
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<tr>
<td>Max 5</td>
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</tbody>
</table>
Strongly Agree
Agree
Strongly Disagree
**PEOPLE BINGO**

- Find someone who fits the criteria in one of the boxes below and write their first name in that box.
- You may only write any one persons name once.
- The aim is to fill in as many names as possible preferably completing a line of boxes in a horizontal, vertical or diagonal direction.

**Someone who:**

<table>
<thead>
<tr>
<th>was born in another state</th>
<th>surname starts with Q, R, or S</th>
<th>barracks for Port Power</th>
<th>is wearing a watch</th>
<th>is a parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>has a brother</td>
<td>Likes your favourite band</td>
<td>is taller than 6 foot</td>
<td>Was born overseas</td>
<td>has curly hair</td>
</tr>
<tr>
<td>Can juggle or ride a unicycle</td>
<td>first name has more than seven letters</td>
<td>has the same zodiac sign as you</td>
<td>likes chocolate</td>
<td>first name starts with A, B, or C</td>
</tr>
<tr>
<td>plays a musical instrument</td>
<td>has travelled overseas</td>
<td>is wearing two earrings</td>
<td>Lives at the University Hall</td>
<td>Likes your favourite film</td>
</tr>
<tr>
<td>lives at home with parents</td>
<td>is studying the same elective as you</td>
<td>Was born in the same town/city as you</td>
<td>has brown eyes</td>
<td>owns a dog</td>
</tr>
</tbody>
</table>
Tutorial Session 2

Systems of Health – PUBLIC

Preliminary issues [15 minutes]

1. Mark roll
2. Review lecture- any queries or questions
3. Any questions on topic?

Format: Traditional tutorial instructional

Key concepts

- Welfare state
- Institutionalism
- Universal health care

Divide class into groups. Quickly revise the ideas of:

- What is the marketplace?
- Welfare state
- Internal markets
- Productivity and performance measures

Groups then can discuss the following:
What are / would / could be:

- Problems
- Implications for system / people
- Pressures upon the health care system
- Pressures upon those that work in the system

Reflecting upon the evidence:

- What have they seen / heard in the paper / news

Topical issues for discussion can include
Registration / regulation of health professionals
National Health and Hospital Reform Commission
National Health Workforce Agency
The influence of various party politics regarding change
The state election – the building of the new RAH
Tutorial Session 3

Systems of Health – Private

Format: ‘The Great Debate’

Key concepts
- Economic rationalism
- Market economy
- Policy reform

Preliminary issues [15 minutes]
1. Mark roll
2. Review lecture- any queries or questions
3. Any questions on topic?

Tutorial activity – suggested format

Materials:
Stop watch

The great debate! Public vs Private health care system: What can Australia afford?

Get students into 2 groups: public versus private
They are identify their debate team members => 3 each side
Go off and research the public and private argument
At the 2nd hour mark, they are to come back and commence debate
Each speaker has 5 minutes (timed)
Tutor to be adjudicator

In a debating team each speaker has specified roles that they must fulfil to play their part in the team. They are laid out below in the order that the speakers will speak.

1st Affirmative must:
- define the topic.
- present the affirmative’s team line.
- outline briefly what each speaker in their team will talk about.
- present the first half of the affirmative case.

1st negative must:
- accept or reject the definition. If you don’t do this it is assumed that you accept the definition.
- present the negative team line.
- outline briefly what each of the negative speakers will say.
- rebut a few of the main points of the first affirmative speaker.
- the 1st negative should spend about one quarter of their time rebutting.
- present the first half of the negative team’s case.

2nd affirmative must:
- reaffirm the affirmative’s team line.
- rebut the main points presented by the 1st negative.
- the 2nd affirmative should spend about one third of their time rebutting.
- present the second half of the affirmative’s case.

2nd negative must:
- reaffirm the negative’s team line.
- rebut some of the main points of the affirmative’s case.
- the 2nd negative should spend about one third of their time rebutting.
- present the second half of the negative’s case.

3rd affirmative must:
- reaffirm the affirmative’s team line.
- rebut all the remaining points of the negative’s case.
- the 3rd affirmative should spend about two thirds to three quarters of their time rebutting.
- present a summary of the affirmative’s case.
- round off the debate for the affirmative.

3rd negative must:
- reaffirm the negative’s team line.
- rebut all the remaining points of the affirmative’s case.
- the 3rd negative should spend about two thirds to three quarters of their time rebutting.
- present a summary of the negative’s case.
- round off the debate for the negative.

Neither third speaker may introduce any new parts of their team’s cases.
Tutorial Session 4

Database searching

Key concepts
- Searching
- Research principles
- Critique
- Market economy
- Policy reform

Preliminary issues [15 minutes]
4 Mark roll
5 Review lecture- any queries or questions
6 Any questions on topic?

Tutorial activity – suggested format

Weeks 5 – 9 for database searching within the group work. Unfortunately the computer laboratory is unavailable this year, therefore it is suggested that students bring their laptops and go to the library – downstairs.

In the 2 hours orientate students to various databases such as:

CINAHL
PubMed
Informit
Citation databases
Google Scholar
Endnote

Tutorial activity – suggested activity

Explain some concepts of critique of research design

Design (overall)
* Is the design specified correctly? What design was used?
* Is the design appropriate to answer the research question?
* Did the researcher attempt to control for threats to internal and external validity?

Sample
* Is the sample size adequate?
* Is the sample likely to be similar to members of the appropriate population overall?
* Are the criteria for including and/or excluding people or items from the sample clear and appropriate?

Data Collection
* Are the instruments or other means for data collection described sufficiently?
* Are reliability and validity of instruments addressed? Are these adequate?
* Are data collection methods described clearly?
* Are the data collection methods appropriate? Could the researcher have affected the results of the study in some way related to the collection of data?
Ethical Considerations
* Does the researcher indicate that approval was obtained from appropriate review boards?
* Were the rights of human subjects protected (confidentiality, freedom from coercion)?
* Is there any possibility that the subjects might have felt pressured to participate or their responses influenced in some other way?

Data Analysis
* Is the process used to analyse data clear?
* Were the processes for data analysis appropriate to answer the research question?
* Do the results provide an answer to the research question?
* If tables are provided, are these clear and understandale?

http://www.emsvillage.com/articles/article.cfm?id=97

Last year, Samantha had a number of various activities using search engines

Find 5 articles using various key words and various databases and compare results in a scavenger hunt which was a great exercise.

You are free to design an activity, using various databases and then get students to compare the results.
What kind of feedback?

As you are marking student assignments – ask the students to write on a posit note, what kind of feedback they would like. The following are examples from my 2009 class – as you can see how the students have different requirements for feedback.

Pedram Mohrabkhani

- Constructive feedback
- Grammar
- Idea development
- Feedback on organisation of writing a study summary

Alfahdani, Saedd Ali

1. Are Articles Related?
2. Are they good or bad?
3. What I have submitted is really on annotated?
4. What have I missed?

Chloe Odegard

- Constructive feedback
- Academic writing
- Referencing
- Linking theory
<table>
<thead>
<tr>
<th>Matthew Jones</th>
<th>Daniel Dempsey</th>
<th>Hayley Adamsen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constructive feedback</td>
<td>Constructive feedback</td>
<td>Constructive feedback</td>
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<tr>
<td>Writing style</td>
<td>Writing style</td>
<td>Writing style</td>
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<tr>
<td>Academic approach</td>
<td>Academic approach</td>
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<td>2013/14</td>
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<td>2013/14</td>
</tr>
</tbody>
</table>

**Quality of info research**
- What is it to point out?
- What would help me get better grades next time?

**Total Allocate**
- What is your composition, academic approach?
Constructive feedback
- Things that were done well
- Layout, structure of paragraphs

Laura Miller
* Constructive feedback
* Referencing
* Layout and structure of assignment - ok?
* What wasn't done well

Beth Moore
Constructive feedback
Sentence structure
Linking theory
Referencing advice - how to lead into...

Nicky Peterson
Constructive feedback on the approach I took to the topic I chose - I found the topic harder than I thought it would be.

Rebekah
- Constructive feedback
- Referencing - answering the question directly.
- I want to know if I included enough information or too much information for a summary
- Specific ways on how to improve the areas that I struggled with - how to get a better grade for future assignments.

Fiona
- Referencing
- Things to improve on
- Ideas of other ways to approach the writing
- Constructive feedback
- Where I lost my marks and how it could have been better to get those marks.
- What am I doing well?

Karen Grooter
- Constructive feedback
- Idea development
- Writing style
- Grammar

Bridget Gilbertson
- Constructive feedback
- Idea development
- If rambling on too much. If not getting to the point.
Tutorial Session for Weeks 5 – 9

Preliminary issues [15 minutes]
1. Mark roll
2. Review lecture- any queries or questions
3. Any questions on topic?

Tutorial activity – suggested format

Students arranged in their teams
They choose a topic from the list / or one that they wish to investigate, maybe something from the lecture?
As the tutor, you become the resource for them to research relevant information

After the hour mark, students assemble back to the room

They present their ideas to the class => use various media, conceptual mapping

They hand up their team work sheet.
<table>
<thead>
<tr>
<th>PRESENTATION</th>
<th>IDEAS</th>
</tr>
</thead>
</table>
| **NURSING**  | Development of the profession  
Nurse practitioner  
Ageing workforce  
Media representation => realism vs sensationalism  
Devolution of care  
Palliative care orders => power over decision making  
MEDICAL DOMINANCE!! Doctors and nurses, the historical tension between these groups, especially with Nurse Practitioner needing a "sponsor"!!  
The role of the nurse educator in schools  
Paramedics and nursing: blurring of boundaries of expertise, especially as they can work in communities and primary health care  
Expanding scope of practice for nursing: the nurse practitioner  
Advanced Practice nurse & Nurse practitioner: the blurring of boundaries  
Defining nursing care  
Devolution of "hands on care" to unlicenced workers  
In South Australia, the large proportion of ENs:RNs, what does this mean for unsupervised care?  
Nursing and their dominance over other allied health professionals (think of child health, women's health, psychology/counselling, rehabilitation etc)  
The changing role / nature of nursing in light of increased technology and education  
The outcomes of the Productivity Commission's report (2006) for nursing |
| **MEDICINE** | Medical dominance over other groups  
Media representation => realism vs sensationalism  
Productivity Commission report recommendations  
Development of GEMP programs  
Admission into medical schools  
Rural workforce  
Obstetrics / insurance |
| **PARAMEDIC** | Paramedic practitioner / expanded scope of practice / USA during the Clinton health care reforms and 2006 Australian workforce  
Productivity Commission  
Media representation => realism vs sensationalism  
Workload issues  
Do paramedics need degrees?  
VET vs Higher Education  
Load and go VS Stay and play  
Volunteers in large rural areas |
| **COMMUNITY CARE** | De-institutionalisation  
Leisure and recreation  
Day care centres  
Carers and respite  
Turning off a PVS patient |
| **NGO'S** | Vested interests  
Funding |
| Case study => health promotion / education  
| Tick  
| Slip / slop / slap / wrap  
| Fast food tax |

| MULTI-D  
| Various discourses of the different groups  
| Vested interests  
| Client vs patient |
HLTH 1302 INTRODUCTION TO THE HEALTH PROFESSIONS

WEEKLY TEAM RESPONSE SHEET

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
<th>CLASS TIME</th>
<th>TUTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEAM LEADER</td>
<td>TUES 4PM</td>
<td>LR SM</td>
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</tr>
<tr>
<td>IDEAS PERSON</td>
<td>WED 9AM / 1PM</td>
<td>EW LZ</td>
<td></td>
</tr>
<tr>
<td>RESOURCE</td>
<td>THU 10AM / 1PM</td>
<td>YP</td>
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</tr>
<tr>
<td>TIME KEEPER</td>
<td>FRI 1PM / 3PM</td>
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<tr>
<td>PRESENTER</td>
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</tbody>
</table>

MAKING LINKS- this can be descriptive - The links I made from today’s lecture, tutorial and my reading are….

WHAT SENSE CAN BE MADE FROM THE EVIDENCE PRESENTED? - relate this to what is happening in health care setting today…

TAKE A STAND! BE CRITICAL! – so what this really means is…..

LINK TO THE ‘BIG IDEAS’ – relate the issues you have raised in terms of the ‘big ideas’ that have been discussed / presented…

PRACTICE – What this means for my future health professional practice is….? 

**DUE DATE: AT THE END OF YOUR TUTORIAL SESSION wks 5 – 9 VIA FLO!**
Making links- this can be descriptive
The links I made from today's lecture, tutorial and my reading are.....
From today's lecture, tutorial and readings, I have gained a greater understanding about how individuals are situated in our complex society. Being aware that various groups define their health differently (that is beliefs, values and practices) demonstrates the dominance of the western biomedical model which has pervaded the system design and delivery of our current health care services.

What sense can be made of the evidence presented?
Relate this to population health, policy and other explanatory theories.
While life expectancies of women are greater than that of men, women remain the main contributors to households in unpaid domestic work. Similarly, the rates of young women smoking is still at alarming rates.
The cost to the community of health care was seen by the powerpoint of the OECD nations. Nations with the poorest health had some of the lowest expenditure. What was even greater, was the link between expenditure and system design. The high cost to the UK with maintaining its universal system, the health of UK citizens is similar to mid-level OECD nations. However, does this mean that universal health care is wrong, or overly costly?

Critical commentary- the points raised here should highlight evidence of other research, strengths and weaknesses of the arguments including the epidemiological evidence.....
What an outrage!! How can women earn less than men when they are doing the same (and sometimes better) job than men! Why and how can this be happening?? Why can't they rally and do something about this? Where are the unions??
What is also an outrage is the fact that men are still feeling disconnected from their society and commit suicide. What is it about men, at various points in their life, seemingly can't cope with change (such as job loss or death of their spouse) and resort to suicide as means of escape. Where are government health programs that are able to identify and support these vulnerable individuals?

Conceptual / Theoretical links - What is the theoretical link? What are the strengths and weaknesses of this perspective, are there alternative theoretical views?
One way to explain these facts include looking at interest groups / political interests of the various players. Also there are feminist theories. While women remain an underclass in a male dominated society, they will continue to support men and the family.
Similarly, while we are governed by a conservative / right government, women will be disadvantaged by various policies / practices.
Power / position of western biomedical model in health care delivery has ensured that ethnically marginalised groups remain disadvantaged.
The emergence of non-western, non-orthodox services is evidence of the rejection of this model to embrace alternatives. The public is becoming more critically aware of the merits of other health beliefs, in seeking alternatives.
Universal health care remains the best concept for the delivery of health care to all individuals. This is because there is no marginalisation between the have's and the have nots.

Practice
What this concept / s means for my professional practice is............
As a future health professional it is likely that I will be assisting various marginal groups (such as youth or women) and will be able to see them in context to their social relationships. Being able to identify the source of their disconnection or oppression, I will be able to use various techniques to assist them in achieving better health outcomes.

REFERENCES!!
<table>
<thead>
<tr>
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<th>Mark</th>
<th>Needs Developing</th>
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<th>Very Good</th>
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<td>Made link to professional stream</td>
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<tr>
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<td>/10</td>
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<tr>
<td>Overall Quality</td>
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</tbody>
</table>
Week 10

Preliminary issues [15 minutes]
1. Mark roll
2. Review lecture- any queries or questions
3. Any questions on topic?

Ask students to bring their lap top computers – if your room does not have internet access.

The purpose of this workshop is to get students to think about their assignment. Various exercises are provided for students to understand the subjective and objective nature of assessment. Other exercises are intended to build skills in reading and editing and the importance of grammar expression.

Suggested format:

Assessment exercises

- Maths – get students to assess the multiplication exercise. Ask them what grade they would give this result and why? Collate the answers to demonstrate the variation (subjectivity) of assessment. Having a marking guide then informs the marker and the student of how the assessment item will be graded.
- Grammar – get the students to correct the text. This can be done individually or in groups. Gather students to interpret the various corrections
- Punctuation - get the students to correct the text. This can be done individually or in groups. Gather students to interpret the various corrections
- YouTube – this can be done individually or in groups to discuss the various postings.
- Planning for assignment – this can be done individually or in groups to discuss the possible issues from their interview and the links to the literature. You may suggest various databases or key words for searching. By showing students the marksheet where the emphasis on suggestion / evaluation / reflection.
Editing Exercise: Original Text

Exercise: here is the original text (corrected version) of the piece above. After trying to find the errors see if you can “spot the differences” between the two and, more importantly, identify why something is an error and how to fix it.

Methodology

The research was located within six faculties across two universities: Hightown University, a sandstock university; and Midtown University, a redbrick university on four different campus sites. There were three research sites at Hightown University: city, the main university campus; located in the heart of a metropolitan city; urban, a subsidiary campus situated in a suburb 20 kilometres from the main campus; and regional, a campus located in a large country town 200 kilometres from the city campus. There was one research site at Midtown University, and an outer metropolitan subsidiary campus situated 100 kilometres from the main campus. The six faculties where the research was located included Education and Social Work, Business Management, Pharmacy, Education, Agriculture, and Occupational Therapy and Physiotherapy.

The research collected responses from 602 first-year students to a “First Year Students’ Experience of Loss & Academic Performance Questionnaire” distributed in the last two weeks of Semester 1 2004 to students in six different faculties across the research sites. The questionnaire asked students to select and rank the impact of significant life changes over the past 24 months, to identify coping and help-seeking behaviours, to rate the academic impact of these change mechanisms and to rank their incorporation into the university community (Rowling et al. 2005). The questionnaire also asked students who were willing to talk more about their experiences to volunteer for a follow-up interview; the students interviewed were self-selected. Twenty-seven volunteers participated in semi-structured interviews. The researchers asked students, to, first expand on issues of loss identified in the surveys; and, second, to explore with the researchers their experiences of transition to university, specifically in terms of the learning context and themselves as learners.

The students interviewed formed a young cohort with 65% aged 18-20, 29% aged 21-24 and with only 6% aged over 25. The youth of the cohort is also reflected in the larger sample of those surveyed, where 83% were aged 18-20, 8% were aged 21-24 and 8% were over 25. Of the students interviewed 81% were female, whereas 77% of those surveyed were female. In the group interviewed 52% were the first in the family to attend university. The students came from a range of different geographical locations, 47% came from rural areas, 35% from the urban area in which the research was conducted and 18% from other Australian states.

Editing Activity Answers

Note: the problems in this piece are sorted into the following groups and marked in the following ways:

- Spelling / use of numbers / typographical errors / diction: highlighted in **bold**
- Punctuation / capitalisation: highlighted in *underlining*
- Sentence Structure (run-on sentences and sentence fragments): *Commented*
- Articles: *Commented*
- Verbs (grammatical agreement, tense, parallel structure): Highlighted with *italics*

Methodology

The researches were located within 6 Faculties across the two universities, **Hightown University**, a sandstock university; and **Midtown University**, a redbrick university on four different campus **site**. **Their** was three research cites at Hightown University: city, the main university campus; located in the heart of **age** metropolitan city; urban, a subsidiary campus **situated**, in a Suburb **20 kms** from the main campus; and regional, a campus located in a large country **Town 200 kilometers** from city campus. There were one research site at Midtown University. And an outer metropolitan subsidiary campus situated **100 kilometres** from the main campus. Six faculties were the research was located included Education and Social Work, Business management, Pharmacy, Education, Agriculture, and Occupational therapy and Physiotherapy.

Research collected responses from 602 first-year **Students** to a “First Year Students’ Experience of Loss & Academic Performance Questionnaire” distributed in the last two weeks of Semester 1 2004 to students in six different faculties across the research sites. **The questionnaire** asked students to select and rank, the impact of significantly life changes over the **passed 24 months**, to identifying coping and help-seeking behaviours, to rate the academic impact of these change mechanisms and to **ranked** their incorporated into the university community, (Rowling et al. 2005) The questionnaire also asked students who were willing to talk **greater** about their experiences to **volunteer** for a follow-up interview; the students interviewed **self-selected** 27 volunteer participated in semi-structured interviews. The researchers asked students, **too**, first expand, on issues of loss identified on the surveys; and, **secondly**, to explore with the researchers there experiences of transition to **University**, specifically in terms of the learning context and themselves as learners.

Research will collect responses from **six hundred and two** first-year students to a ‘First Year Students experience of Loss & academic Performance Questionnaire’ distributed in the last two weeks of Semester 1 2004 to students in six different faculties across the researching sites.

The **student were** interviewed formed a young cohort with 65% aged 18-20, 29 percent aged 21-24 and with only six percentage aged over 25. The youth of the cohort is also reflecting in the larger sample of those surveyed, where 83 percent were aged 18-20, eight percent were aged **21to24** and eight percent were over 25. Of the students interviewed 81% were girls, **whereby** 77 percent of those surveyed were **female**. In the group interviewed 52 percent was first in the family to attend university the students came from ranges of different geographical **location**, 47 percent **come** from rural areas, 35 percent from the urban area of which the **researching** was conducted and 18 percent from other Australian **States**.
Attempt to change the meaning of the following statements by changing the punctuation (ie. commas, full stops, semi-colons)

“Woman without her man is nothing”

“I would like to apply for a job with your company for two years. I have been employed as a sales clerk for the Jones store. I sold nothing that I did not take pride in. I am sure it will be the same if I work for you”

**Examples**

“Woman, without her man, is nothing.”

“Woman: without her, man is nothing.”

“I would like to apply for a job with your company. For two years, I have been employed as a sales clerk for the Jones store. I sold nothing that I did not take pride in. I am sure it will be the same if I work for you”

“I would like to apply for a job with your company for two years. I have been employed. As a sales clerk for the Jones store, I sold nothing. That, I did not take pride in. I am sure it will be the same if I work for you”
Grammar on YouTube

http://www.youtube.com/watch?v=RKlTAxTvKkY  grammar nazi

http://www.youtube.com/watch?v=f8fbrUjjivw  ending a sentence with a preposition

http://www.youtube.com/watch?v=fbqkNaY5gHQ  grammar geek

http://www.youtube.com/watch?v=NBIawH8iHwk&NR=1  grammar short but funny

Research

http://www.youtube.com/watch?v=WDo7iwikqkI  difference between quant and qual

Scientific methods

http://www.youtube.com/watch?v=TzQ1tyCTc04&NR=1  history quite good

Paragraph structures

http://lrs.ed.uiuc.edu/students/fwalters/para.html

Links to SLC

http://www.flinders.edu.au/current-students/slc/
Get students to mark this sum out of 10
Collate the responses – and ask them how and why they justified the marks.
Tutorial session week 11

Preliminary issues [15 minutes]
1. Mark roll
2. Review lecture- any queries or questions
3. Any questions on topic?

Tutorial activity – suggested format

Students given a coloured post it note each Colour represents roles at a MVA

Roles are patient, bystander first Aider, paramedic, fire-fighter, police officer, retrieval nurse and retrieval doctor in that order of attendance.

Divide the students up into the roles as evenly as possible

Get the students to describe their expectations of the role they have been given. Do this by letting them get together in their groups discussing their expectations of the role including what the other roles might expect from their role.

Then bring them all together and let them present their expectations of the role in order of arrival.

Some requirements of the roles

Patients
To be treated promptly and correctly
To be safely removed from the wreckage
To be taken to hospital
To be treated with dignity and respect

Bystander /first aiders
Community expectation to help another in need.
To prompt arrival of emergency services
Appreciation of their efforts

Paramedics
To be able to treat patients effectively without hindrance

Fire-fighters
Make safe vehicles from movement by choking
Prevent fire occurring
Provide access to patients for Paramedics
Assist in removal of patient

Police officers
Keeps traffic flowing
Take statements

Retrieval doctor

Provide assistance to paramedics in managing the patient

Retrieval Nurse
Assist doctor

At the end of the combined role discussions discuss the issues that came about from the exercise. Try to bring out in discussion the importance of understanding each others roles and responsibilities to be able to work together effectively. The importance of empathy for each others role rather than uniformed judgement with leads to poor discourse.
Tutorial session week 12

Preliminary issues [15 minutes]
1. Mark roll
2. Review lecture- any queries or questions
3. Any questions on topic?

Key concepts
- Universal health care systems eg NHS
- Mixed systems
- Residual systems
- Market based health care systems
- Expenditure vs morbidity / mortality rates

Tutorial activity – suggested format

There are 3 video choices:

Sicko by Michael Moore
http://www.imdb.com/title/tt0386032/

Documentary
The documentary is very apolitical unlike Moore’s movie, however it still provides a comparison of the US and UK systems.

Review of media representations
This is a collection of various popular TV shows, both Australian, UK and US. Students need to watch these shows for content, portrayal and sensationalism.

Tutorial activity – suggested format

Materials needed
DVD of various television shows such as All Saints, RPA, ER, House

Examine the various roles of each professional group
- Discourse
- Interaction
- Patient / client interaction
- Body language

Tutorial activity – suggested format
Allocate one student to bring the Wiki definition along next week.

Pre-arrange your Student Evaluation of Teaching with Tanya and Julia
Tutorial session week 13

Preliminary issues [15 minutes]
1. Mark roll
2. Review lecture- any queries or questions
3. Any questions on topic?

Tutorial activity – suggested format

Provide a wrap up of the topic with a class party!

Tutorial activity => suggested format – gap analysis

Materials
Postit notes

Langford
Distribute post it notes
Students to write => what they ‘got’ and what they didn’t ‘get’

3 2 1 Minute Paper
Students to write:
3 things that they liked
2 things that they didn’t like
1 thing that they would change

Tutor to sift / sort these and address any immediate concerns

Make mention about HLTH 1303 and the links which will be made in this topic.
Pre-arrange your Student Evaluation of Teaching with Tanya.

Tutorial activity – suggested format – Wiki definition

Arrange students into various discipline or stream groups
Ask students to review the Wiki paragraph that was developed in Week 1.
Ask them the following questions:
  What has changed?
  Why that has changed?
  How the change occurred?

Reflective activity – suggested format

From the original half A4 paper written in the first week – you can hand them back their paper. Ask them to now consider their expectations and see if their expectations have been met.
### HLTH 1302 INTRO TO HEALTH PROFESSIONS
#### STUDY SUMMARY - ASSIGNMENT TEMPLATE

<table>
<thead>
<tr>
<th>WORDS</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 – 75</td>
<td>Introduction =&gt; brief overview of your topic that you have chosen and what you intend to show in the following 5 articles</td>
</tr>
</tbody>
</table>
| < 200 X 5 articles | Article 1 => Full reference here  
Describe => the content and focus of each article  
Evaluate => its method, conclusions, or reliability of the information  
Suggest => the source's usefulness to your understanding of health professions  
Record => use “I” statements here, as a future health professional this information is….

**Description**

Tell the reader what the main concepts, ideas are and focus in the article. What was the author intending to demonstrate with this article.

**Evaluate**

Critique the research credibility of the article.  
Was the data collection methods or methodologies appropriate? Was the data collected in an ethical manner?

**Suggest**

How useful was this article in gaining an understanding of the health professions? Did it help you in any way gain insight into the work of health professionals, the health professionals themselves and the health workforce?

**Record**

What is your reaction to this information?  
What thoughts does this new information stimulate as you consider your future as a health professional?  
What thoughts does this information have upon how you will practice as a health professional?

50 – 75 | Conclusion => Make a brief statement that connects what the 5 articles have shown |

No need for a reference list!

---

**DUE DATE: 29/4/10 VIA FLO**
## Marking sheet for assignment 1 – Study Summary

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Mark</th>
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<tbody>
<tr>
<td>Development of topic idea.</td>
<td></td>
</tr>
<tr>
<td>Paper - Presentation and organisation. Front page, margin, legibility, submitted on due date</td>
<td>/5</td>
</tr>
<tr>
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<td>/5</td>
</tr>
<tr>
<td>Spelling and grammar, writing style, sentence structure, appropriate referencing with list attached.</td>
<td>/10</td>
</tr>
<tr>
<td>Description – content and focus of each article</td>
<td>/15</td>
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<tr>
<td>Suggestion - method and reliability of information</td>
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<tr>
<td>Evaluation – the usefulness to your understanding of health professions</td>
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<tr>
<td>Reaction/record how you will incorporate information into your practice as a future health professional</td>
<td>/15</td>
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<tr>
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<td>/10</td>
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<td>Evidence of reading. Demonstrated that you went to some detail in searching for relevant material.</td>
<td>/10</td>
</tr>
<tr>
<td>Overall Quality</td>
<td>Total/100</td>
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</table>
INDIVIDUAL TEAM RESPONSE SHEET

Great teams have: focus, problem solving, accepts new ideas, acknowledges individual strengths and weaknesses, respects individuals, accountable, good communication, mentors/coaches, rewards and has fun!

What were the STRENGTHS of working in your team?

What were the WEAKNESSES of working in your team?

What were the OPPORTUNITIES that you were able to capitalise in your team?

What would you do DIFFERENTLY when next working in a team?

As a future health professional, working in a team MEANS to me………?

DUE DATE: MONDAY 27TH MAY 4PM VIA FLO
<table>
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<th>Aspect</th>
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<td>Weaknesses of being in the team</td>
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<td>Opportunities of being in a team</td>
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<td>Differences next time being in a team</td>
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HLTH 1302 ASSIGNMENT PLAN
Interview with a health professional

Summarise, evaluate and reflect on the findings from the interview and literature.

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<th>TOPIC</th>
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</tr>
<tr>
<td>1600</td>
<td>Body</td>
<td></td>
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</table>
| **Summarise** | 2 -3 paragraphs | Identify key issues from interview  
|             |         | (Summary 2 – 3 issues ) |
|             | 2 -3 paragraphs | Evaluate the issues using the literature  
|             |         | (how does it compare / contrast/ challenge / refute) |
|             | 2 -3 paragraphs | Reflections => personal statements as a  
|             |         | future health professional (can use I) |
| @ 200      | Conclusion |       |

**DUE DATE: MONDAY 22**ND **JUNE 4PM VIA FLO**
## Marking sheet for Assignment 3 – Interview

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<tr>
<td>Paper - Presentation and organisation. Front page, margin, legibility, submitted on due date</td>
</tr>
<tr>
<td>Introduction outlines what reader can expect, and conclusion</td>
</tr>
<tr>
<td>Spelling and grammar, writing style, sentence structure, appropriate referencing with list attached.</td>
</tr>
<tr>
<td>Summarising and identifying the key findings of interview</td>
</tr>
<tr>
<td>Evaluation and critique of findings against the literature</td>
</tr>
<tr>
<td>Reflection with links to professional stream &amp; future practice</td>
</tr>
<tr>
<td>Evidence of reading. Demonstrated that you went to some detail in searching for relevant material. Incorporates literature to support perspective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Developing</td>
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</tr>
<tr>
<td>Okay</td>
<td>Good</td>
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</tbody>
</table>

| Overall Quality | /100 | /30 |
# Marking Sheet for Tutorial Participation

<table>
<thead>
<tr>
<th>PARTICIPATION</th>
<th>Mark Out of</th>
<th>Guide to understanding how your participation will be marked.</th>
</tr>
</thead>
</table>
| Engaging               | 20          | 1 = Sit Back  
|                        |             | 11 = Some Engagement 
|                        |             | > 17 Regular Engagement, But Does Not  
|                        |             | Dominate Discussion |
| Inquiry                | 20          | 1 = No Inquiry, Ill  
|                        |             | Informed  
|                        |             | 11 = Raises Few  
|                        |             | Questions  
|                        |             | > 17 Raises Valid And Challenging Questions |
| Responsive to peers    | 20          | 1 = Disrespectful  
|                        |             | 11 = Limited  
|                        |             | Acknowledgement  
|                        |             | > 17 Acknowledgement Of Contribution Of  
|                        |             | Peers |
| Reflective             | 20          | 1 = Poor Evaluation  
|                        |             | 11 = Adequate  
|                        |             | 20 = Comprehensive, Critical, Insightful |
| Made link to professional stream | 10       | 1= Basic, Simplistic  
|                            |             | 5 = Good Attempt, Critical  
|                            |             | 10 = Broad Grasp Of  
|                            |             | Profession |
| Evidence of Wider Reading | 10          | 1= Limited Reading  
|                            |             | 5 = Some Wider Reading Shown  
|                            |             | 10 = Extensive Reading |
| Total                  | /20         |  
| Total                  | /100        | F (< 49)  
|                        |             | P (50-64)  
|                        |             | CR (65-74)  
|                        |             | DN (75-84)  
|                        |             | HD (>85+)  
| COMMENTS               |             |  

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Aged care has become a thorn for the Government in recent years with staffing shortages and substandard care scrutinised in the media and literature. Personal care assistants (PCAs) account for the highest employment in aged care and through an interview with a PCA from an Adelaide Hills residential care facility, the problems become clearer. Despite being a position of low status and low pay the PCA is accepting responsibility beyond their scope of practice as fewer Registered Nurses (RNs) are employed in aged care. Dominant themes in this interview included PCAs frustration at residents’ loss of autonomy as workloads increase in response to worsening resident to carer ratios and a more infirm, ageing population. Whilst higher wages would attract and retain more staff in aged care, the true magnet appears to be better conditions for staff and residents.

As an emerging profession, PCAs share many attributes with nursing. Friedson (cited in Liaschenko & Peter, 2004) defines a profession as having:

- a unique body of knowledge, altruistic service to society, a code of ethics, significant education and socialization, and autonomy in practice, i.e. reasonable independence in decision-making about practice and control of the work situation and conditions.

PCAs meet as many of these criteria as nurses do. Although PCAs are not licensed, according to the PCA interviewed for this paper, most are expected to have formal training, regular police checks, and are governed by standards mandated by the Aged Care Accreditation Agency. Personal Care Assistants also have the opportunity to join the Aged Care Association of South Australia (ACASA) or the Australian Nurses Federation (ANF). While not licensed by the Nurses Board, the ANF is pushing for licensing of PCAs and the PCA interviewed believes this is not far away, although the greatest resistance may come from the aged care industry as wages and industry costs would be
expected to increase due to professionalization. In another similarity between nurses and aged care PCAs Keough(2003) reported the following frustrations expressed in an Illinois study;

(1) insufficient and inexperienced staff, (2) increased responsibilities, (3) lack of administrative support, (4) lack of rewards or incentives to stay, (5) low morale among staff, (6) difficulty balancing work and family, and (7) increasing violence in the emergency department,

where aged care could legitimately be substituted for ‘emergency department’.

The interviewee is employed by a 60-bed hostel level facility. Over the last 8 years she has been employed there intermittently, having resigned several times due to frustrations experienced in her inability to care for the residents. She keeps returning through an altruistic sense of duty to the residents, and the hope that she can improve conditions for them. She also works at many other Adelaide residential facilities through an agency. This allows her insight into which facilities provide a better standard of living for residents and how they are able to do that; usually through better staffing levels, the work of volunteers and additional personnel in the form of nursing and diversional therapy student placements. The hostel, which she considers her usual place of employment, has difficulty attracting volunteers. She attributes this to three primary reasons; asking volunteers to complete menial tasks such as washing dishes, rather than allowing a rewarding interaction with residents, under gratitude with thanks through a sausage sizzle once a year and the and the oligarchy of a small town reflected in the composition of the hostel board. In addition to her PCA work, the interviewee has one topic left to complete her Bachelor of Nursing.
Prior to working in aged care, the interviewee was employed by the Northern Territory Department of Health in the recruitment of doctors and nurses to the territory. She entered aged care to ease back into the work force after having her first child. She began at the hostel with a four-hour evening shift delivering the supper round. She described this role as the one that the public perceives as that of a PCA – ‘handing out cups of tea and having a chat with little old ladies’ (Winter, J. 2008, Pers. Corresp. 17/6/08). She enjoyed this position through personal interaction with residents and the convenience of the hours that met her family’s needs. From this role, she moved to a day shift, assisting residents with their daily physiotherapy exercises. The role of physio assistant was introduced to achieve accreditation standards when other carers did not have time to meet exercise needs in their daily duties as workloads increased.

The facility lost its accreditation shortly before the interviewee was employed there, and a caretaker organisation was seconded to regain accreditation. Aged care facilities are required to meet 44 standards in order to achieve accreditation. These standards are segmented under the principles of 1) Management systems, staffing and organisational development; 2) Health and personal care; 3) Resident lifestyle; 4) Physical environment and safe systems (The Aged Care Standards and Accreditation Agency, 2008b). When a facility loses accreditation, sanctions are imposed until the areas of concern are rectified. These sanctions meant that no new residents could be admitted to the facility until the accreditation agency was satisfied that all Standards were met. The exercise program and supper round are both services provided in order to meet accreditation standards.

The Aged Care Standards do not recommend staffing levels for residential care facilities, nor the skills required by staff to deliver an appropriate level of service. Venturato (2007) states that 'staffing and skill levels have decreased since the introduction of the
Aged Care Act 1997’ with fewer RNs employed in aged care. The interviewee stated that a non-nursing General Manager (GM) has replaced the Director of Care (DoC), a position which until recently was held by an RN. Only two RNs are employed by the facility, working part-time and job sharing the Clinical Nurse (CN) position. Neither had been involved in clinical work for several years prior to their appointment to the hostel. A multidisciplinary team is also employed through a contracted agency. The physiotherapist is from this team as well as a speech therapist who is employed to assess gag reflexes, and an occupational therapist is available if the need is identified.

On days when a CN is not in the facility an EN is left in charge of the facility and staff. All PCA’s have undertaken further education in aged care, predominantly through TAFE. In addition to this, the interviewee has completed a 12-month pharmacology course through the Royal District Nursing Society. The interviewee’s additional qualifications are recognized through additional allowances paid by the aged care facility. She is also paid at higher agency rates by the hostel and receives an allowance for reviewing and writing the residents care plans every 3 months. This shows that she is a highly valued staff member with her wage now higher than an EN’s. She was asked if she thought the DoC had been changed to a GM position in order to lower the wage paid but did not believe the wage had changed significantly, although research shows that non-nursing managers are paid less than those of a nursing background (Chandler, 2007).

It is widely documented (ANF, 2007; ANF, 2007; Chandler, 2007; Eley et al., 2007) that wages in aged care nursing are below that of the acute sector. The interviewee disputes the premise that more staff would stay in aged care if wages were increased, suggesting that improved conditions would be more attractive. This is in line with Flavel (2005) who found that the ‘backward supply curve’ is more in line with demanding work...
and the need of facilities to curtail costs’. In the course of a shift, a PCA at this hostel can be allocated up to 22 residents to assist with activities of daily living (ADL’s). Due to the pace of the work there is no time for social interaction with the residents, the role becomes task-oriented and ‘affective care’ (Tuckett, 2005 p.220) is removed from the term aged care. Richardson and Martin (cited in Eley et al., 2007 p.870) reported that ‘75% of nurses and 65% of carers considered that they were unable to spend enough time with each resident’. This is the greatest source of frustration as described by the interviewee. It is interesting to note that minimum staffing levels are being sought through nursing unions and enterprise bargaining rather than through government reforms.

Although concerned at having to care for so many residents at a time, the interviewee was more concerned at the cost this had on the residents’ dignity and ability to act autonomously. As she explained at the beginning of the interview, she preferred to call the residents by their first names in an attempt to help them feel ‘at home’, as few people expect to be addressed formally in their own home. The interviewee also found it important to instil a sense of self-determination in residents through their ADL’s. This often brought her into conflict with other staff who were task oriented and wanted to complete tasks hastily. An example of this was with showering. The interviewee encouraged residents to perform most of their daily ablutions themselves in order to achieve a sense of self-worth, although as Tuckett (2007 p. 128) reported, ‘residents attempt to help personal carers … in order to be less of a demand on their time.’ He further elaborated:

If the older person perceives of her/himself as a patient in a medical facility, it might be expected by her/him that staff define themselves as ‘nurses … whose primary goal is the technical, medical treatment of the patient’ with the care focus on formality, the impersonal and efficiency. However, in contrast, staff may perceive of their task as the provision of the home-like environment (p.120).
The interviewee perceived her role as the provision of the home-like environment.

A further concern arising from the desire to complete tasks quickly is that the opportunity to perform a thorough assessment during the bathing procedure is lost, at times to the detriment of the resident. An ideal time to perform a discreet inspection of the resident’s skin integrity and general health, if this task is rushed, conditions that are missed may become debilitating. The interviewee described a situation where a resident with a ‘diabetic foot’ had not been assessed properly over several weeks and the foot became ulcerated. As a result, the interviewee has requested of management that ENs are allocated a resident a day so that at least once a month each resident is thoroughly assessed for emerging medical conditions.

Assessment for funding from the government is made through care plans. In March 2008, the funding mechanism changed from the Residential Care Subsidy (RCS) to the Aged Care Funding Instrument (ACFI). The reasoning behind the government reform is to simplify the funding process to free up carers from paperwork and allow them to spend more time with residents (Department of Health and Ageing, 2008). A drawback in this change, as perceived by the interviewee, is that funding is now based on what is done for the resident rather than the time a carer may take in encouraging a resident to complete tasks for themselves, further reducing their autonomy.

Aging in place has become a widespread principle in hostels (Andrews-hall, Howe, & Robinson, 2007 p. 120). As a result, it is common to find high-level care residents in hostel accommodation. At the last accreditation for this facility there were 30 high-level care residents (The Aged Care Standards and Accreditation Agency, 2008a). Whilst funding is now approved through ACFI, staffing levels have not increased in proportion
to the workload, although at the interviewee’s suggestion a carer is now rostered to the
day room between 4 and 8 in the evening as this is the time of most falls.

The PCA interviewed was scathing about ENs and PCAs having to work beyond their
scope of practice when there was no RN on shift. She recalled two occasions involving
medication incidents. In one, a resident was not given their regular paracetamol as the EN
had already given endone, and presumed they could not be given together. This is despite
evidence of the two being given successfully in combination. Another time a resident was
given panadol and panadeine forte, both of which contain paracetamol, and could result
in liver damage in an elderly person. It is a requirement that residents remain as pain free
as possible (Standard 2.8) but to what extent when 90 plus year olds are having carpal
tunnel surgery, and chemotherapy for metastatic cancer. As a rule, enduring power of
attorney and medical power of attorney is not appointed when a resident moves into the
hostel although these recommendations have appeared in the literature (Lyon, 2007).

The interviewee related the story of a gentleman who had fallen and fractured his hip.
This story disclosed several issues within aged care. The first was of zero tolerance of
elder abuse within this hostel. The gentleman had been lifted back into his chair and left
despite obvious pain. The interviewee reported the nurse involved and the EN was
instantly dismissed. Her account for leaving the resident was that it was handover time
and the end of the shift. The interviewee also related the difficulty in obtaining a doctor to
come and review the resident. At the doctor’s refusal to attend, the PCA phoned the GM
to obtain permission to transport the resident to hospital by ambulance. Whilst this shows
a small degree of medical dominance, the greater issue is that staff should be able to
initiate appropriate ambulance transport when indicated.
Whilst the examples discussed in this paper all highlight issues with time-poor and inadequate staffing mixes in aged care it must be asked what the ethical responsibilities are within aged care. The *Charter of Residents Rights and Responsibilities* was released in 2002 (Department of Health and Ageing). Included in these rights are the right to a ‘homelike environment’, ‘the freedom of speech’ and ‘quality care’. Many aged care facilities fail to comply with these rights, including the hostel discussed here. Also in conflict is the *Code of Ethics for Nurses in Australia*. Tuckett (2007 p. 222) concurs that three of the five value statements in the code of ethics are contravened in residential aged care, through the lack autonomy for residents, respect of their needs, and the lack of quality nursing care.

Other issues that arose from this interview and warrant further investigation are the ability of the resident to pursue activities outside of a residential aged care facility that has become a total institution. Infection control and privacy is an ongoing source of conflict, as MRSA is not considered notifiable in residential aged care facilities. Revealing the condition to staff is considered an infringement of privacy. Changes need to be introduced to allow residents’ determination for the care they are paying for and, the emotional exhaustion suffered by carers needs further attention in order to understand the attrition of quality staff in aged care.

Aged Care in Australia is under conflict. Aged carers are in conflict with providers as facilities are understaffed in order to save costs, despite an increasingly dependant ageing community. Carers are also in conflict with each other with some being resident oriented and others task oriented. Greater reforms than the recent funding reforms need to be introduced by the Government in order to credit Australia’s older population with the dignity they deserve in their twilight years. The first of these reforms needs to be to skill
mix and staffing levels and the second a licensing procedure for all aged care workers.

Without sanctioned staffing levels, and sanctioned staff, aged care facilities remain at risk of being dehumanised processing facilities for people who deserve more.
REFERENCES


The Aged Care Standards and Accreditation Agency. (2008a). AC I1.1 - Published decision - decision to accredit - site audit. 17/06/2008


