

***HUME REGION ALLIED
HEALTH CONFERENCE***

2015

***Leading Tomorrow's
Workforce in Hume***

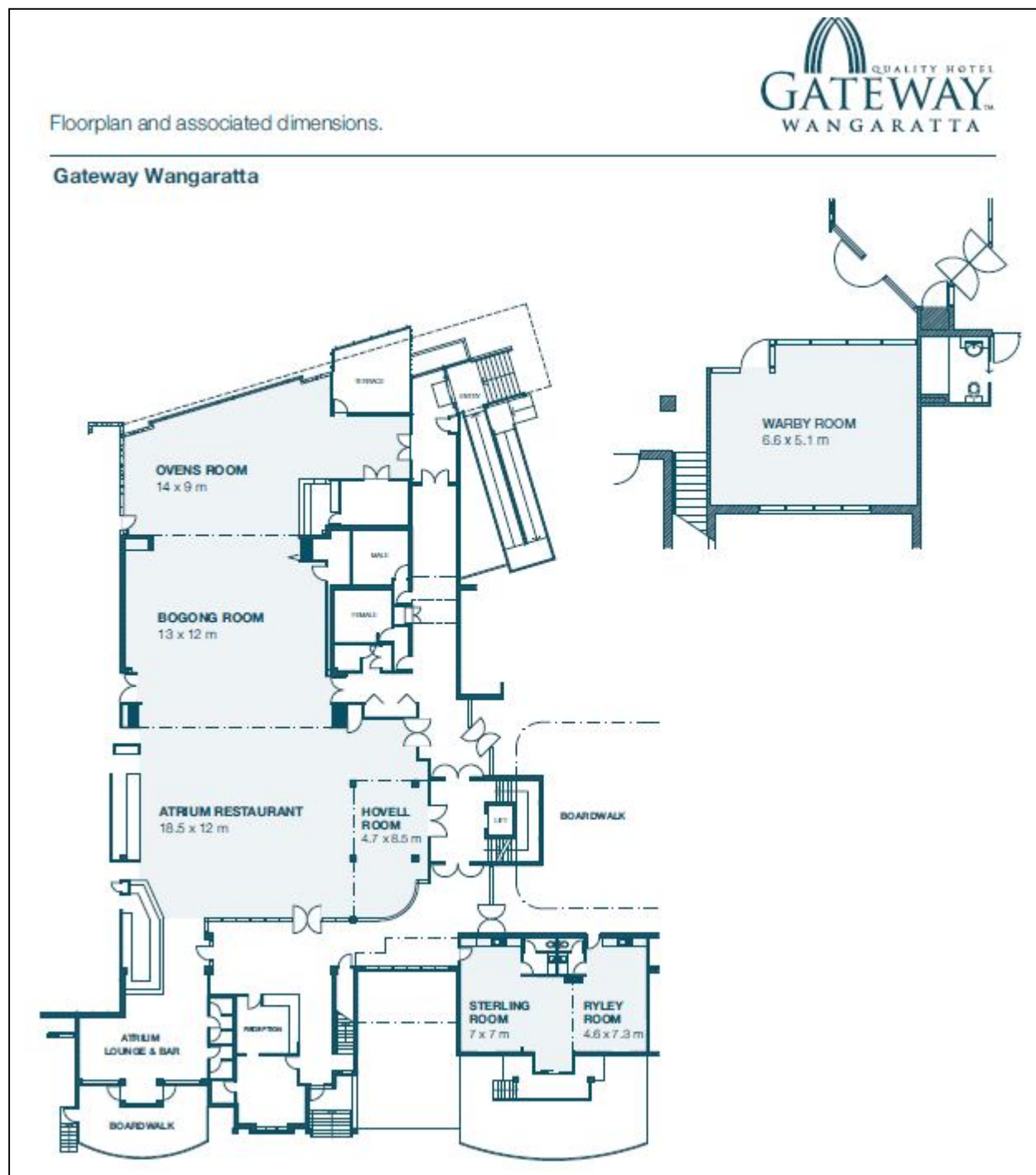
14 & 15 October 2015

Quality Hotel Wangaratta Gateway

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Venue Map



Ovens Room: Registrations, Posters and Trade Exhibition

Bogong Room: Plenary Sessions, Concurrent Session A

Sterling Executive Room (Sterling and Ryley): Concurrent Session B

Hovell Room: Concurrent Session C

Atrium Restaurant and Pool Deck: Lunch

Conference Program (Thursday 15 October 2015)

08:00	CONFERENCE REGISTRATION OPENS - OVENS ROOM Arrival with Tea and Coffee
	PLENARY SESSION 1 - BOGONG ROOM
Chair:	Ms Jacqui Verdon, Interprofessional Educator & Team Leader Student Programs, Northeast Health Wangaratta
08:50	Welcome - Convene Conference Ms Jacqui Verdon Interprofessional Educator & Team Leader Student Programs, Northeast Health Wangaratta
09:00	Heart Beat Drumming Group Performance Northeast Health Wangaratta & Wangaratta West Primary School
09:30	Questions about sex: What is our role? Ms Natalie Hamam Lecturer in Occupational Therapy, Charles Sturt University
10:15	MORNING TEA Poster Viewing and Trade Displays

CONCURRENT SESSION			
	A. Innovations in practice	B. Technology and Tools of the Trade	C. Enhancing the capacity of the allied health workforce
	Bogong Room	Sterling Executive Room	Hovell Room
Chair:	Katherine Lowe , Education and Research Coordinator: Allied Health therapy, Goulburn Valley Health	Tony Lane , Manager Performance Hume Region, Department of Health and Human Services	Joelene Mitchell , Student Placement Project Officer, Department of Rural Health, University of Melbourne
10:35	<i>Allied Health Consultant Program: Innovation for advanced interdisciplinary practice</i> Ms Stacey Manfield , Northeast Health Wangaratta, Mrs Donna Samon , Home Rehabilitation Service Ms Tammy Phelps , The Rupsey Centre & Goulburn Valley Health	<i>Paperless, Progress and Then A New Tablet - At Times it was Difficult to Swallow</i> Ms Robyn Sprunt , Numurkah District Health Service	<i>Learning from, with and about each other: Interprofessional student learning at Albury Wodonga Health</i> Mrs Anna Sullivan , Albury Wodonga Health
10:55	<i>Hand Clinic Student Project</i> Ms Dale Carroll , Northeast Health Wangaratta	<i>Interdisciplinary Stroke Cluster-Room: Implementing change in a regional setting</i> Ms Tahlia Chappell & Ms Christine Behm , Northeast Health Wangaratta	<i>Creation and evaluation of an AHA Care Coordination model in regional Victoria</i> Mrs Annalee Gardam & Samantha Coonan Gateway Health & Dr Kylie Murphy , Charles Sturt University
11:15	<i>STROKEWISE: An innovative and sustainable multidisciplinary approach to stroke education</i> Ms Emma Finger & Miss Melissa Kearney , Northeast Health Wangaratta	<i>Teamwork in the Critical Care Unit - a Case Study</i> Dr Brooke Winzer & Ms Sally Wilson , Northeast Health Wangaratta	<i>Making and re-making career decisions: Experiences of mothers who are occupational therapists</i> Dr Tracey Parnell , Albury Wodonga Health
11:35	<i>Assessment of Chronic Illness Care - a regional view</i> Ms Viv Jeffery , Goulburn Valley Primary Care Partnership	<i>Goulburn Valley Health Outcome Measurement Tools Project</i> Ms Natasha O'Callaghan , Goulburn Valley Health	<i>Clinical Supervision Support Program: Taking the next step</i> Mrs Anna Sullivan , Albury Wodonga Health

11:55	LUNCH Poster viewing and Trade Displays
	PLENARY SESSION 2 - BOGONG ROOM
	Chair: Ms Jacqui Verdon, Interprofessional Educator & Team Leader Student Program's, Northeast Health Wangaratta
12:55	Shaping the future of allied health - what we're doing in the big picture Ms Kathleen Philip Chief Allied Health Advisor of Victoria, Department of Health and Human Services
13:40	There has to be a better way to do this - Innovation at all levels. Ms Karen Harris Community Services Manager, Cobram District Health
14:25	AFTERNOON TEA Poster Viewing and Trade Displays
	PLENARY SESSION 3 - BOGONG ROOM
	Chair: Ms Jacqui Verdon, Interprofessional Educator & Team Leader Student Program's, Northeast Health Wangaratta
14:45	"Keeping the bounce in resilience" Balancing person and profession in a rural/regional setting Mr Craig Wilson Psychologist
15:30	Hume Telehealth: more pilots than Ansett Ms Lisa Peters VST Site Coordinator & Clinical Educator Allied Health, Northeast Health Wangaratta Ms Jane Kealey Telehealth Coordinator, Northeast Health Wangaratta

16:15

Awards Ceremony

Ms Katherine Lowe, Chair Hume Region Allied Health Education Group

Education and Research Coordinator: Allied Health therapy, Goulburn Valley Health

16:25

Hume Region Allied Health Education Group - Logo Competition

Ms Katherine Lowe, Chair Hume Region Allied Health Education Group

Education and Research Coordinator: Allied Health therapy, Goulburn Valley Health

16:30

Close of Conference

Ms Gayle Sammut

Director, Allied Health and Ambulatory Care Division, Goulburn Valley Health

Welcome

Welcome all delegates, presenters, and exhibitors to the Hume Region Allied Health Conference 2015

The Hume Region Allied Health Conference provides an opportunity for participants to share ideas, expertise and experiences around areas of allied health practice, professional development and research. The Conference is a joint initiative of the Department of Health and Human Services and the Hume Region Allied Health Education Group. In 2015 the focus of the Hume Region Allied Health Conference is *Leading Tomorrow's Workforce in Hume*.

The Conference subthemes are:

- Leadership, Resilience, and Strategic Thinking
- Technology, Tools of the Trade, and Teamwork
- Practicing Person and Family Centred Care.

The Conference aims to:

- Promote rural and regional allied health research by professionals who practice in these areas and provide opportunity for the presentation of their research findings
- Promote flexibility and innovation in regional allied health service delivery, including the role of Allied Health Assistants and Clinical Placements
- Showcase best practice and innovative solutions to issues that can be applied to address similar issues regionally and across disciplines
- Promote continuing education and professional development activities essential to support rural and regional allied health practice
- Promote networking, collaboration and inter-disciplinary learning across the Hume Region's health workforce.

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

Acknowledgements

The Conference Organisers would like to convey their appreciation to the people and agencies that have made the Hume Region Allied Health Conference 2015 possible. Special mention and thank you to the following people, groups and agencies:

- Hume Region Allied Health Education Group
- The Keynote, Concurrent, and Poster Presenters for their important contribution and effort
- Mitchell Health Care - Conference Sponsor
- Rural Department of Health, University of Melbourne - Conference Dinner Sponsor and major Conference supporter
- Allied Health Workforce, Workforce Development Group, Health Workforce, Department of Health and Human Services - for providing funding to support the development and delivery of this conference
- Hume Region Health, East Division, Department of Health and Human Services
- Hume Region Allied Health Education Group.

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

Conference Steering Committee

Conference Event Manager

Jodie Nolan, Health Workforce Development Coordinator, Hume Region Health, Department of Health and Human Services

Conference Steering Committee

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

Katherine Lowe (Chair)	Goulburn Valley Health
Jacqui Verdon	Northeast Health Wangaratta
Tracey Parnell	Albury Wodonga Health
Anna Sullivan	Albury Wodonga Health
Katie Higgs	Northeast Health Wangaratta
Lisa Peters	Northeast Health Wangaratta
Joelene Mitchell	Rural Department of Health, University of Melbourne
Annalee Gardam	Gateway Health
Emma Jones	Cobram District Health

Conference Content Disclaimer

All Conference content, including live, recorded, and written presentations, represents the opinion of the authors and speakers and should not be construed to be those of the Conference Organisers and Steering Committee (this includes the Department of Health and Human Services Victoria and the Hume Region Allied Health Education Group). The Conference content is intended for educational and informational purposes only and it is the responsibility of delegates and readers to assess the accuracy, validity, and credibility of the conference content.

Information for Delegates

Conference venue

Quality Hotel Wangaratta Gateway, 29-37 Ryley Street Wangaratta, Victoria

t. 03 5721 8399

f. 03 5721 3879 w. www.wangarattagateway.com.au

Certificate of attendance

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

Evaluation

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

Mobile phone courtesy

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

Photographs

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

Duplication/Recording

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

Conference Awards

Concurrent Presentation Awards

There are two award categories for Paper Presentations:

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

Presentation judging criteria

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

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

Poster Presentation Awards

There are two award categories for Poster Presentations:

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

Poster judging criteria

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

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

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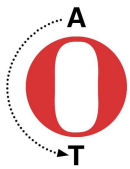
A Commonwealth funded initiative to support health students complete
rural clinical placements.



Trade Exhibition



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GMS Rehabilitation

Pre-Conference Workshops

Wednesday 14 October 2015

Two Pre-Conference workshops have been sponsored by the Department of Rural Health, University of Melbourne.

In it together: an introduction to collaborative rehabilitation practice

Venue: Auditorium, Teaching and Learning Centre, Northeast Health Wangaratta

Time: 13:00 to 16:30

Presenter:

Dr. Lucie Shanahan

Operational Director Sub acute & Continuing Care Services, Albury Wodonga Health

Workshop Aims:

- Develop an understanding of the principles of client centred practice
- Develop an understanding of contextualised rehabilitation framework (Ylvisaker & Feeney, 1998)
- Develop skills in client centred goal setting practice including collaborative goal setting across a multidisciplinary team.

Use of Technology in Evidence Based Practice

Venue: Conference Room, Margaret Boyd Education Centre, Northeast Health Wangaratta

Time: 13:00 to 16:30

Presenters:

Dr. Helen Haines

Director of the Rural Health Academic Network, Department of Rural Health, University of Melbourne

Helen is a senior research fellow with the University Of Melbourne, Department Of Rural Health and Director of the Rural Health Academic Network (RHAN). She has a Masters degree in Public Health and a PhD in reproductive health. She was awarded a Mona Menzies post-doctoral grant and a post-doctoral fellowship to research fear and anxiety in expectant fathers at the Karolinska Institute in Stockholm, Sweden. Helen has twenty years experience in clinical practice as a registered nurse and midwife.

Ms. Julie Day

Librarian, Health Sciences Library, Northeast Health Wangaratta

Prior to working in the health field, Julie worked at the Northern Territory University Library before settling in the Northeast and working for a while for the Upper Murray Regional Library service. Now with 15 years experience as a Medical Librarian Julie is well experienced at interrogating and searching electronic resources to provide information from the literature to support evidence based practice.

Workshop aims:

- Provide an overview of the levels of evidence
- How to access electronic data bases using an Athens Account
- Tips on search strategies
- Pragmatic bedside approaches to answering clinical questions using the electronic sources of evidence.

Conference Dinner

Wednesday 14 October 2015, 18:00

Ovens Room, Quality Hotel Wangaratta Gateway

A three course meal is included in the tariff. Drinks will be available for purchase from the bar.

The Dinner Address will be delivered by **Associate Professor Lisa Bourke**.

Topic: Unleashing the potential of allied health.



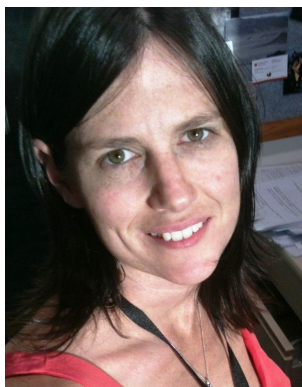
Lisa Bourke is an Associate Professor and Director of the University Department of Rural Health at The University of Melbourne in Shepparton, Victoria. Lisa is a rural sociologist and social worker with a passionate commitment to education and research in rural health. Lisa has twenty-five years experience as a social researcher in rural communities. Her key research interests include the cultural and power dynamics within rural health as well as the wellbeing of rural young people and the inclusion of all rural health consumers. Lisa is also committed to improving the quality of life of Aboriginal, Torres Strait Islander, rural and remote Australians.



THE UNIVERSITY OF

MELBOURNE

Keynote Speakers



**Natalie
Hamam**

**Lecturer in
Occupational
Therapy,
Charles Sturt
University**

Natalie Hamam is a lecturer of occupational therapy for Charles Sturt University. Natalie completed a graduate diploma in sexual health in 2008 and is part way through a PhD at the University of Sydney. Her research is investigating how people with physical impairment and their partners successfully adapt their sexual lives. Natalie previously worked at Family Planning Victoria as the Disabilities Programs Coordinator and has experience working with people with intellectual disability with their knowledge of sexual and reproductive health.



**Kathleen
Philip**

**Chief Allied
Health Advisor
of Victoria,
Department of
Health and
Human Services**

Appointed in February 2013, Kathleen Philip provides leadership and strategic direction to the allied health workforce which is recognised as providing an increasingly important service to the health and wellbeing of Victorians. The Chief Allied Health Advisor continues to advocate on behalf of the allied health workforce, while generating a greater understanding of the contribution of allied health to the health and wellbeing of Victorians and the increasingly important role it plays in our communities.

The Chief Allied Health Advisor:

- Provides leadership on the future direction of Allied Health in Victoria and issues impacting the health workforce
- Works with the allied health professions on key issues and provide channels for discussion and development of policy direction and initiatives.
- Identifies opportunities to drive quality, productivity and efficiency across the sector
- Facilitates opportunities for collaboration between public, private and not for profit allied health service providers
- Boosts professional and workforce development opportunities across the sector.

Kathleen is a registered physiotherapist with over 30 years clinical practice, leadership and education experience within the allied health field.



Karen Harris

**Community
Services
Manager,
Cobram District
Health**

Karen Harris completed her Bachelor of Occupational Therapy at LaTrobe University in 1996. She has worked as an Occupational Therapist in acute care, community-based services and rehabilitation, covering the paediatric to aged care spectrum of patient groups. She has also managed a number of multi-disciplinary services in the Northern Territory, Rural NSW and the United Kingdom.

Karen has a particular interest in finding creative approaches to the provision of culturally appropriate and safe health services in rural and remote Australia. She is currently the Community Services Manager at Cobram District Health.



**Craig Wilson
(Wil)**

**Psychologist, BA
(Psych), Grad Dip
Child and Adol
Psych, Grad Dip
Teaching, DipYWK**

Craig Wilson (Wil) is a Psychologist with a diverse practice based in North East Victoria. His current practice is divided between:

- Private Consulting work in GP Clinics and consulting rooms in Euroa, Mansfield and Benalla,
- School Support in a number of Schools in the region.

Wil has been designing and delivering training and development packages for Hospital and Corporate settings for more than 20 years and receives consistently high praise in formal feedback. Wil has been a Youth Worker, Teacher, Taxi Driver, Musician, Community Clinician in Public Mental Health and has a career spanning close to 40 years working with individuals, families, communities and businesses in Victoria and other parts of Australia. He holds qualifications in Psychology, Education and Youth Work and is a full member of the Australian Psychological Society (20 years) and the Australian Association of Cognitive Behavioural Therapists.

Wil is an entertaining and dynamic presenter blending a solid theoretical and clinical background with an engaging and entertaining presentation style.



Jane Kealey

**NHW Telehealth
Coordinator,
Northeast Health
Wangaratta**

Jane Kealey is the Telehealth Coordinator, at Northeast Health Wangaratta in North East

Victoria, and has worked primarily on development of ED telehealth services in the Hume region, but is now involved in expanding telehealth services outside the emergency department setting.

With qualifications in nursing, science and public health, Jane's career interests are in the area of rural & population health, improving rural health services, and also cardiovascular and chronic disease. These interests are a culmination of past work experiences as a nurse and researcher, her studies and time spent living in both rural and metropolitan locations.

Her rural hospital intensive care nursing experience during the mid 1990's ignited her interest in public/rural health, seeing first hand, the impact of health care systems and health services on patient outcomes and population health.

Lisa Peters



**VST Site
Coordinator
& Clinical
Educator
Allied Health,
Northeast
Health
Wangaratta**

Lisa Peters is the Northeast Health Wangaratta site coordinator for the Victorian Stroke Telemedicine Project and an Allied Health Clinical Educator across both Wangaratta and Benalla.

Lisa has a Masters in Occupational Therapy, and has worked across a wide variety of rehabilitation settings; private, public, metropolitan and rural. She has experience in, brain injury, stroke and general rehabilitation.

Lisa has a keen clinical interest in brain injury and stroke which she developed during her employment at the Epworth in Melbourne. Hailing from rural NSW, Lisa is passionate about ensuring our rural and regional patients have equitable access to quality health care.

Concurrent Speaker

Christine Behm

Older Persons Nurse Practitioner, Northeast Health Wangaratta

Christine is a registered nurse with over 30 years of experience. Her experience ranges over acute, subacute and community health. She has been working in the Thomas Hogan Rehabilitation Centre for three years and became endorsed as an Older Persons Nurse Practitioner in August 2013.

Dale Carroll

Occupational Therapist, Northeast Health Wangaratta

Dale is an Occupational Therapist with 28 years clinical experience. She is currently working at Northeast Health Wangaratta in the Hand Clinic. Previous related experience includes working in the Burns/Plastics/Rheumatology Units at the Royal Children's Hospital, St Vincent's and Dandenong Hospital Plastics Units, and Private Hand Therapy locums.

Tahlia Chappell

Speech Pathologist, Northeast Health Wangaratta

Tahlia has worked as a speech pathologist in hospitals across the Northwest Coast of Tasmania before more recently joining the team at Northeast Health Wangaratta. During her time in Tasmania Tahlia worked with a range of diverse paediatric and adult populations, including those with neurological impairments. This is where her passion for neurological rehabilitation developed, prompting her to pursue a career in the Thomas Hogan Rehabilitation Centre.

Samantha Coonan

Allied Health Assistant, Gateway Health

Emma Finger

Speech Pathologist Grade 2, Northeast Health Wangaratta

Emma graduated with a Bachelor of Health

Science (Speech Pathology) at Charles Sturt University Albury in 2009. She has a diverse background including private and public acute, sub-acute inpatient services; community health; schools; and private practice. Emma is committed to further developing her skills in clinical education and quality improvement and is currently enrolled in post graduate study at the University of Melbourne in Excellence in Clinical Teaching.

Annalee Gardam

Program Manager Allied Health, Gateway Health Wangaratta

Annalee Gardam is an Occupational Therapist with experience across acute, rehabilitation and community practice. Having extensive experience in care coordination and case management, Annalee has recently completed a project management role exploring the opportunities of Allied Health Assistants performing care coordination and goal directed care planning with complex clients.

Viv Jeffery

Viv Jeffery - B.App Sc (Pod), Post Grad Dip. (Pod), Post Grad Dip. (Health Services Management)

Viv has worked as a podiatrist in both public and private sectors. She spent 16 years in private practice before moving to GV Health working with their RAHT and HARP Diabetes teams as a podiatrist for 3 years. Viv then went to Numurkah District Health service on a 1 year research project resulting in publication "Responding to rural health needs through community participation: addressing the concerns of children and young adults" in Australian Journal of Primary Health and the establishment of The Hut Youth Clinic in Numurkah. She then became Early Intervention in Chronic Disease Project Officer for Moira partnership consortium - Yarrowonga, Numurkah, Cobram and Nathalia health services & MHA Care for 3 years - based at Numurkah. In October 2012 Viv joined GVPCCP as Project Manager Quality Connections. Her portfolios include chronic disease management, service coordination and e-health. Viv has particular interests in work

force development and strategic context of her work roles, and is on Victorian PCP Service Coordination state-wide secretariat. She undertook extensive research around Hume region Health Change Australia training in partnership with Kaye Ervin, Rural Health Academic Network, University of Melbourne, and this has resulted in 4 publications.

Melissa Kearney

Occupational Therapist Grade 2, Northeast Health Wangaratta

Melissa graduated with a Bachelor Health Science (Occupational Therapy) from Charles Sturt University in 2007. Her clinical experience is predominantly within the inpatient rehabilitation sector, with a special interest in both rural practice and stroke outcomes. Melissa is completing a Masters of Stroke Management via University of Newcastle.

Stacey Manfield

Clinical Leader Occupational Therapy & THC Project Coordinator, Northeast Health Wangaratta

Stacey has been working as an Occupational Therapist in Northeast Victoria, specialising in Neuro-Rehabilitation 14+ years. Over her career Stacey has participated in research through The University of Melbourne, been awarded best poster at an international neuro-rehabilitation conference and presented national and international conferences. Recently, Stacey has been involved in a Victorian Clinician Stroke Network project with Caulfield Hospital. This used telehealth as a medium to assist with evidence based practice in stroke care for regional rehabilitative settings. Stacey is passionate about neuro-rehabilitation and is committed towards strong partnerships within her community to ensure good sustainable outcomes for clients with neurological deficits. Stacey is the Clinical Leader in Occupational Therapy and Project Coordinator at Thomas Hogan Rehabilitation Centre at Northeast Health Wangaratta.

Dr Kylie Murphy

Lecturer & School Honours Coordinator, Charles Sturt University

Dr Kylie Murphy's background includes school teaching and preventative community health research. She is currently interested in pragmatic health research, particularly collaborative evaluations with health and community services, aimed at maximising health and wellbeing in regional communities. Kylie lives with her husband and two daughters in Wangaratta, Victoria.

Natasha O'Callaghan

Allied Health Subacute Clinical Lead, Goulburn Valley Health

Natasha O'Callaghan is currently the Allied Health Subacute Lead at Goulburn Valley Health. She is a qualified occupational therapist and has further education in business administration and project management. Natasha has managed numerous allied health projects over the past 10 years demonstrating her keen interest in quality improvement.

Dr Tracey Parnell

Allied Health Clinical Education Coordinator, Albury Wodonga Health

Tracey is an occupational therapist who is currently working in the role of Allied Health Clinical Education Coordinator at Albury-Wodonga Health. She is also an Adjunct Lecturer at Charles Sturt University. Tracey's clinical experience is in the field of adult rehabilitation with her most recent experience being in occupational rehabilitation. Tracey has a keen interest in work and the meaning of work, and in the ongoing career development of health professionals.

Tammy Phelps

Private Speech Pathologist at The Rupsey Centre and Clinical Leader for Speech Pathology at Goulburn Valley Health, Shepparton

Tammy is a very experienced clinician who has worked for over 14 years, mainly specialising in adult rehabilitation and paediatrics. Tammy has worked in a variety for organisations and

currently works as the manager of Speech Pathology at Goulburn Valley Health, Shepparton. Tammy also runs a successful private business and is well regarded within the allied health community.

Donna Samon

Physiotherapist, Home Rehabilitation Service

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

Robyn Sprunt

Team Leader Community Health and Occupational Therapist, Numurkah District Health Service

Robyn is an Occupational Therapist with a range of clinical experience having practiced in community, inpatient, aged care, private practice and occupational rehabilitation settings across the Goulburn Valley region for the past 19 years.

Anna Sullivan

Allied Health Undergraduate and Early Graduate Coordinator, Albury Wodonga Health

Anna Sullivan works at Albury Wodonga Health as the Allied Health Undergraduate and Early Graduate Coordinator. Her current role is a mixture of providing support for students and staff, running Interprofessional Learning sessions for students, coordinating the Allied Health Early Graduate program, running clinical support sessions for staff and fostering links between professions in Albury Wodonga Health.

Sally Wilson

Grade 2 Occupational Therapist, Northeast Health Wangaratta

Ms Sally Wilson is a Grade 2 Occupational Therapist at Northeast Health Wangaratta. She is currently leading a hospital wide project on the assessment and management of post traumatic amnesia. Sally is very passionate about rural health.

Dr Brooke Winzer

Grade 2 Physiotherapist, Northeast Health Wangaratta

Dr Brooke Winzer works concurrently as a Grade 2 Physiotherapist at Northeast Health Wangaratta, Honorary Clinical Lecturer at The University of Melbourne, and Interventionist on a National Health and Medical Research Council funded RCT. Brooke completed a fulltime PhD at The University of Queensland (School of Medicine) in 2012. Previous roles include sessional Lecturer at University of Queensland and Charles Sturt University.

Poster Presenters

Kym Durance

Residential Aged Care - Nursing Unit Manager, Beechworth Health Service

Kym has worked in general psychiatric and midwifery nursing since 1973 until the mid 1990's. After further post graduate studies he was worked in various settings as a manager or CEO of aged care and rural acute health

services in New South Wales, Tasmania and Victoria. He is currently Managing the Aged Care units in Beechworth Health Service.

Emma Gunn

Physiotherapist, Goulburn Valley Health

Emma graduated with a Bachelor of Physiotherapy in 2011 from Charles Sturt

University. Employed as a Grade 1 rotating Physiotherapist at GV Health in 2012, Emma moved into her current role as a Grade 2 in the inpatient GEM/Rehabilitation unit in 2013. Emma's project work includes supporting Grade 1 staff.

Dr Tracey Parnell

Allied Health Clinical Education Coordinator, Albury Wodonga Health

Tracey is an occupational therapist who is currently working in the role of Allied Health Clinical Education Coordinator at Albury-Wodonga Health. She is also an Adjunct Lecturer at Charles Sturt University. Tracey's clinical experience is in the field of adult rehabilitation with her most recent experience being in occupational rehabilitation. Tracey has a keen interest in work and the meaning of work, and in the ongoing career development of health professionals.

Tammy Phelps

Manager Speech Pathology, Goulburn Valley Health

Tammy is manager of the Speech Pathology Department at Goulburn Valley Health. She has extensive experience in paediatric feeding both in Australia and the United Kingdom.

Lisa Pryor

Director of Clinical Services, Beechworth Health Service

Director of Clinical Services Beechworth Health Service. Background in nursing across a variety of roles and services, including acute, emergency, midwifery, aged care, afterhours and line management, education in regional, small rural and multipurpose service settings. Exciting feature of current role is that it provides opportunity to create improved integration of allied health and nursing professions at the service provision level.

Angela Sandral

Occupational Therapist, Community Therapy Unit, Mercy Health, Albury

Occupational Therapist currently working in Community therapy unit at Mercy Health, Albury servicing clients in the community and outpatients. Special interest in wheelchair evaluation and seating. Diverse previous work experience including inpatient and community rehabilitation, outpatient paediatrics and acute roles.

Karin Willcox

Project Coordinator, Primary Health & Chronic Care, Department of Health and Human Services

Karin's background is in Psychiatric Nursing, Marketing and Tertiary Education. Her current interest in 'Chronic Care Workforce and Training Competencies' has been driven by her work in the Chronic Care space within the Hume region, and underpins her minor thesis in her current Master of Education studies. Karin works part-time for The Department of Health & Human Services as the Hume regions project lead in Chronic Care and also lectures for Federation University and Wodonga TAFE in Marketing and Applied Project Management in the Workplace.

Kim Wright

Occupational Therapist / Changing Minds - BHS Project Officer, Beechworth Health Service

Occupational Therapist with 15 years experience across a variety of settings including hospital, rehabilitation, vocational rehabilitation, case management, community and residential aged care. Aged care is my passion. Currently working at Beechworth Health Service as an Occupational Therapist. I am currently also privileged to have the role as the Changing Minds - BHS Project Officer.

Keynote Abstracts

Questions about sex: What is our role?

Natalie Hamam

Most health professionals agree that discussing clients' sexual concerns should be part of a holistic, person-centered care. In practice, few feel confident to routinely raise the topic and many wonder if their response to clients' questions about sex are adequate.

This presentation will look at why it's important for allied health to be prepared to discuss sex and relationships as part of their professional role. Questions such as; 'when is the right time to discuss it?' 'How do I bring it up?' 'What should I say and what resources are available?' will be covered. Natalie will share practice insights and stories from clients she's worked with and participants from her studies.

It's not difficult to understand that sexual expression can be a significant part of someone's life, and that disability and illness can cause distressing relationship and sexual changes. But it can be difficult to know how and when to talk about it in the health care setting. Allied health professionals can have a significant role to play in supporting people to find solutions to their sex and relationship questions, but first we need to be ready to address the issues as professionally as any other area. The challenge is not as difficult as it appears and allied health could lead the way in pursuit of true person-centred service delivery.

Shaping the future of allied health - what we're doing in the big picture

Kathleen Philip

We're now three years further along the journey since the first Chief Allied Health Advisor role was created in Victoria and allied health was 'named' as a team in its own right. How are things progressing for allied health, what have we achieved and what things are in the pipeline? We have a new Government and a new look Department of Health and Human Services. What are the opportunities and directions we are/should be focussing on now?

There has to be a better way to do this - innovation at all levels

Karen Harris

Innovation - it can be quite intimidating to be asked to look at your work as a clinician or delivery of your service and to be asked to be more innovative. That is, until you realize that it doesn't have to be a huge undertaking or change in process. In fact, you have probably already done something or are in the process of doing something innovative. I have worked as a clinician, team leader and service manager in a range of different clinical and geographical settings. I'd like to share with you some of my personal experiences and stories of how I have approached the quest to be innovative.

Concurrent Abstracts

STROKEWISE: An innovative & sustainable multidisciplinary approach to stroke education

Emma Finger, Melissa Kearney

The Guidelines for Stroke Management (2010) provide evidence based recommendations for the clinical implementation of stroke education. Guidelines recommend providing education that is: client specific, given at different stages of recovery and offers opportunities for clarification and reinforcement of information (Stroke Guidelines 2010). Northeast Health Wangaratta are committed to ensuring those with a Stroke / TIA diagnosis are offered a My Stroke Journey Education Package developed by the Stroke Foundation. This practice places excessive strain on the primary discipline responsible for disseminating the pack. Furthermore it does not comply with recommendations to provide reinforcement of education at different stages of recovery. Accordingly the need to implement a StrokeWise Education Group was identified. The aims of StrokeWise were: to provide a sustainable approach to delivering dynamic stroke education to patients and their support networks; and to support allied health staff achieving advanced practice competency in stroke education. The first objective was addressed by recruiting a diverse team of allied health professionals. The content was developed to compliment the My Stroke Journey Pack and is presented in a didactic model with a strong emphasis on facilitating group discussion to create opportunities for patient co-learning and support. The second objective was targeted by ensuring all staff were supported in the completion of e-stroke competency and had access to inter-disciplinary learning opportunities. The 6 month pilot phase has been completed and data from participants and staff collated via surveys. Based on feedback, further carer support groups have been founded, stroke survivor volunteers recruited and the educational content updated. The participant's yielded positive results, with 16/18 people recommending the group to others. All staff stated their understanding of stroke education had improved, that the project structure was supportive and that they perceived benefits for

the participants. All staff would recommend StrokeWise to other health services.

Hand Clinic Student Project

Dale Carroll

Best practice in allied health management of acute hand injuries requires a specialist & responsive service. The Hand Therapy service at Northeast Health Wangaratta (NHW) is an outpatient Occupational Therapy (OT) service staffed at 0.7 EFT. Referrals are predominantly received from a twice weekly Orthopaedic Fracture Clinic as well as from, but not limited to, Melbourne based Plastics Units, other NHW staff/departments including the Emergency Department, General Practitioners, and self referrals. The majority of this caseload can not be managed with a wait list due to the risk of secondary complications arising from delayed mobilisation. Demands on the NHW Hand Therapy service had proven to be consistently very high over an extended period of time. The question arose: How do you provide a sustainable specialist and responsive outpatient service to high patient numbers on limited staffing?

In mid December 2014 the NHW OT Department approached Charles Sturt University (CSU) to offer OT students the opportunity to gain specialist skills in Hand Therapy. What evolved was a trial project involving two 3rd year students attending together for one day per week in the first half of the year, and then two 4th year students attending in the second half of the year. Student interest in the project exceeded expectations. Applicants were short listed by CSU with final selection based on interviews by NHW OT staff.

This project has been developed on limited resources and with tight time frames but has proven to be a positive experience. Feedback from patients, students & staff indicates that the project has delivered on expectations, and is worthy of continuation in to the future. This paper will discuss the findings to date of this rapidly evolving project.

Creation and evaluation of an AHA Care Coordination model in regional Victoria

Annalee Gardam, Samantha Coonan, Dr Kylie Murphy

Following participation in the Allied Health Assistant (AHA) Implementation Program and finding that 30% of allied health professional time for clinical and non clinical tasks could be transferred to an AHA, the Hume Region Strategic Plan recommended that Gateway Health Wangaratta work to improve service access and efficiency by creating a new model of care coordination that utilizes the skills of an AHA.

Gateway Health has developed a new role for Allied Health Assistants to deliver flexible and timely care coordination. The AHA Care Coordination role, piloted between October 2014 and June 2015, is the first of its kind in Australia. The outcomes of this pilot project include comprehensive documentation of a new care coordination model for the management of complex HACC clients, including:

- care coordination guidelines
- interagency agreements
- resources and tools to support integrated care
- referral pathways and processes
- a scope of practice and position description new competencies developed in consultation with TAFE
- professional and clinical supervision and delegation arrangements
- orientation, training, and professional development resources.

Evaluation of the role has demonstrated a range of benefits, including a transfer of care coordination tasks from AHP to AHA and a high level of satisfaction for the clients, AHA and AHP.

This presentation will describe the process of developing and implementing the new AHA Care Coordinator role. It will detail major findings from the project's evaluation and observed improvements in the capacity of Gateway Health's rural HACC allied health team to deliver well-coordinated, timely, and

flexible interventions to people with complex care needs.

Allied Health Consultant Program: Innovation for advanced interdisciplinary practice

No Man is an Island; what hidden gems are in your community?

Stacey Manfield, Tammy Phelps, Donna Samon,

Background

Northeast Health Wangaratta (NHW) has been working toward increasing specialty services for clients requiring inpatient rehabilitation. In March 2014, Thomas Hogan Rehabilitation Unit was successful in obtaining funding through the Victorian Stroke Clinical Network to explore the use of telehealth to facilitate evidence based stroke rehabilitation. The funding was not renewable, however dynamic service growth and clinician skill level during the project emphasized the need to provide clinicians with consistent structured opportunities to learn from experts in their field. Sustainable solutions were required; the Allied Health Consultant (AHC) program was conceived and evolved.

The AHC program was designed to provide clinical support and direction to clinicians and aide in the implementation of evidence based practice. A consultant for the purposes of this program is a clinician who has specialised experience in a specific area and is well regarded in the community for their work.

Rural and regional hospitals can struggle to recruit experienced clinicians and positions funded are often at the grade one or two level. Rural clinicians are required to be generalist specialists; thus Grade 3 specialist positions are rare. These clinicians exist in our communities and are an untapped resource.

The AHC program involves contracting clinical consultants to provide support with clinical intervention, decision making, differential diagnosis and the development of skills for clinicians working in rehabilitation. The provision of this program within NHW has allowed for direct client contact and contextualized learning. It has subsequent impacts upon clinician training demands such as cost of clinicians attending training

(including registration fees, accommodation and travel) and the impact upon service provision.

Project

A pilot project was developed over 6 months, trialing the use of 2 consultants to meet with Occupational Therapy, Physiotherapy and Speech Pathology clinicians once a month. This model adopted consultation sessions with direct client contact (selection of existing patients within the rehabilitation unit) as opportunities to refine treatment techniques and advance clinical practice.

The use of consultants has provided solid intervention opportunities for staff and provided an open forum for skill development with a clear focus on improving client care and outcomes. Monthly visits, support with client selection and clear objectives have provided a strong foundation for learning.

Outcomes

The AHC model and project will be presented with learning's presented from clinician, consultant and client perspectives (currently under collation).

This model could be replicated across rural and regional health services.

Goulburn Valley Health Outcome Measurement Tools Project

Natasha O'Callaghan

Background: The allied health outcome measurement tools (AHOMT) project was a Department of Health funded project which focused upon improving patient care by ensuring allied health clinicians were using current best practice outcome measurement tools. The disciplines included dietetics, occupational therapy, physiotherapy, social work and speech pathology.

Aims: To develop a standardised suite of outcome measurement tools for subacute inpatients.

Methods: Australian based studies that compared and contrasted evidenced based outcome measurement tools were identified, an internal audit of outcome measurement tools was completed, and an external health services assessment and outcome measurement tools survey was conducted. This information

was utilised to determine a suite of AHOMTs for subacute stroke inpatients. Outcome measurement tools were selected based upon whether the tool was evidence based, valid and reliable, sensitive enough to measure change during an inpatient stay, timely to administer, and whether it provided information that would inform therapy goals and treatment. The tools and data collection method were evaluated by examining documentation, reviewing data collected and conducting focus groups.

Outcomes: Eight allied health outcome measurement tools and a data collection software program were successfully trialled with subacute stroke inpatients for 3 months.

Conclusions: Specifying a suite of outcome measurement tools proved to be a challenging task due to the large number of outcome measurement tools available, specific discipline requirements and individual patient needs. To ensure that allied health clinicians use current best practice outcome measurement tools it may be more beneficial to have standard criteria that tools must meet rather than specify exactly what tools clinicians should use. Processes and systems to prompt the use of outcome measurement tools are also likely to be beneficial.

Making & re-making career decisions: Experiences of mothers who are occupational therapists

Tracey Parnell

Women with children continually make and re-make career decisions over the course of time, in response to a range of contextual perspectives and factors. This paper will present the stories of selected participants to demonstrate that career decisions and the strategies used to support these decisions, are continually made and re-made in response to the influence of a complex interplay of contextual factors and perspectives.

A qualitative research approach was used to explore the return to career decision-making experiences of fifteen female occupational therapists. Data was gathered via in-depth, individual interviews that were audio-recorded and transcribed verbatim. Data was analysed inductively through line-by-line open coding and theme building.

The researcher determined that the need to re-make career decisions was a common feature of the experiences of the women who participated in the study informing this paper. In response to changes to the influence of different perspectives and factors, the women continually altered their career decisions or the strategies they used to make their decisions a reality. Despite being a feature common to all participants, the recurrent aspect of the decision-making process was frequently unanticipated by the women.

The career decision-making experiences of mothers are ongoing and cyclical in nature. Recognising remaking of career decisions as a regular and expected aspect of mothers' experiences may assist mothers and their employers in accepting altered career decisions and the diverse career trajectories travelled by mothers.

Paperless, Progress and Then A New Tablet - At Times it was Difficult To Swallow

Robyn Sprunt, Kathryn Watson, Rachel O'Dwyer

When confronted with the decision to either embrace technology or be 'left behind', a committed group of community health staff collaborated to lead a teamed approach to transition from historical paper based client records to fully electronic health records.

Allied Health clinicians working with our outreach District Nursing and Palliative Care team have embraced the technology momentum by implementation of mobile tablets, turning portable technology into everyday practice. Transition from paper based to electronic records has been undertaken in a staged process, introducing the team to an unfamiliar ecosystem of electronic health information. Mobile tablets enabled clinicians off-site to have immediate real-time access and the ability to update all client information, case notes, care plans, appointment schedules and statistical data.

A wide range of factors which impacted on transition success were identified, most reported a fear of skill displacement and a theme reflecting the fatigue of continuous change. More positively over time, the use of introduced technology highlighted greater

communication between disciplines, improved clinical decision making and increased client engagement in their care.

Overall, swallowing new technologies can improve service delivery and client care. Lessons learnt from initial implementation have been invaluable. Despite the challenges, the advantages have led clinicians to embrace technology with a willingness to apply in multiple settings across our health service.

Clinical Supervision Support Program: Taking the next step

Anna Sullivan

In 2014 113 staff at Albury Wodonga Health (AWH) completed the Clinical Supervision Support Program training developed by Health Workforce Australia and delivered by Charles Sturt University. This paper will outline the ongoing support strategy developed by AWH to support staff who supervise health students. Following completion of the initial training a survey of participants was undertaken to determine the ongoing needs of staff in the area of clinical supervision of students. The results of the survey indicated that staff found the initial training to be beneficial to their practice but they desired ongoing opportunities to network and support each other in the supervision of students on placement.

The Undergraduate Allied Health and Nursing Coordinators worked together to develop a series of interprofessional learning opportunities that addressed the identified learning needs of participants and facilitated ongoing skill and knowledge development in the area of student supervision. Topics covered included feedback, involving other professions, getting ready for students, what to do with downtime, learning goals, student at risk and teaching a skill. Sessions have been facilitated by the Allied Health and Nursing student facilitators.

Benefits of the program have included sharing ideas, understanding other disciplines approach to students, developing a network of supervisors, promoting the student facilitator role, sharing of resources and acknowledgement of the work of supervisors/preceptors. Barriers to implementation have been finding a mutually suitable time, staff release and encouraging

new or reluctant supervisors/preceptors to attend.

The plan is to evaluate the series of sessions at the end of 2015 and continue to develop a community of practice and learning at AWH.

Learning from, with and about each other: Interprofessional student learning at AWH

Anna Sullivan

Albury Wodonga Health (AWH) is a cross border, multi-site organisation that employs over 2000 people. AWH is committed to contributing to the education of health professional students and in 2014 provided clinical placements to 555 students. Of these clinical placements 102 were allied health students. This paper will outline the inter-professional learning (IPL) strategy used at AWH to enhance students' understanding of different health professionals, facilitate teamwork, and ultimately contribute to best practice in the healthcare setting.

In 2014 AWH recognised the need for, and employed an Allied Health Undergraduate and Early Graduate Coordinator. As the name suggests, the person in this role is responsible for coordinating the clinical placements and learning of undergraduate allied health students.

In conjunction with the Undergraduate Nursing Coordinators, the Allied Health Undergraduate and Early Graduate Coordinator identified an opportunity for allied health and nursing students to learn from, with and about each other. A weekly education program for the students was developed and trialled and has received positive feedback from both the students and their supervisors.

The Student IPL sessions provides students with opportunities to practice clinical reasoning, communication strategies and teamwork in a supportive and collaborative environment. The opportunity to work together on simulated and real case studies also allows students to develop an understanding of the roles of other health professionals and to discuss ways they may work together to enhance patient care.

Interdisciplinary Stroke Cluster-Room: Implementing change in a regional setting

Sabine Wesselmann, Tahlia Chappell, Christine Behm, Joseph Wai

In early 2014, as an initiative by the Victorian Stroke Clinical Network, Thomas Hogan Rehabilitation Centre (THC) of Northeast Health Wangaratta (NHW) formed a partnership with the Caulfield Hospital (part of Alfred Health) to optimise regional stroke care through the use of telehealth. The collaboration was a success, resulting in the formation of the THC Interdisciplinary Leadership Group. The purpose of the leadership group is to continue the quality improvement activities in NHW after the collaboration with Caulfield Hospital finished in June 2014. One of the first changes was to implement a stroke-cluster room in THC.

A longitudinal, qualitative, self-completion survey was completed by all staff working in THC before and 6 months after the stroke-cluster room was formed. Possible barriers to the effective use of the stroke cluster room were identified from the stakeholder meetings with the group members and the pre staff survey completed in November 2014. The following changes were implemented concurrently with the stroke-cluster room: staff education, access to evidence-based practice, audit of current practice, STROKEWISE patient education, care-givers support group and timetabling meetings. The post implementation survey data is currently being collated and will be shared during the presentation. Our experience demonstrates that regional services can implement and provide evidence-based specialist stroke care. We identified that interdisciplinary collaboration, stakeholder engagement, positive 'can-do' culture, a committed working party, outcome-focused meetings and creativity are the key factors for success. Our model can be a good example for other regional health services to follow when implementing a service change.

Assessment of Chronic Illness Care - a regional view

Karin Willcox, Viv Jeffery

First designed for the American health care sector in 2000, the uptake, usage and adaptation of the Assessment and Chronic Illness Care (ACIC) Survey has increased steadily across the globe. Closely aligned with Wagner's Chronic Care Model, the ACIC Survey is designed as a self-reported mechanism and is described as a practical quality improvement tool to inform improvement opportunities at a 'community, organisational, practice and client level' (McColl Centre 2013). Qualitative in nature, the ACIC measures respondent perceptions on the chronic care system, with an emphasis on 1: identifying areas for improvement before initiating quality improvements and 2: enabling periodical evaluations on impact of continuous quality improvement activity. This paper presents a short summation of the key findings and collated recommendations of the recent Hume region Assessment and Chronic Illness Care (ACIC) Surveys completed in October 2014. The objective of this activity was to evaluate and rate the ('chronic illness care') continuous quality improvement activity of DHHS funded health care organisations in the Hume region to inform "... a catchment continuous quality improvement plan (by Oct 31). This paper offers a summation on the findings, discussions and recommendations tabled in the final reports of each PCP.

Teamwork in the Critical Care Unit - a Case Study

Dr Brooke Winzer, Sally Wilson

Background

Morbidly obese patients are challenging for critical care unit (CCU) teams, especially in regional hospitals. This case study describes the problem solving and teamwork required to care for a 220kg critically unwell patient at Northeast Health Wangaratta (NHW).

Mr G (50yrs) was admitted to CCU in January 2015, with respiratory failure and subsequent cardiac arrest requiring 9min of CPR and intubation on the background of obesity hypoventilation syndrome and COPD. Occupational Therapy, Dietetics and

Physiotherapy were involved to achieve optimal pressure care, nutrition, upright positioning, and early mobilisation/rehabilitation to reduce morbidity and mortality. Complex family issues required Social Work input.

Methods

An extra wide bariatric bed and full mattress replacement was hired Day 1 of admission. Bed mobility/turning required six staff members. Mr G was unable to sit fully upright while intubated as NHW did not possess appropriate resources to safely accommodate his weight and reduced conscious state. Multiple attempts to hire a chair or ICU bed with FullChair® features, were unsuccessful. Attempts to borrow equipment from other hospitals were also unsuccessful. Purchase was not possible. A TotalCare plus ICU Bed (Hill-Rom) with FullChair® and 'turn-assist' was eventually sourced on free trial. XL slings and Liftpants (Liko) were purchased to permit hoist transfer and commence gait retraining.

Results

Mr G was extubated Day 6, sat upright Day 8, and stood in Liftpants via hoist Day 17. Immobility resulted in three, Stage 2 pressure areas and global weakness. Following ongoing allied health intervention, discharge home occurred Day 35, following a home visit.

Discussion

NHW was not prepared for a 220kg critically unwell patient. Sourcing appropriate bariatric equipment was extremely difficult and time consuming resulting in pressure injuries, delayed mobilisation and staff injuries. An integrated approach, involving multiple allied health disciplines, played a significant role in achieving a positive patient outcome.

Poster abstracts

Standardising orientation, resources, mentoring and competencies for Grade 1 rotational positions

Emma Gunn

GV Health Physiotherapy Department, like many rural and regional departments, has a regular turnover of junior staff. In small busy departments, grade 1 staff can often be working in areas with limited senior support and opportunity for thorough orientation. This can result in staff feeling isolated and having a poor understanding of the scope of their role. When junior staff rotate with each other it can lead to important information being missed in the orientation process. The purpose of the project was to improve staff orientation, resources, mentoring and competencies within the constraints of existing senior staffing and allow for consistent service provision within a group of rotating grade 1 staff members. Review of current practice at GV Health for grade 1 rotations was completed, including feedback from existing and past grade 1s. As well as researching other similar organisations for policies and procedures around orientation, mentoring, clinical prioritisation and competency assessment for grade 1 staff. The information gathered was collated to develop grade 1 rotational folders that reflected current best practice in regards to orientation, clinical prioritisation, mentoring and competency assessment. Feedback from staff since the roll out of the grade 1 folders has been positive, with all staff reporting they feel they have been well orientated and content of the folders is relevant to their work and useful in the provision of services to clients within GV Health. The content of the grade 1 rotational folders are reviewed by a senior at the end of each rotation to ensure currency of information and that the needs of junior staff members are continuing to be met. The provision of standardised written rotational information for all junior staff ensures that they have the relevant resources available to enable consistent service delivery.

The matrix of career decision-making

Tracey Parnell

Women may be better able to make career decisions when they have a clear understanding of the range of perspectives and factors that influence their career decision-making after becoming a mother. This poster will illustrate a matrix model of career decision-making that highlights the complex interplay of factors and perspectives that shape the experiences of mothers.

A qualitative research approach was used to explore the experiences of fifteen female occupational therapists. Data was gathered via in-depth, individual interviews that were audio-recorded and transcribed verbatim. The data was analysed inductively through line-by-line open coding and theme building.

The researcher determined that there were four perspectives and six factors, thus 24 'cells of influence', that shaped the career decision-making of occupational therapists who are mothers. Some cells of influence were more powerful than others in determining the final outcome of career decisions. These high-priority impacts included: societal expectations, expectations the women had of themselves, family support, conflict with partners, and workplace flexibility.

The matrix model may be a useful tool to assist mothers to make career decisions as, whilst recognising the complexity of the experience, it promotes a proactive and systematic approach to decision-making. This model may also assist women to clarify meaningful career goals, and to identify potential barriers to, and facilitators of these goals. The matrix model may also be useful in facilitating discussions between women and their employers as they negotiate a return to their career.

The lumps and bumps of establishing a rural multidisciplinary paediatric feeding clinic

Tammy Phelps, Wendy Swan

Background: Paediatric feeding is an area of clinical specialty for Speech Pathologists and Dietitians. Over the past three years, an increase in referrals at Goulburn Valley Health (GV Health) has identified the need for a complex multidisciplinary feeding clinic. Specialised assessment and management of infants and children with complex feeding needs in the 0-5 year age group, has emerged as an area where Speech Pathologists with expertise in paediatric feeding, can effectively contribute to improving patient outcomes and reducing hospital re-admissions. Historically, GV Health paediatric clients with complex feeding issues were provided with inpatient intervention by the Speech Pathology and Dietetics clinicians. Timely access to community based paediatric services for ongoing treatment has been problematic due to long waiting lists. Delay in continuation of treatment places these children at nutritional and developmental risk of developing sensory and oral aversions to eating as well as defensiveness surrounding meal times.

Aim: To develop a multidisciplinary allied health led feeding clinic to provide a clinical pathway for treatment of medically based feeding conditions whilst children waiting for update by a community service. Method: An area of emerging risk through increased identification and referral of complex paediatric feeding problems, prompted discussion between the paediatric and allied health teams to consider an appropriate management pathway. Several budget proposals were unsuccessful in securing funding for the clinic. External funding from DHHS was received in 2015 to conduct a pilot project under the Advanced Practitioner Model.

Results: Outcomes of the pilot project will be presented.

Conclusion: Regional Victorian children have limited access to a non admitted specialised complex feeding service. Continued advocacy for this client group and service will be a high priority.

Wheelchair Seating and Evaluation clinic: Aiming for Optimal Outcomes

Angela Sandral

Mercy Health, Albury community therapy unit provides an allied health service to client's who are frail aged and/or with chronic or complex disabilities aged over 18, with core business of the service being those over 65, living in the community. The importance of optimal wheelchair seating assessment for those who are wheelchair reliant is a crucial component to their activities of daily living (ADL) and is widely recognised in research (Greer, Brasure & Wilt 2012). Optimal wheelchair provision should have a number of elements incorporating, initial contact, holistic assessment, trial and appropriate prescription of equipment, investigation into funding options, appropriate fitting and follow-up training and a process to allow for ongoing needs (Armstrong et al, 2008). Seating clinic allows the team at Community Therapy, Mercy Health, Albury to deliver a concise, multi-disciplinary service to clients where clinicians work together with the client with aim of achieving optimal seating and postural outcomes. Clinicians involved in the process include occupational therapists, physiotherapists and allied health assistants. The proposed poster will outline the advantages of seating clinic including providing a client centred approach to wheelchair assessment, enhanced musculoskeletal and pressure assessment, increased time efficiency for client's, clinicians and suppliers and development of a clear plan of client's future needs and direction for further intervention to prevent negative postural changes. The process of how seating clinic at Mercy Health, Albury is conducted and future plans for seating clinic on an ongoing basis will also be outlined.

Armstrong W, Borg J, Krizack M, et al. Guidelines on the provision of manual wheelchairs in less resourced settings, Geneva, Switzerland: World Health Organisation 2008
Greer N,

Brasure M, Wilt T. Wheeled Mobility (wheelchair) service delivery: scope of the evidence, *Annals of Internal Medicine*, 2012,156, pp.141-146.

Chronic Care needs to be a Team Sport: Could a competency based, interprofessional framework be the game changer?

Karin Willcox

In Australia, chronic diseases are now considered the leading cause of illness, disability and death. In regional Victoria, The Hume Region Chronic Care Steering Committee was formed in response to the 2005 National Chronic Disease Strategy's call to action. To combat 'the rising tide' of chronic disease, the Committee's charter is "...to improve the way chronic care is delivered by promoting a collaborative environment with all relevant stakeholders including public and private providers, the client and their families."

To foster consistent standards of collaborative practice across Chronic Care settings in the Hume region, the lead imperatives are the determination of shared, (professional and education) Chronic Care competencies and sustainable (inter) professional development approaches that can improve the effectiveness of (inter) professional practice.

The objective of this paper is to identify industry endorsed, competency definitions specific to Chronic Care, with a special emphasis on comparing competency based and inter-professional competency frameworks.

This objective seeks to better understand which framework (and associated competency domains) could best support the regional need to build; (1) a set of core competency definitions and standards and (2) a strategic and coordinated (professional development) response to improve (collaborative) chronic care practice in the primary healthcare sector of the Hume region.

A mixed method, including integrative and narrative approaches was adopted, with peer reviewed and grey literature evaluated. A number of Chronic Care related competency frameworks were explored and compared, including examples from New Zealand, USA, Canada, British Columbia and Australia.

Findings reinforced, Chronic Care practice needs to be a team sport. High functioning teams understand a collective capability and sense of connectedness in addition to individual (discipline) capabilities are crucial

determinants of success. Collectively, the studies evaluated in this literature review provided sound evidence that cultivating 'collaborative competencies and interprofessional development programs' in Chronic Care practice do lead to improved effectiveness and efficiencies in (inter) professional practice.

The literature supports the idea; in addition to core (discipline specific and chronic care specific) competencies, the inclusion of interprofessional and collaborative competencies built into a competency based interprofessional framework is the game changer.

Future design of competency frameworks and professional development approaches can be readily adapted from a number of best practice models assuming consumer experience and local workforce consultations also guide final construct design.

Changing Minds - Beechworth Health Service. Shaping a Montessori Community.

Kim Wright, Lisa Pryor, Kym Durance

With the projected increases of dementia world wide, Beechworth Health Service recognised that there had to be a way of helping people living with dementia to have a better quality of life. In 2015, Beechworth Health Service has implemented a new care philosophy, into its residential aged care facility, within Stringybark Lodge. This approach is based primarily on the Montessori principles and practices, particularly targeting those residents living with dementia. The aim is to embed and refine "best practice quality dementia care" as the ongoing model of care for our future. The long term aim is to adopt the principles and practice throughout the entire site.

The Montessori approach provides a framework for shaping a purposeful, meaningful community in which people with dementia can live. The goal is to create the kind of place we want to live. Montessori in an innovative approach to dementia care. It creates meaningful roles and routines based on the individual. It has an emphasis on having an environment that supports memory loss. It also focuses on peoples strengths, enabling them to be as independent as possible. The goal of

Montessori is to create persons who are as independent as possible, able to make choices and who are treated with respect and dignity.

The poster will provide a snapshot of the outcome of this project

This image shows a full page of white paper with horizontal blue lines, typical of notebook paper. The word "Notes" is printed at the top left in a dark blue font. There are 21 horizontal lines in total, including the one at the very top.

