



La Trobe University
Faculty of Health Sciences
Division of Allied Health
Department of Podiatry

Guidelines for Fourth Year Podiatry External Professional Placements

**Supervisors Manual
2009**

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1. INTRODUCTION

Welcome to the detailed guidelines for 4th Year Podiatry Professional Placements at La Trobe University.

Professional Placement and practice is a significant and crucial component of the Bachelor of Podiatry course. The final year of the course encompasses more extensive clinical practice both externally and internally. The Professional Placement unit POD4PEC requires the student to undertake 272 hours of professional placement.

The overall aim of the clinical practice subjects throughout the course is to equip students with sufficient skills to enable them to work as independent practitioners. Clinical experience is an integral part of the course as it serves to build on and consolidate the theory presented in class with regard to assessment, diagnosis and management.

This document is a resource manual to guide clinicians through the processes and requirements in supervising final year podiatry students. It provides guidance to supervisors in the expectations of the professional placement and assistance in providing clinical supervision. It also provides a guide of the expected levels of students' abilities and the rules and regulations to which students are expected to adhere.

This manual is a living document which will be reviewed and evaluated on an annual basis, which supervisors are most welcome to contribute to.

The Department of Podiatry has a Professional Placement Coordinator, who is responsible for the academic aspects of the Professional Placement Program, and an External Relations Officer responsible for administration. Either may be contacted should you have any enquiries about the Professional Placement Program and placements (see next page).

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2. PROFESSIONAL PLACEMENT AND PRACTICE

Professional Placement and practice in the final year of the podiatry undergraduate course is designed to further develop, integrate and enhance treatment and management skills acquired in previous years of the undergraduate course. In consultation with the podiatry staff, students will develop learning goals encapsulated into learning needs and interests. Students will select facility placements, which match their learning needs and interests. Following a school-managed matching process, students will submit a written application and attend either in person or by phone. The facility will select a student whom they consider will be able to achieve their learning goals in their setting.

2.1 Goals of Professional Placement Program

Students come to the External Professional Placement Program with the knowledge of written theory of podiatry and limited practical skills of podiatric treatment and management. It is in the placement setting where students learn how to apply their knowledge of podiatric management and how to make sense of their professional role.

The external professional placement environment is a learning environment where students practice their skills, reflect on their approach and management of patients and gain feedback on their performance. The professional placement setting provides the opportunity for a more in-depth approach to learning rather than a surface approach. Students in the setting of a "real" podiatry practice perceive a more realistic meaning behind their learning. It enables the student to be responsible for the continuity of care of the patient and monitor their effectiveness in the treatment and management of patients.

By participating in the External Professional Placement Program, students' motivation is enhanced and their focus is patient centered rather than having an examinable material focus.

2.2 Aims of Professional Placement

The aims of the Professional Placement are to:

- Appreciate and understand the role of the podiatrist in a clinical setting.
- Enhance the student skills and knowledge of podiatry in preparation for graduate practice.
- Provide students with a practical opportunity to appreciate the multidisciplinary approach to health care and to participate as a team member.
- Provide the opportunity for students to reinforce their theoretical knowledge and practical skills by setting them clinical and practical tasks specific to the placement.
- Familiarise the students with clinical and organisational procedures necessary for appropriate podiatry patient management.
- Allow students under guided clinical supervision to undertake patient treatment management and follow up so that expansion of practical and clinical skills can occur.
- Provide students with constructive critical analysis of their clinical and practical skills and thereby provide them with feedback on their individual placement performance.
- Provide exposure to public health care services and structures.

3. WHY SUPPORT PROFESSIONAL PLACEMENT?

3.1 What are the Benefits to Clinicians and Facilities?

Involvement with the clinical education of podiatry students accords benefits to both the individual clinicians and to facilities as a whole.

- Clinicians have the opportunity to develop specialist skills in clinical teaching.
- Having final year students who can take on caseloads can often contribute to the productivity of the facility. Studies have shown that productivity of facilities with full time students can be enhanced.
- Students can bring to the facilities updated knowledge and theories, providing clinicians an opportunity to broaden their knowledge base.
- The visibility of the service within the facility is improved and so increases the profile of the podiatry department.
- Exposure of the facility to the student cohort enhances opportunities for recruitment upon graduation this is especially of advantage to rural facilities that place students.
- Having students on placement provides a link with the University, introducing the possibility of research collaboration and research sharing. This link also ensures clinicians are kept informed of university seminars and professional development programs.
- Being involved in clinical education allows clinicians to be part of developing curriculum, and refining clinical education processes (e.g. working parties).
- Students may contribute to the facility in-service program. Fourth year students may work on special projects while on placement, projects that might not be possible otherwise.
- Having students on placements ensures that the agency maintains a "service to the professional role" – supporting the undergraduate training of professionals.
- Provides accreditation and professional development points towards the Australasian Podiatry Council Professional Accreditation Program.

3.2 Criteria for a Podiatric Clinic to be Involved in the Fourth Year Professional Placement Program:

- Evidence that the clinical area complies with the Podiatrists Registration Board infection control requirements.
- Satisfactory external accredited OH&S procedures in place, to ensure a safe work place for the student. This is part of the Hospital and Community Health accreditation process e.g. Equip.
- Evidence that supervising podiatrists are involved in continuing professional development (e.g. Accredited Podiatrist Program) or a documented self development plan which indicates goals, how they are being worked towards and when they will be achieved.
- The supervising podiatrist should have at least three years experience post graduation/registration or has completed a certificate course on clinical supervision.
- The ability to keep the student occupied with both a mixture of clinical and other activities.
- The student should spend at least 50% of time providing supervised clinical care to the facility's patients.
- The remaining time could be made up with a mixture of observation, quality improvement, project planning and implementation, health promotion and other activities relevant to the practice of podiatry. This could involve interaction or collaboration with other allied health professionals.
- The clinic/facility should have sufficient space to accommodate the needs of the student.
- Ability to provide 272 hours on placement within a period of seven to twelve weeks.
- Ability to obtain patient consent prior to treatment by a student. This is usually obtained in a written format as part of the initial registration process of the patients' first attendance to the facility. In addition, verbal consent may be obtained prior to the student commencing treatment.

See **Appendix D** for Declaration form for Evidence of Criteria.

4. CONTENT OF THE UNIT AND CLINICAL DECISION MAKING

Australian Podiatry Council Competency Standards

The La Trobe University undergraduate degree program is designed to assist students to achieve the professional knowledge, skills and attributes to the following competencies based on the Australian Podiatry Council Competency Standards for Podiatrists:

1. Assess the client's problems and needs.
2. Interpret and analyse assessment findings for the diagnosis of the clients problems and the definition of clients' needs.
3. Develop a podiatry intervention and management plan to meet the defined goals.
4. Implement podiatry intervention strategies.
5. Evaluate the effectiveness of podiatry intervention.
6. Demonstrate professional behaviour appropriate to podiatry and operates effectively within the health care system.
7. Apply management skill in the podiatry practice.

See Appendix F: A.Pod.C Competency Standards and Related Assessment Methods

Fourth Year Podiatry Units – Clinical Stream

The clinical stream offers the student opportunity for more extensive clinical practice both within the Health Sciences Clinic and at external institutions.

Teaching Period	Unit Code	Unit title	Credit points
SEM-1 or SEM-2	POD4PEC	Podiatric External Clinic	45
SEM-1 or SEM-2	POD4PCP	Podiatry Clinic Practice	45
SEM-1 or SEM-2	HLT3IPA	Interdisciplinary Professional Practice	15
SEM-1 or SEM-2		Elective (s)	15

4.1 Unit Details

POD4PEC Podiatry External Clinic 4

Unit Coordinator: Nikki Frescos

In this unit students will rotate through a number of external clinic placement settings for periods ranging from one day to seven weeks. The placement settings include podiatric clinics in hospitals, community health centres and private practices. Students participate in clinics including: endocrinology, vascular pathology, orthopaedics, rheumatology, psychiatry, neurology, gerontology, dermatology, high risk infectious diseases, human locomotor studies, paediatrics, sports medicine and rehabilitation. It is a requirement that students have a current CPR certificate, have undertaken a police check and have up-to-date immunisation.

Aims

- To further develop, integrate and enhance treatment and management skills.
- To participate in clinical practice settings for an extended period of time to enable the continuity and evaluation of their patient management.
- To participate in multidisciplinary activities, thereby gaining an appreciation of the role of the podiatrist in the health care team.
- Gain an appreciation of the distribution of responsibilities within a podiatry department, its day to day working and administration, and its position within the hierarchy of a larger organisation such as a hospital or health centre.
- To develop the students awareness of the nature and variety of work available to the podiatrist.

Learning Objectives:

By the end of the subject the student should be able to:

- Apply practical application of podiatry theory in all clinical settings.
- Demonstrate an ability to assess and manage the patient/client.
- Demonstrate an understanding of the implications of management of the patient/client.
- Provide appropriate podiatric management of lower limb pathologies.
- Appreciate and understand the role of the podiatrist in a clinical setting.
- Appreciate and understand the multidisciplinary approach to health care.

Teaching & Learning Strategies:

Two seventy two hours (272) of external clinical placements in a block format of seven (7) weeks or up to 12 consecutive weeks and self directed learning

Assessment:

1. Successful completion of individual learning contract.
2. 2500 word assignment based on the project undertaken at the placement.
3. A one page program plan on the project to be undertaken whilst on placement.
4. Hurdle requirement: Completion of 272 hours on clinical placements.
At least seven postings on WebCT

Students must have undertaken 20% of their placement by relevant semester census date. Students are required to maintain regular contact with the clinical coordinator by submitting a mid placement report and participating in an on-line chat forum.

Duration: 272 hours

CLINICAL DECISION PATHWAY

The student should base their clinical treatment and management through the following clinical decision pathway:

Assessment:

- (a) Pre-assessment – elicits appropriate information regarding the patient’s presenting complaint and medical history
- (b) Problem hypotheses- determines what are the client needs, the type of examinations and diagnostic procedures to undertake.
- (c) Assessment – perform relevant physical examination and diagnostic procedures.

Analysis and diagnosis: interprets and evaluates the information received from the assessment. Synthesis of the assessment findings and establishes diagnosis.

Aims of treatment: determines what outcomes are to be achieved and develops a management plan.

Selection of treatment: decides what intervention will be undertaken and how will it be applied.

Implementation of treatment: application of the appropriate intervention/treatment.

Reassessment: review and evaluation of the treatment. Is this the most appropriate approach to the presenting complaint, will it be efficient and effective?

Clinical reasoning: is the choice of treatment based on evidence, is it best practice?

Record keeping: records accurately clear; comprehensive and legible clinical notes according to practice guidelines e.g. SOAPE. Complies with the Privacy Act 2002.

Professional behaviour: demonstrates appropriate professional conduct in the consultation and treats the patient with respect.

5. ROLES AND RESPONSIBILITIES

5.1 What is the role of the Professional Placement Supervisor?

Fourth Year Professional Placement focuses specifically on the development and acquisition of core podiatry skills in the practice environment. The placement supervisor plays a crucial role in the development of these skills. The activities of the placement supervisor that relate directly to the acquisition of skill may be described as that of a:

Practitioner: The placement supervisor explains podiatry within the context of the particular practice setting.

Teacher: The Placement Supervisor:

- “Breaks down” the particular skill to be acquired and describes the skill in terms of that analysis
- observes the student performing some or all of the clinical skills
- works with the student in reviewing their performance and provides evaluative information regarding the acquisition of that particular skill

Evaluator: The clinical supervisor has the major responsibility for providing a midway and final report that evaluates the student’s performance in terms of the objectives of the fieldwork.

5.2 The Expectations of the Professional Placement Supervisor

It is important that as much as possible the supervision is tailored to the student’s needs. It is suggested that facilities provide the following:

- Adequate time for planning and implementing of clinical fieldwork program.
- Acceptable work area, locker space or personal storage for students.
- An orientation program of half to one-and-a-half days. This serves to introduce the student to “the way things work” in the hospital/agency. Students regard written material (orientation folder) as helpful. This could be general agency information and information related to the podiatry service (including relevant policies and protocols).
- Outline of placement structure and expectations, timelines, specific skill and competencies students are required to demonstrate.
- Allocate a caseload appropriate to the level of the course and student’s abilities.
- Provide a level of supervision (demonstrating, observing and instructing), which is appropriate to the level of the course and student’s abilities.
- Provide regular and specific verbal feedback to the student on their clinical work.
- Ensure that students are competent to perform their allotted tasks and that they conduct themselves in a safe and professional manner.
- Conduct mid-placement written feedback and discuss the results with the student.
- Conduct a final assessment and discuss the results with the student.
- Attendance of Clinical Student Supervisor at yearly External Clinicians workshops conducted by the Department of Podiatry, La Trobe University either on campus or in selected regional areas.

5.3 Supervision

The role of a clinical supervisor is varied dependent on job type, work place, educational level and experience regardless of what profession we belong to (Best & Rose, 1996)

Turney et al (1982) give six different roles that a clinical supervisor must undertake at some point during student interaction, education or clinical placement:

1. Manager
2. Instructor
3. Counsellor
4. Observer
5. Giver of feedback
6. Evaluator or assessor

These roles are expanded and may be Examined in more detail by Best & Rose (1996)

Given the number of tasks that a Clinical supervisor is expected to take Through the whole of student placement it is no wonder many podiatrist's approach the 4 year clinical placement program with fear and trepidation.

(Goldhammer et al 1980, Mandy, 1989)

If we reflect on how life was as a student and ask ourselves what we wished our clinical supervisors were able to do, it is hoped that it would not be too different from studies quoting that most desired attributes of clinical supervisors by students mainly include being:

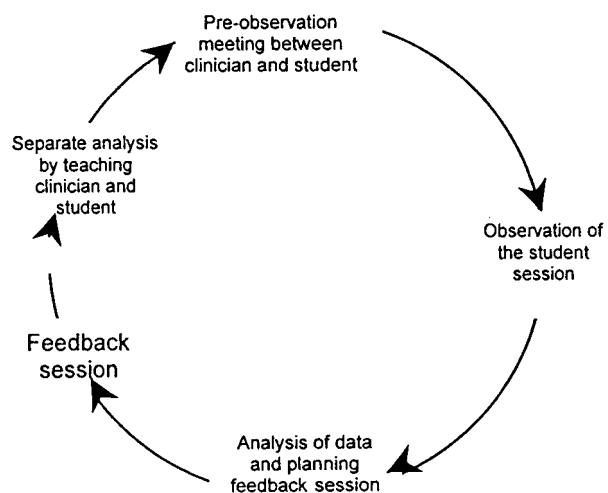
- Friendly
- Helpful
- Forthcoming with information
- Approachable

(Emery, 1984, Neville & French, 1991)

Unfortunately though, friendly and helpful supervisors are not always the supervisors that creates an environment that is ideal for learning which is essential at this point

in training. It may be suggested that prior knowledge or training in teaching and learning styles can assist in the formal teaching component of the placement.

Also essential is the structure of the placement around some form of model as exemplified by a combination of Goldhammer, et al 1990, & Mandy, 1989. This is proposed to be invaluable to the student and supervisor especially at evaluation of learning contracts.



*Modified supervision model from Goldhammer 1980

Finally, quality supervision as a whole may continue to be expanded into definitions of roles, student expectations and placement structure, however clinicians taking part in a student placement program must consider these ideas along with others in order to provide the best placement for students.

Best and Rose (1996, p 20) state that "Being a quality supervisor is about taking a good look at ourselves".

5.4 The Role of the La Trobe Professional Placement Coordinator

For the student:

- Liaise with the clinical supervisor on matters pertaining to the clinical placement.
- Provide the student with support for clinical learning.

For the clinical supervisor:

- Provide a "second opinion" on the student's progress as required.
- Provide assistance with planning and progression of student placement as required.
- Provide support for placement supervision.

The Department of Podiatry is keen to provide support to podiatrists who as clinical supervisors provide the clinical teaching to podiatry students whilst on placement. The Department will provide a yearly information session for clinicians which will provide an opportunity for clinicians to become familiar with the goals, objectives and assessment criteria for the Professional Placements and provides a forum for discussion on placement feedback, issues and sharing experiences. Notification of the sessions will be provided in the 'Letter of Offer' to clinicians for the next round of student placements, which will be mailed out towards the end of Semester 2.

For clinicians who would like to enhance their clinical supervisory skills, The Foundation for Quality Supervision (FQS) through the Faculty of Health Sciences runs the "**Advancing Clinical Education (ACE)**" course which is a 3 day fee paying certificate course for allied health professionals who have a clinical teaching responsibility. The course is held at The Alfred Hospital. For more details please contact Nikolaos Nikolopoulos, ACE podiatry coordinator on 9479 3364 or n.nikolopoulos@latrobe.edu.au

6. STUDENTS' EXPECTATIONS OF PROFESSIONAL PLACEMENTS (From a Student's Perspective)

6.1 Advice to Supervisors

- 1) *Be friendly*
- 2) *Be approachable*
- 3) *Let students know from day 1 that you want questions to be asked.*
- 4) *Let students know they are there to learn, not to be examined.*
- 5) *Find out what the student wants from the clinic.*
- 6) *Make sure the student knows that it doesn't matter if they answer a question incorrectly.*
- 7) *Do not be intimidating.*
- 8) *Give positive feedback as well as constructive criticism.*
- 9) *Find out the way the student likes to learn- if they need observation first or they like to get in and try first.*
- 10) *When possible give tutorials*
- 11) *Give students some freedom, but balance with supervision, enough so you know how they are progressing.*

From Best and Rose (1996) pp6 "Quality Supervision – Theory and Practice for Clinical Supervisors"

6.2 Student Expectation of Professional Placement

Prior to placement:

- It is up to the student to contact the relevant person and elicit information about placement (including starting/finishing times, dress code, directions to department/clinic, car parking, etc). This information should be willingly given (some venues even send maps/directions in the mail).

On arrival/orientation:

- Introduction to relevant staff members should take place, and name tag/visitors pass should be issued.
- Student should be shown relevant locations (such as reception, clinics, staff room, toilets, cafeteria, other departments, lockers, fire exits, emergency procedures etc).
- Specific protocols should be explained to student (i.e. format for collecting patients/clients from waiting room and asking consent for a student to treat them, the format for writing in patient files, instrument sterilising procedure, location of dressings, etc).
- Brief discussion with student with regards to placement diary/timetable, student's expectation of placement/special requests and also the clinician's expectations of the student during placement.

During placement:

- Allow student to treat as much as possible (however, often some observation early in the placement is very informative/useful for student to see the clinicians approach to treatment of patients).
- Obviously students like to see as much variety as possible, therefore, without disrupting the normal running of the clinic, try to incorporate any interesting cases into the students reflective journal/diary (i.e. PNA's, paed's, VP's, biomechanics, etc).

- Check patients after the student has treated and constructively criticise/advise where improvements can be made (often practical tips and demonstrations are very helpful).
- Try to run clinic as normally as possible (allow student to see the 'typical' days).
- Visits/time spent in other departments are worthwhile, but try to keep to a minimum and relevant because in the end it is a podiatry placement and extended time elsewhere often feels like you are just being 'hand-balled on'.
- Be open with student (i.e. if you are running late due to students slower treatment, let them know and perhaps treat a couple of patients to catch up, more so in the first couple of days - because remember students are used to having 1–1.5 hours to treat and may need time to adjust).
- After each week have a brief discussion with student to discuss their performance and establish both their and your satisfaction with the placement (determine any changes/improvements which need to be made).
- Students love to hear your 'success stories', miracle treatments, handy hints and nightmare patients (sharing your experiences really helps build a rapport and also provides very useful information).
- General quizzing/questioning throughout the placement is often beneficial in testing the student's knowledge base and their ability to put knowledge into practice.

On conclusion of placement:

- Thorough review of student's performance whilst on placement (areas of weakness to be highlighted, as well as strengths).
- Ask the student to evaluate their placement and determine whether they think it can be improved in any way.
- Students seek reassurance from supervisors that they are and will be good practitioners.
- If there has been a good relationship and respect established with student, it is so reassuring to hear the words "give me a call if you ever need advice" or even "you can put me down as a referee when you're applying for jobs".

7. THE PROFESSIONAL PLACEMENT PROGRAM

7.1 Before the Placement

It is a requirement of the University, that a Student Placement Agreement is negotiated between the University and the Facility. For detailed information see Appendix H.

7.1.1 Planning

Towards the middle of the year each facility is sent an information and offer form requesting clinical facilities to indicate when and how many students they will be able to accommodate during the following year.

Each external clinical placement has a total of **272 hours** (approx. 34 days). These hours are flexible but must be completed within ONE semester. The placement may be completed in a 7 week full-time block or spread throughout the semester. Students and clinicians may negotiate the hours of attendance per week.

The minimum amount of hours per week is equivalent to three full days with a maximum of 8 hours per day. This is to ensure that the student has continuity in the clinic and experiences the role of a podiatrist.

Professional placements may be undertaken in either Semester One or Two. They can begin before the official Semester begins but must be completed before the end of the semester.

Semester One placements may begin the first week in February and must be completed by the end of the Semester. The end of semester includes examination week (late June). Supervising clinicians and students may negotiate an earlier start to the placement if both parties agree.

Semester Two placements may begin during the mid-year break (early July) just before Semester Two officially begins and must be completed by the last week in November.

2009 dates:

Semester One: 2 March – 5 June

Semester Two: 27 July – 30 October

7.1.2 Process of Selection

The facility is to submit an advertisement for their placement. Students will apply for positions which best match their learning goals. The facility will receive application letters from students who are interested in that position. The facility will determine how they want to select the most appropriate student for their placement and this may be either by telephone or personal interview. The facility is to nominate their preference of up to three students and submit this to the Professional Placement Coordinator. The university will match the facilities with the student preferences.

7.1.3 Advertising

An "advertisement" is submitted to the Professional Placement Coordinator for prospective students. (For an example see **Appendix E**). The advertisement should give general details

of the facility, location, and type of clinic and expectations of the clinical placement. It should also outline details for applications and the process of selection.

If the placement is to be in a rural setting the advertisement must state whether or not accommodation is provided, and if so how much does it cost, and what type of accommodation is it i.e. flat, nursing accommodation, house etc.

7.1.4 Development of the Learning Contract

This is a document, which states the agreed expectations and outcomes of the placement. Students should send to the placement supervisors their desired goals on which the placement learning agreement can be planned. (Refer to **Section 8: The Learning Contract**).

7.1.5 Information for Students

All relevant information and requirements regarding the placement should be sent to the student/s two weeks prior to the placement. The information may include the name of the key contact person, facility details, starting times, Orientation Kit etc.

7.2 Student Orientation

- The facility should send an orientation kit (if available) to the student two weeks prior to the placement.
- Students should be orientated to the facility on the morning of their first day of clinical placement.
- Orientation should include all relevant aspects of the clinical facility.

Items that need to be covered during this orientation process are:

General

- ❑ Location of personal facilities i.e. toilets, canteen, lockers
- ❑ Location of fire exits, and emergency procedures
- ❑ Location and content of policy and procedure manual of the facility, this includes reference Occupational Health and Safety requirements, Privacy Act etc.
- ❑ Introduction to key facility staff
- ❑ Security procedures i.e. visitors id, keypad locks etc
- ❑ Tour of strategic areas within facility
- ❑ Maps of facility (especially if it is a large site)
- ❑ Philosophy of the facility i.e. organisational structure, mission statement, annual report
- ❑ Privacy policy

Podiatry Department Specific

- ❑ Patient administration and clinical records
- ❑ Location and content of policy and procedure manual for podiatry
- ❑ Location of desk/computer available for students use
- ❑ Sterilisation procedures
- ❑ Location of equipment and supplies within department
- ❑ Demonstration of statistical procedures
- ❑ Location and access to patient booking system
- ❑ Location of students timetable of placement

- ❑ Lines of communication for accountability and reporting
- ❑ Orthotic therapy policy and procedures
- ❑ Where applicable, the location of the orthotic making facility, including policy and procedures for the manufacturing of orthoses.

7.3 During the Placement

7.3.1 Timesheets

At the end of each session or clinical day, which ever is appropriate, the students must fill in the contact time gained on the timesheet and submit it to the placement supervisor to initial and date.(see **Appendix I**) Clinicians are requested to initial each weekly entry.

At the end of the semester of placement students total the accrued hours on each of the timesheets and submit them to the Professional Placement Coordinator.

TIMESHEETS MUST BE SUBMITTED WITHIN ONE WEEK OF COMPLETING THE PLACEMENT

Students are advised to keep a personal record of their hours in addition to the formal record held by the Department. The Department takes no responsibility for students who fail to keep their contact hour records updated. Students are requested to keep accurate timesheets whilst they are on placement, which are initialed by the placement supervisor and returned with the student's assessment.

7.3.2 ASSESSMENT

The assessment of the student/s clinical placement will be based on the successful achievement of the learning goals as negotiated between student and clinician. It will be necessary to specify measurable evaluation methods when negotiating the learning contract.

Clinical practice will also be assessed based on the core competencies of the Australian Podiatry Council and professional performance. The student must pass each section of the assessment (Patient Assessment, Information analysis/differential diagnosis, Therapeutic management, Professional, Interpersonal, Self Evaluation) to successfully complete the placement.

7.3.2.1 Mid Placement Feedback

Mid way through the placement the student and the placement supervisor will contribute to a mid-placement feedback. (See **Appendix G**) The Mid-Placement Feedback form should be submitted to the Professional Placement Coordinator within one week of completion.

If there are concerns about student progress in the placement the La Trobe Professional Placement Coordinator may request a brief report or an interview with the student and/or the external clinician. The La Trobe Professional Placement Coordinator will then review the student's work in order to assist in developing appropriate learning goals for the student for the remainder of the placement.

7.3.2.2 Final Assessment

In the final week of the placement the placement supervisor and the student will complete a final assessment report based on the goals of the Learning Contract. (See **Appendix H**) The Assessment form should be submitted to the Professional Placement Coordinator within 7 days of the end of the placement. It is imperative that the Mid-placement Feedback and Assessment forms are completed and signed by the placement supervisor, the La Trobe Professional Placement Coordinator and the student.

A Reminder: Final Assessment forms and Timesheets are to be submitted within one week of completing the placement.

8. THE LEARNING CONTRACT

In all clinics, an agreement regarding the expectations for the placement should be made between the student and the supervisor(s). The student prior to the commencement of the placement should instigate initial discussions. The student and the supervisor should draft a written agreement, using the Learning Contract Form (See **Appendix F**). An example of a Learning Contract is discussed in Section 8.4.

A written format is used to encourage consistency and should be modified as necessary once the placement is underway. The contract should be seen as a statement of aims or goals.

8.1 What is a Learning Contract?

A learning contract is a written agreement between a student and supervisor stating what a student will *learn* (objectives), what resources will be needed and how the student and supervisor know learning has occurred (assessment).

It should be designed over time, prior to the commencement of the placement, so students can be realistic, analytical and reflective in developing their agreements.

8.2 Why use a Learning Contract?

- It is useful for both the supervisor *and* student by acting as both a learning and assessment tool.
- It is a negotiated agreement and can therefore adapt to a diversity of clinical situations and a range of students' abilities (e.g. Student designs contract for a private practice placement and designs another for a public podiatry placement).
- It states explicitly what the student will achieve and what resources and strategies are needed, therefore, activities for the student can be designed for particular settings.
- It can articulate exact evidence required to substantiate learning and therefore the student and supervisor are clear about what success or 'passing' will entail.
- It has been used successfully by other students in the health sciences profession both within Australia and internationally.

8.3 Preparing to Implement a Learning Contract

- Students should consider their learning needs (e.g. areas or skills to be developed, client groups preferred, levels of responsibility, workload) and number of clinic contact hours aimed for within each aspect of the contract.
- Placement supervisors should consider the type and number of clients available; the strengths and unique features of the clinic (e.g. acute care, wound management, diabetes assessment and education, paediatrics, aged care, orthoses manufacture); the type of groups and health promotion activities the student could be involved with (e.g. walking groups, exercise groups, shoe shopping trips, new parent talks, diabetes education, arthritis education, healthy lifestyles, injury prevention, falls and balance); types of projects the student could work on (e.g. patient satisfaction

- surveys, evaluation reports, updating of assessment forms or patient information leaflets, policy and procedure writing)
- Professional Placement Coordinators should consider possible assistance with reviewing plans and project ideas; frequency, nature and timing of contact with external clinicians and with students.

The Learning Contract must be set out according to responsibilities and abilities for each individual. All individuals must have input into the process to determine the nature of the goals set.

Copies of the Learning Contract should be forwarded to the La Trobe Podiatry Professional Placement Coordinator.

8.4 Example of a Learning Contract

The following is a suggested format for a Learning Contract which provides examples of specific goals and processes for obtaining and verifying that the goals have been successfully attained. Please modify it as appropriate to suit individual needs. Any Learning Contract should be seen as a living document and should be reviewed at regular intervals and rewritten when necessary during the placement. If the Learning Contract is modified during the placement please submit a copy to the Professional Placement Coordinator.

SEE NEXT PAGE FOR EXAMPLE OF A LEARNING CONTRACT

EXAMPLE OF A LEARNING CONTRACT:

1. What can the clinic provide with regard to the student's learning needs?

A. Learning style

Example: *student learns best through reflective observation therefore opportunities for student to observe clinician prior to clinical practice and to discuss the clinical encounter.*

B. Type of cases and service delivery

Example: *variety of clinical cases that include those of interest to the student (example student has said they have an interest in paediatrics)*

2. What will be the student's workload?

Example:

Identify hours of work during the week and entire placement.

Time allocated for treatment and other projects etc.

Frequency of appointments during the day, specify time allocated to patient treatment, ie 1 patient every 30 minutes except new patients, diabetes assessments, work with interpreters etc that require 1 hour appointments.

3. What are the student's identified learning goals?

- State explicitly what the student will achieve and what resources are needed.
- State the evidence required for learning.

WHAT ARE YOU GOING TO LEARN? (Goal)	HOW WILL IT BE ACHIEVED? (Resources and strategies)	HOW WILL IT BE ASSESSED? (Evidence)	HOW ARE YOU GOING TO PROVE YOU HAVE LEARNED IT? (Verification)
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GOAL: This is where you and the student develop the goals of the placement. The assessment of the student is based on achieving these goals. State explicitly what the student will achieve.

HOW WILL IT BE ACHIEVED? What resources and strategies are needed? State the evidence required for learning.

HOW WILL IT BE ASSESSED? What will be the circumstances that determine assessment?

HAS THE GOAL BEEN ACHIEVED? Were the objectives achieved?

WHAT ARE YOU GOING TO LEARN? (Goal)	HOW WILL IT BE ACHIEVED? (Resources and strategies)	HOW WILL IT BE ASSESSED? (Evidence)	HOW ARE YOU GOING TO PROVE YOU HAVE LEARNED IT? (Verification)
To be able to perform diabetes footcare education to people with diabetes	Observe podiatrists conducting assessments, then providing this to clients	Providing diabetes education to patient under observation of clinician	Have my performance rated by clinicians according to an evaluation from which I shall construct.
To perform nail surgery	Observe and assist podiatrist conducting nail surgery then performing nail surgery unassisted	Performing nail surgery under observation of clinician	As above.
Demonstrate an understanding of foot and ankle assessment where surgery may be indicated	To perform foot and ankle assessment where surgery may be indicated	To perform foot and ankle assessment in front of clinician and provide appropriate referral where surgery may be indicated	As above.
Demonstrate an understanding of the implications of management of the high risk patient	Perform assessment of the high risk patient and justify the diagnosis of high risk	Perform assessment of the high risk patient and explain to the clinician appropriate short and long term management strategies	As above.
Demonstrate effective management of paediatric conditions of the lower limb	Perform assessment of a child with lower limb conditions. Formulate short and long term management strategies	Perform assessment of a child with lower limb conditions. Formulate short and long term management strategies under observation of the clinician	As above.
Demonstrate competence at undertaking quality assurance	Completion of patient satisfaction questionnaire	Completion of patient satisfaction questionnaire and discussion of results with clinician	The questionnaire and analysis will be critiqued by the clinical supervisor for practicality, depth and applicability on a scale of 1-10.
Demonstrate competence at undertaking group education	Observation and participation in diabetes education session	Conducted diabetes education session (or part of) with clinician present	Have my performance rated by clinicians. Receive feedback from participants and clinicians.
Demonstrate competence at assisting the podiatrist with health promotion	Observation and participation of health promotion activity e.g. develop a shoe brochure with local shoe stores	Participation in health promotion activity	Provide a written report, evaluation and recommendations for future planning of the health promotion activity to the supervisor. This will be critiqued by the supervisor on a scale of 10.

9. ASSESSMENT PROCEDURE

9.1 Clinical Placement Assessment

Clinical Placement Assessment to be Completed by Supervising Clinician

The student is assessed by the supervising clinician. There are 2 assessment periods: Mid placement and end of placement. The assessment for both periods has two components based on the goals outlined in the Learning Contract and clinical professional competencies. At the Mid placement point, feedback is given on the progress of the goals outlined in the Learning Contract and evaluating expected professional competencies.

The Final assessment is determining if all goals outlined in the Learning Contract have been successfully achieved and assessing professional competencies.

Both Mid Placement and Final Placement Assessment forms must be completed in consultation between the placement supervisor and the student. (See Appendix G & I for proforma)

Overall the student is required to complete four components of assessments for placement:

- The Learning contract: successful completion of Learning Contract and achievement of stated competencies assessed by the external clinical supervisor
- One 1 -2page write-up on the plan of the Project to be undertaken (20%)
- 2500 word Assignment based on the project you have undertaken (80%)
- Completion of 272 hours of clinical placement.

Hurdle requirement: at least 7 webCT postings

9.2 Project Assignment

LTU Student Assignment

The student is to write an assignment based on an activity they have undertaken or been involved with during their placement such as Health Promotion, Development of foot health brochure, Quality Improvement, Audit, Policy Development or Health Screening.

Guidelines:

Part 1 One - two page report on the plan of the project: due mid placement.

Part 2 One 2500 word assignment due at end of the semester in which the external clinic is undertaken.

<p>Due dates: Semester 1: 12th June Semester 2: 6th November</p>
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Students may submit their assignment at any time up until the due date.

The assignment topic is to be generated by the student in consultation with the clinical supervisor and/or the professional placement co-ordinator.

9.2.1 Project Assignment Guidelines

Part 1:

Guidelines for outline of program/activity plan:

1. Title of the program or activity
2. Brief description of program or activity
3. Background and rationale
4. Who is the target group
5. Goals
6. Strategies
7. Implementation
8. Evaluation of the activity. – how will it be evaluated
Evaluation of the outcome

Due date: anytime between start and mid placement

Part 2:

The assignment is to **demonstrate and outline the process undertaken for the project:**

- Why the activity was undertaken/needs analysis
- Aim, objectives and goals of the activity
- Planning process
- How it was implemented
- Results of the activity (this should be attached as an appendix)
- Evaluation/critical review of activity
- Recommendations
- What you learnt from the experience

A literature review supporting the principles and theory of the activity should be incorporated within the assignment.

The assignment is not a literature review of a pathology or case study. It is about what the student did for the project with the theory of the type of activity embedded within the assignment supporting what you did i.e. if it is health promotion activity the student must discuss the process of how to develop and implement a health promotion activity and use their project as its application/example.

Included as appendices should be any documentation or end product i.e. pamphlet that was submitted to the clinical supervisor for this activity.

NB. The assignment must be undertaken in the student's own time NOT during the clinical placement.

Assignment Marking Criteria:

H – High (5 marks) M-Medium (3 marks) L – Low (2 marks) N/S- Not Shown (0 marks)

	H	M	L	N/S
Student has described why the activity was undertaken				
Student has described the aims, objectives and goals of the activity				
Student has presented the planning process for the activity				
Student has described the implementation of the activity				
Student has presented the results of the activity				
Student has provided an evaluation or critical review of the activity				
Student has presented recommendations for the future of the activity				
Student has described what they learnt from the experience				
Student has expressed information clearly, coherently and in logical manner				
Student has discussed the theory underpinning the process for the activity and has incorporated relevant references and evidence of wider reading.				

Total marks: /50

9.3 Hurdle Requirement

Hurdle requirement

WebCT

Whilst on placement, the student is required to participate and or contribute to online discussions

This is a forum for students to discuss and share their experiences of the placement. It is a way of keeping in touch with other students, and La Trobe staff, so as not to feel isolated. It is also a forum for students to discuss interesting cases, their project or other activities that they may want some feedback on.

A minimum of seven postings of at least a paragraph long and of relevant content is required.

10. EVALUATION

10.1 University Evaluation

As with all academic teaching and activities it is University policy that each subject is evaluated. The Academic Development Unit of the university will conduct an evaluation every alternate year for each placement in years 3 and 4. Results in the first instance will be sent to the unit coordinator. Feedback from the evaluation to placement supervisors will occur through the yearly workshops.

10.2 Student Feedback on Professional Placement

Placement Supervisors are frequently involved in giving feedback to their students as a way to assist the student in developing improved clinical skills. Supervisors sometimes ignore a rich source of assistance in developing their own supervisory skills, that is, student feedback. Students have a lot to offer supervisors in highlighting their supervisory strengths and weaknesses. By obtaining student feedback educators can be assisted in setting goals for enhancing their supervision and professional placements.

The Department of Podiatry would like to encourage all supervisors to receive feedback from the students they have supervised. Several facilities may already have their own Feedback or Evaluation forms for students to complete. To assist those that do not have a process for feedback we have devised a sample feedback form, which clinics may use or adapt to their needs. (See **Appendix J**, for Student's Evaluation of Professional Placement Experience).

11. GUIDELINES AND POLICIES

11.1 Clinical Treatment Outside the 'Normal' Clinic

Students may be expected to undertake home visits, regional outreach services, or clinics across multiple sites within an organisation. During these placements students are *not* to work unsupervised, and are to be accompanied by a supervising podiatrist *at all times*.

When accompanying the clinical supervising podiatrist on a home visit or a regional outreach service the student can expect to be driven in a facility car.

Some organisations may require the student to work across multiple sites. The student is expected to organise his/her own transport to the initial campus location. If during the day the student is expected to work at another campus location, then this transportation should be at no cost to the student.

In some placements out of 'normal' work hours may be required. The student must be informed prior to the placement commencing and this must be clearly specified in the Learning Contract and Orientation Manual.

11.2 Insurance Cover and Incident Reporting

Any incident or injury involving the student or a patient in the student's care while on placement, and which could potentially give rise to an insurance claim **MUST** be reported to the LTU Placement Coordinator within 48 hours. The University's insurer may deny liability to claims where the incident has not been reported. The student must also comply with the protocols of the host agency.

Protocol for students to follow after incident or injury jeopardizing health of student while on placement:

- Advise the supervisor of incident
- Comply with agency protocol
- Seek medical advice if necessary
- Complete incident form at hospital/institution if required
- Complete La Trobe University Incident & Hazard report form
- Advise the placement coordinator so that the University insurers may be notified.

For every incident an Incident & Hazard Report Form must be completed for the University. If the agency requires its own form to be completed the student must therefore complete an agency form as well as a LTU form.

Insurance cover for students on outside placement can be viewed at

www.latrobe.edu.au/www/insurance/

The "Incident & Hazard Report" form can be downloaded at

www.latrobe.edu.au/hr/forms/incident_report.pdf

11.3 Confidentiality

The La Trobe University *Confidentiality Agreement* relating to patient/client information is signed by each student before placements are commenced (See **Appendix K**). At the commencement of each placement the students are required to develop an understanding of the facility's confidentiality policies. Students should not remove samples of forms or copies of documentation from the organisation without prior authority of the Clinical Supervisor.

11.4 Police Checks & Working With Children Checks

All La Trobe Allied Health students are required to undergo police security and WWC check prior to the commencement of any placement. All students within the Division of Allied Health are required to present their police check and Working With Children Check to an External Relations Officer prior to a placement being allocated. Students are also advised to present the original certificate showing the result of their police security check as requested on the first day of placement. The certificate remains the property of the student and photocopying of the document is not permitted. The student is responsible for maintaining a current police security check certificate, which is valid for 12 calendar months (January – December).

11.5 Paid or Voluntary Work

Students will not be allocated professional placements at facilities where they have past or present connections such as:

- Having worked/currently working there in another capacity
- Having a relative working there

In circumstances where students take on voluntary or paid work in a facility this cannot be counted as Clinical Placement hours.

11.6 Dealing with Challenging and Struggling Students

This outline is provided as a summary of processes undertaken within the Division of Allied Health. It is strongly recommended that supervisors read the following in conjunction with materials provided in your relevant discipline supervision section. Supervisors should contact their relevant LTU Placement Coordinator or the External Relations Manager should clarification be required.

11.6.2 Early Concerns

Supervisors should take notes of observed examples. Discuss your concerns with the student ASAP. Relate concerns / examples to the relevant objectives / items listed in the assessment tool.

If a supervisor is concerned about a student's abilities or attitudes, the appropriate La Trobe University staff member should be contacted. Supervisors are requested to notify the

Professional Placement Coordinator, immediately a student is not meeting placement responsibilities, so that the School can take the appropriate action. Arrangements can be made for an academic staff member to urgently call or visit the student and supervisor in order to undertake a review. This may involve developing a contract agreed upon by both the supervisor and the student in order to continue with the placement. In some cases, the cessation of the placement may be recommended and a further placement recommended.

More detailed discussion should follow in a formal supervision session. Ask student to self-evaluate prior to this session (objectives of concerns, or all). Encourage student to formulate objectives and strategies, using learning contract to address the issues and plan implementation of strategies. If no improvement after feedback, fail student midway on relevant assessment item. Provide rationale and suggestions for improvement.

Ongoing assessment is carried out by supervisors and through University professional placement staff, written learning agreements and placement reports. It is important that the student is made aware by their placement supervisor (s), of any concerns about their performance or progress in meeting learning goals. Concerns should be raised, discussed, clearly documented and signed by all parties.

If a student did not meet the performance requirements of the placement, then this MUST be reflected in their assessment. Any supporting documentation should be included. An evaluation must be completed even if it is agreed to cease the placement.

11.6.2 Withdrawal of a Student from a Placement

As part of the course requirements, students are placed in facilities on the advice of the LTU Placement Coordinator and taking into consideration conditions established between the facility and the discipline. The School shall have the right to withdraw a student from a placement, either for a specific period of time or for the remainder of the academic year, where:

- the student is consistently unable, after due instruction and guidance, to perform on placement without an inappropriate or an unattainable degree of supervision from the facility clinical or University personnel with respect to:
 - placement skills involving a patient's comfort or safety;
 - the performance of technical procedures already taught, demonstrated and practised in a prior practical situation;
 - the student performs in a manner detrimental to the placement experience of other students;
- the student breaches the legal, ethical or professional codes relative to health care;
- the student demonstrates gross negligence in the performance of an assigned duty.

11.6.3 Procedures

Collaboration and mediation to occur between the student, LTU Placement Coordinator, Unit Examiner, Year Level Coordinator, Head of Discipline and the Supervisor/s.

If the mediation process does not result in an acceptable outcome to either the student, the Head of discipline or to the external facility, then the faculty guidelines for withdrawal of a student from placement will be implemented. See the following web site;

http://www.latrobe.edu.au/health/Policies/08_05_Withdrawal.html

11.6.4 Urgent Withdrawal from a Placement

Where the Head of Discipline is of the opinion that prima facie evidence exists to warrant the withdrawal of a student from a placement as a matter of urgency, the student may so be withdrawn, provided that within 3 working days a meeting of a Committee as constituted in 8.3.1 (f) at the above web site is called.

11.7 Absent Days

Students who need to take sick leave must inform their placement supervisor immediately. A medical certificate must be presented where two or more consecutive days are taken. These must be returned to the School along with the assessment forms and timesheet.

Public holidays are not counted unless worked. Students are to follow the workplace protocol at the facility regarding rostered days off. Students may negotiate with their clinical supervisor to make up the time during the course of the clinical block placement.

Days Missed	'Make up' required
1 –2	None mandatory, but students are encouraged to make up missed time where feasible by negotiation with the clinical supervisor.
3 – 10 days	Beyond 2 days the student is required to make up the time; negotiation will need to occur between the student, the clinical supervisor and the clinical education co-coordinator.
10 + days	The student is required to undertake a further complete placement.

11.8 Dress

Dress should be appropriately professional and not distracting in any clinical situation. Students should ask their supervising clinicians for advice.

The LTU uniform and name badges must be worn at ALL times in all clinics. Students have been provided with a screen-printed LTU Podiatry name badge, which should be worn if the facility does not provide one.

11.9 Ethical Responsibilities

Students are expected to act in accordance with the Australian Podiatry Association (Vic) Code of Ethics.

11.10 Health Procedures

Students are strongly advised to consider having the Hepatitis B course of vaccination. For further information on Faculty guidelines for health requirements of clinical students see http://www.latrobe.edu.au/health/Policies/08_06_hlth_procs.pdf

Some facilities have their own specific health requirements that may not be covered by the Faculty guidelines; if this applies to your facility, please notify the student and Professional Placement Coordinator.

11.11 Protocol After Injury

If a student has injured themselves whilst on clinical placement, follow the OH&S procedures of the facility and/or:

- a) Seek medical advice
- b) Complete incident form at hospital/institution
- c) Advise the clinical supervisor of the incident
- d) Advise the Professional Placement Coordinator at the Department of Podiatry so that university procedures are undertaken

Appendices

Department of Podiatry Undergraduate Course Philosophy and Aims

The Department of Podiatry at La Trobe University has been a key provider of podiatric education within Australia for over 20 years, offering quality teaching programs at the undergraduate and postgraduate levels. The Department prides itself on the responsive nature of its courses, which change and adapt to reflect educational, technical and professional advances over time. At La Trobe University the undergraduate podiatry course aims to facilitate the growth and development of students into competent entry level practitioners, who embrace an ethos of high quality, professional, ethical and evidence based practice.

Clinical interaction is viewed as a highly important feature of the student academic experience, which is reflected within the course structure and the teachings offered. Holistic and multidisciplinary care is promoted as an integral component in the provision of well rounded health care and is viewed as a strength within the podiatry course. This is complimented by the position of the Department in the School of Human Biosciences and the collegial ties that exist with the other health related Schools, Departments and Centres within the Faculty of Health Sciences. Research and scholarly activity within the Department of Podiatry is viewed an essential component of academic life and is actively pursued by staff and students in a broad variety of areas. The ongoing development of a strong research culture promotes informed teaching, supports the development of knowledge, forward progression of the profession and embraces the Department's philosophy of life long learning.

This philosophy enables the Department to comply with the mission statement of the Faculty of Health Sciences which is to provide high quality, relevant education for the health and human services professions; to conduct research to improve the health and wellbeing of individuals and communities and the equity, efficiency and quality of health and human services; and to facilitate these goals through professional activities and community service.

Course Aims

1. To produce a competent podiatric practitioner able to meet the demands of an entry level graduate to the podiatry profession.
2. To ensure evidence based practice underpins the teaching of the theoretical basis of podiatry.
3. To produce a reflective practitioner able to apply analytical and critical thinking to podiatric patient management.
4. To enable the student to communicate effectively with patients and other members of the health care team and be sensitive to the cultural and socioeconomic circumstances of the patient.
5. To develop the students understanding of the role of health education in podiatric management.

6. To ensure the graduate is able to treat the patient in a holistic manner, fully cognizant of the role of other members in the health care team.
7. To prepare the graduate for the varied employment opportunities in the healthcare system.
8. To foster the concept of life long learning through research, evidence based practice and continual professional development.

Detailed Description of Fourth Year Units

HLT3IPA Interdisciplinary Professional Practice

In this web-based unit, students across the Faculty of Health Sciences study together in interdisciplinary groups in preparation for professional practice. This unit consists of four online modules: Professional Development, Provision of Care within the Context of Human Service Systems and Implementing a Plan to Improve Service Quality, Professional Accountability and Organizational Dynamics - Working Effectively in Health and Human Service Organizations. Through guided activities, students will be encouraged to critically reflect on the structure and influences on the human services organization, develop interdisciplinary awareness and explore the contribution of other professions, consider the rights and expectations of service consumers and apply the key issues of ethical decision making within the context of relevant law.

Requirements: 6 hours of lectures/workshops plus a flexible online learning package equivalent to 3-5 hours of classroom contact per week. Students have regular contact with lecturers via the unit coordinator using telephone, fax and email.

Assignment: Online group tasks equivalent to 4,000 words
One 1,500 word individual assignment
One online quiz

Hurdle requirements: students are required to participate in all online tasks and must pass all assessment components.

POD4PEC Podiatry External Clinic

Unit Coordinator: Nikki Frescos

In this unit students will rotate through a number of external clinic placement settings for periods ranging from one day to seven weeks. The placement settings include podiatric clinics in hospitals, community health centres and private practices. Students participate in clinics including: endocrinology, vascular pathology, orthopaedics, rheumatology, psychiatry, neurology, gerontology, dermatology, high risk infectious diseases, human locomotor studies, paediatrics, sports medicine and rehabilitation. It is a requirement that students have a current CPR certificate, have undertaken a police check and have up-to-date immunisation.

Aims:

- To further develop, integrate and enhance treatment and management skills.
- To participate in clinical practice settings for an extended period of time to enable the continuity and evaluation of their patient management.
- To participate in multidisciplinary activities, thereby gaining an appreciation of the role of the podiatrist in the health care team.
- Gain an appreciation of the distribution of responsibilities within a podiatry department, its day to day working and administration, and its position within the hierarchy of a larger organisation such as a hospital or health centre.

- Be able to provide appropriate podiatric management of lower limb pathologies.
- Be able to effectively manage patients with common lower limb sports injuries
- Be able to effectively manage paediatric conditions affecting the lower limb
- Be able to assess and manage the high risk patient.
- Have an understanding of the implications of management of the high risk patient.

Teaching & Learning Strategies:

Internal clinical placements including paediatric and sports injury clinics, specialist clinical placements in high risk foot clinic and wound clinics. Clinical reflective journal and self directed learning

Assessment:

1) Clinical VIVA exam

- One 30-minute clinical VIVA based on paediatric patient with a pathology affecting the lower limb
- One 30 minute clinical VIVA based on wound management of the High risk foot
- One 45-minute clinical VIVA based on lower limb sports injury

Students must pass both components of clinical exam

2) Hurdle requirement - Attendance at all scheduled clinical sessions

La Trobe University: Quality Assurance Mechanisms

The Department utilizes a number of methods to ensure the course achieves the highest possible standards. These include both formal and informal University, Departmental, and external quality assurance mechanisms. In addition the course uses the national Australasian Podiatry Council competency standards as the benchmark for clinical practice and assessment.

Quality Assurance of Units

This is a University wide mechanism used to assess every unit in every program. It comprises of a set number of questions which are individually ranked by response and computer analysed. All units are assessed every two years except for new units or those who achieve a less than satisfactory overall score. These units are assessed yearly. The department also attaches an additional questionnaire to the standard appraisal, which contains a number of open ended questions to allow students to make specific comments regarding the best and worst aspects of the unit and suggestions as to how the unit in question could be improved.

External Course Review

All courses of the University are required to undergo an official external review every three to seven years. The review panel comprises two external academics, one of whom must be in podiatric education, and a senior clinician. There are also a number of internal academics from the university. The panel must produce a formal written report which is an appraisal of every aspect of the course and Department. As part of this process all relevant stakeholders are requested to make written submissions to the panel and meet the panel during the assessment period. It is expected that the panel will make a number of suggestions as to how the course may be improved.

University Committees

A number of University committees are involved in maintaining academic standards of all courses including the Bachelor of Podiatry. These committees include:

- Faculty Curriculum Committee
- Human Ethics Committee
- Faculty Board
- Faculty Development Committee
- Research Committee

Professional Organisations

The Department has close links with a number of professional organizations who have had direct involvement in the most recent review of the current Bachelor of Podiatry degree. These bodies have directly or indirectly assisted in quality assurance of the current degree programme. These include:

- Australasian Podiatry Council
- The Podiatrists Registration Board of Victoria
- Australian Podiatry Association (Victoria)
- Australasian Podiatric Educators Committee
- Australasian College of Podiatric Surgeons

Australasian Podiatry Educators Meetings

These meetings are held biannually and offer the opportunity for all podiatric educators to meet and discuss issues relevant to improving podiatric education. These meetings have helped facilitate a number of important changes to the podiatry degree. A current initiative following the last meeting is examining the possibility of national external placement guidelines.

Foundation for Quality Supervision, Advanced Clinical Education

These programs have been designed by La Trobe University to assist clinicians from a number of disciplines to become effective clinical supervisors. Members of the Department regularly teach and contribute to the programs. All internal and external clinical supervisors are encouraged to undertake either program. Financial assistance is given to all internal staff to undertake the course.

Surveys

Two major quality assurance surveys have been undertaken recently. An honours thesis was based upon patient satisfaction at the university clinical facility which demonstrated very high overall satisfaction with the treatment offered at the facility. A graduate satisfaction survey was performed for all Australian podiatry graduates in the year 2000 which demonstrated that overall graduates thought they were well trained for current clinical practice.

Other Mechanisms

All staff are encouraged to utilise the services of the Academic Development Unit to enhance their teaching performance. Additionally, staff are expected to display a personal commitment to teaching and encourage students to seek assistance and guidance where appropriate.



Faculty of Health Sciences - Department of Podiatry

Declaration for Meeting the Criteria for Involvement in the Fourth Year Clinical Placement Program

Clinical facilities must meet the following criteria to be accepted in the La Trobe, University Department of Podiatry External Clinical Program:

- Evidence that the clinical area complies with the Podiatrists Registration Board infection control requirements.
- Satisfactory external accredited OH&S procedures in place, to ensure a safe work place for the student. This is part of the Hospital and Community Health accreditation process e.g. Equip.
- Evidence that supervising podiatrists are involved in continuing professional development (e.g. Accredited Podiatrist Program) or a documented self development plan which indicates goals, how they are being worked towards and when they will be achieved.
- The supervising podiatrist should have at least three years experience post graduation/registration or has completed a certificate course on clinical supervision.

I declare that:

(Name of Facility/Institution)

meets the above stated criteria to participate in the La Trobe University Podiatry Professional Placement Program.

SIGNED BY

(Signature of Podiatrist/Student supervisor)

(Date)

In the presence of:

(Signature of Clinical Manager/CEO)

(Date)

Example of Placement Advertisement

Mt Alexander Hospital, Castlemaine is a 277 bed accredited facility which combines Acute care, Rehabilitation and Residential care. Castlemaine is located in beautiful Nth Central Victoria, and is situated 90 minutes from Melbourne, and 30 minutes from Bendigo. It offers excellent cultural and recreational facilities in a pleasant country environment.

An opportunity exists for a Podiatry student to undertake their external placement with us in Castlemaine.

Our Podiatry department employs three full time Podiatrists who undertake a clinical role with outpatients, inpatients (acute and rehabilitation units, high and low care residential units), and regional clinics. We see patients of all differing ages, but with the majority of people being over the age of 60.

The Podiatrists are also actively involved in team meetings, ACHS Equip quality improvement, and professional development.

In the last three years our Podiatry department has instigated and continued to run the Rural Podiatry Network. This consists of Podiatrists from a large rural area undertaking professional development in Castlemaine five times a year. We have organised such speakers as S B (SA), A E (SA), M K (NSW), Prof M (Vascular surgeon), J T (Austin Hosp), and M G.

As a podiatry student you will be involved in a variety of podiatry work, from general routine treatment and biomechanics, to nail surgery, ulcer treatment, and paediatrics. You will also have the opportunity to participate in regional outreach clinics, and the organisation of the Rural Podiatry Network days.

Accommodation is available at the Mt Alexander Hospital for \$8 per night in Bowan Lodge. It consists of your own bedroom with a desk, and shared bathroom/kitchen/lounge. Computer facilities including email and Internet are available in the Podiatry department.

We are flexible regarding the days in which the student works, with a 4/5 day week preferable.

If you have any other question then please do not hesitate to contact Chief Podiatrist S M on 5471 xxxx or via e-mail at thisisfake@somefakedomain.com



Faculty of Health Sciences - Department of Podiatry

The Learning Contract Form

1. What can the clinic provide with regard to the student's learning needs?

A. Learning style

B. Type of cases and service delivery

2. What will be the student's workload?

3. What is the student’s identified learning goals?

- State explicitly what the student will achieve and what resources and strategies are needed
- State the evidence required for learning

WHAT ARE YOU GOING TO LEARN? (Goal)	HOW WILL IT BE ACHIEVED? (Resources and strategies)	HOW WILL IT BE ASSESSED? (Evidence)	HOW ARE YOU GOING TO PROVE YOU HAVE LEARNED IT? (Verification)

DATES AND SIGNATURES

Student:

Date:

Teaching clinician:

Date:

La Trobe supervisor:

Date:

Please return completed from to:

Professional Placement Coordinator
 Department of Podiatry
 Division of Allied Health
 La Trobe University
 Bundoora VIC 3086



Faculty of Health Sciences - Department of Podiatry

Mid Placement Feedback Form

To be completed in conjunction with student and supervisor.

Student: Semester:

External Clinical Educator:

Facility:

Criteria One: Learning Contract

What is the progress to date in achieving the agreed goals as set in the Learning Contract?

.....
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.....
.....

Which goals are NOT in progress and why not?

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.....
.....

Are the goals achievable or should they be revised?

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.....

Comments by students

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.....

Criteria 2: Clinical Practice

Rating Scale: Developing - requires instruction and direct supervision in this area
 Consolidating - requires only periodic supervision and/or assistance in this area
 Established - demonstrates autonomy in the practice of podiatry skill

1. Patient Assessment

Developing Consolidating Established

Comments

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.....
.....

Comments may address the ability to select an appropriate assessment procedure for a given patient, use and appropriate assessment procedure to undertake a thorough examination of the patient.

2. Information Analysis/Differential Diagnosis

Developing Consolidating Established

Comments

.....
.....
.....

Comments may address the ability to interpret information obtained from the patient's assessment in order to suggest differential diagnosis; nominate a diagnosis and offer some justification for this; demonstrate an appreciation and understanding of the pathophysiology of the patient's presenting complaints; apply and understand theoretical knowledge in the context of the patients.

3. Therapeutic Management

Developing Consolidating Established

Comments

.....
.....
.....

Comments may address the ability to offer therapeutic management strategies once a diagnosis has been established; plan short and long term treatment goals; implement treatment appropriately; understand when to refer the client to other health professionals; demonstrate competence in manual treatment skills.

4. Professional

Developing Consolidating Established

Comments

.....
.....
.....

Comments may address the ability to relate to other professionals; notion of caseloads management; time management and clinical administration; responsibility; ethical behaviour; use of available resources; ability to use different service delivery models as required; notions of ongoing professional development.

5. Interpersonal

Developing

Consolidating

Established

Comments

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.....

Comments may address ability to establish patient rapport; understand and respond to patient needs; provide patient education.

6. Self Evaluation

Developing

Consolidating

Established

Comments

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.....

Comments may address critical thinking about what one has learnt; recognition of appropriate standards of performance; comparison of own performance to the predetermined standard; identification of strategies for change.

Summary

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.....

La Trobe Professional Placement Coordinator's Comments

.....
.....
.....

Signatures

Student:

Date

External Clinical Educator

Date

La Trobe Clinical Educator.....

Date



Faculty of Health Sciences - Department of Podiatry

External Clinical Placement Assessment Form

To be completed in conjunction with student and supervisor.

Student: Semester:

External Clinical Educator:

Facility:

Criteria One: Learning Contract

Did the student successfully complete and achieve the agreed goals as set in the Learning Contract?

- Successfully completed goals
- Did NOT achieve goals

Comments

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Which goals were NOT achieved and why not?

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Summary

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Comments by students

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Criteria 2: Clinical Practice

1. Patient Assessment

Competent Not competent

Comments

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.....
.....

Comments may address the ability to select an appropriate assessment procedure for a given patient, use and appropriate assessment procedure to undertake a thorough examination of the patient.

2. Information Analysis/Differential Diagnosis

Competent Not competent

Comments

.....
.....
.....

Comments may address the ability to interpret information obtained from the patients assessment in order to suggest differential diagnosis; nominate a diagnosis and offer some justification for this; demonstrate an appreciation and understanding of the pathophysiology of the patient’s presenting complaints; apply and understand theoretical knowledge in the context of the patients.

3. Therapeutic Management

Competent Not competent

Comments

.....
.....
.....

Comments may address the ability to offer therapeutic management strategies once a diagnosis has been established; plan short and long term treatment goals; implement treatment appropriately; understand when to refer the client to other health professionals; demonstrate competence in manual treatment skills.

4. Professional

Competent Not competent

Comments

.....
.....
.....
.....

Comments may address the ability to relate to other professionals; notion of caseloads management; time management and clinical administration; responsibility; ethical behaviour; use of available resources; ability to use different service delivery models as required; notions of ongoing professional development.

5. Interpersonal

Competent Not competent

Comments

.....
.....
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.....

Comments may address ability to establish patient rapport; understand and respond to patient needs; provide patient education.

6. Self Evaluation

Competent Not competent

Comments

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.....
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.....

Comments may address critical thinking about what one has learnt; recognition of appropriate standards of performance; comparison of own performance to the predetermined standard; identification of strategies for change.

Summary

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La Trobe Professional Placement Coordinator's Comments

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.....

Signatures

Student: Date

External Clinical Educator Date

La Trobe Clinical Educator..... Date



Professional Placement Timesheet

Return Timesheet to Clinical Education Coordinator on Completion of Placement

Student Name:		Student number:	
Facility:			

Lunch times are not to be included in the calculation of hours

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

WEEK No.	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Start Time:					
Finish Time:					
Daily Hours:					

Supervisors Initials: _____

Total Weekly Hours: _____

N.B.

- 1) PUBLIC HOLIDAYS ARE NOT COUNTED UNLESS WORKED
- 2) TIME SHEETS NEED TO BE ADDED UP BEFORE RETURNING TO THE CLINICAL EDUCATION COORDINATOR



Faculty of Health Sciences - Department of Podiatry

Student's Evaluation of Professional Placement Experience

To assist us in providing you with quality student placement please complete the following form. Your comments may be used in quality improvement activities at this organisation and definitely will be used to improve any areas of concern you may have with your placement.

1. Pre-Placement Information

Was the information sent to you before your placement helpful? Could anything else have been included?

.....

2. Orientation

Did you receive orientation to the podiatry department?

Did you receive orientation to the organisation and its staff?

Did you feel your orientation was sufficient? If not please specify why.

.....

How could the orientation be improved?

.....

Did you discuss your goals, expectations and responsibilities of the placement?

.....

Were you given a copy of your timetable and orientation kit?

Comments

.....

3. Clinical Needs

Did your patient load

- | | | |
|---|------------------------------|-----------------------------|
| 1. Match your level of expertise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Provide hands on experience? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Provide enough variety? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Allow you enough time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did you feel there was an adequate balance of patient types? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments

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.....

.....

4. Resources

Was there enough relevant literature available for your use?

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.....

Was there access to recent journals, books, internet?

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.....

5. Teaching Supervision

Were you allocated a placement supervisor who you felt you could approach?

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.....

Did you have adequate opportunity to communicate with your clinical supervisor?

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.....

Were the podiatrists approachable for questions?

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.....

Did they make you feel at ease?

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.....

6. Staff

Were all members of the podiatry department helpful at all times?

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.....

Were all other members of staff helpful at all times?

.....
.....

7. Performance Evaluation

Do you think the podiatrists gave you enough feedback and was it an appropriate time and place?

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.....

Did you have an opportunity to discuss your feedback with your supervisor?

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.....

8. Learning

Did you feel like this was a good learning experience? Please comment.

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What were the highlights of the placement?

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Please comment on the overall value of the placement to your clinical education and make any suggestions for improvements

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.....



CONFIDENTIALITY AGREEMENT

Definitions

For the purposes of this agreement, the following definitions apply:

'Placement' means a clinical or work placement, fieldwork, internship or other professional placement that is undertaken as part of your course requirements, or the requirements for a subject in which you are enrolled.

'Agency' means a Hospital, Company, Local Council, Community Centre or other institution or organisation including one within the University at which the student is undertaking the placement. In the Confidentiality Undertaking, the expression, 'the Agency', refers to any Agency at which the student is undertaking a placement.

'Confidential information' means:

- (a) personal information or an opinion about an individual whose identity is apparent or can be reasonably ascertained from the information or opinion whether true or not. That is, information which allows an individual to be identified; or
- (b) any information that the Agency specifies as confidential; or
- (c) any information not on the public record and not available upon request that allows an individual or Agency to be identified.

This means material that can either be immediately identifiable (that is, an individual's or Agency's identity is immediately apparent from the information) or potentially identifiable (where further processes are required to determine the identity of an individual or Agency). Confidential information is not limited to written or electronic records or information conveyed verbally. It can appear in any form and be recorded on any medium. It may include such things as photographs, video recordings, x-rays or finger prints.

'Placement Coordinator' means the University staff member nominated to coordinate the placement activities of the student.

Introduction

Privacy and the protection of confidential information is a serious issue and one of which all students need to be aware when undertaking a placement. Failure to do so can have legal ramifications. Students also need to be aware that confidentiality still applies after the placement has been completed. Confidential information learned whilst on placement should not be divulged at any time including during university based learning, without prior permission of the Agency.

Students are required to abide by the confidentiality procedures of the Agency at which the placement is being undertaken. Therefore, the following agreement has been developed to ensure students are aware of their responsibilities with regard to maintaining confidentiality of materials. Students should also be aware of any Code of Ethics or Code of Conduct governing their discipline. In some cases there are specific legislative requirements of which students should be aware; for example, section 141 of the Health Services Act 1988 governing confidentiality and the Legal Practice Act 1996 and relevant Practice Rules.

This agreement has been developed as a means by which the University may ensure that you understand your responsibilities. If you do not understand any part of this document or if you have uncertainties about its interpretation or application during the placement, you should discuss the matter with your Placement Coordinator. **Please read the Confidentiality Undertakings carefully.**

Confidentiality Undertakings

- (i) I will seek out and comply with the laws, regulations, procedures and policies of the Agency relating to confidentiality.
- (ii) I will not disclose confidential information to any third party without the prior permission of the Agency.
- (iii) I will not use confidential information for any purpose other than the placement unless advised by my Placement Coordinator that ethics approval has been obtained for other specified uses.
- (iv) I will not remove original files, test booklets, forms or other confidential documents from the Agency without the written permission of the Agency.

- (v) I understand that I must obtain permission from the Agency in order to make copies of information required for the purpose of the placement.
- (vi) Unless I receive permission from the Agency to do otherwise, I will delete confidential information from **ALL** materials before they are removed from the Agency. This includes informal notes, transcripts of sessions, videos, tape recordings and any other material in any form recorded on any medium.
- (vii) I will remove all confidential details before transmitting information via electronic means such as facsimile, internet and email transmissions. I understand that information may only be transmitted after obtaining permission from the Agency.
- (viii) I understand that I must obtain permission from my Placement Coordinator to forward documents containing personal information to the Agency and to do this only via Certified Mail.
- (ix) I understand that my obligations under this Agreement continue to have full force and effect when I am no longer an enrolled student of La Trobe University.

THIS AGREEMENT is made on the _____ day of _____ 20_____

BETWEEN

LA TROBE UNIVERSITY

AND _____

(Insert Student Number)

(Print Student Name)

SIGNED for and on behalf of **LA TROBE UNIVERSITY**

(Signature)

(Date)

(Placement Coordinator. Please print name and title)

Declaration

I declare that I have read this confidentiality agreement and understand my responsibilities regarding the privacy and the protection of confidential information. I understand that a breach of this agreement may impact on the right to privacy of an individual or Agency and may lead to legal and/or disciplinary proceedings.

SIGNED by _____
(Signature of Student)

(Date)

In the presence of

(Signature of Witness)

(Date)

Faculty of Health Sciences policy regarding Immunisation

Faculty of Health Sciences Faculty Academic Policies and Procedures Manual

8.6 Immunisation Policy

Students embarking on health care training programs are urged to consider and understand the risks of infection that may occur between themselves and their patients. Engaged in a professional placement or internship may expose you to vaccine-preventable diseases (VPD's), such as influenza, measles, rubella and pertussis (whooping cough). Besides putting yourself at risk, students can also transfer the infectious agents to other patients or health care workers. The likelihood of contact with patients and/or blood or body substances determines vaccine recommendations.

In accordance with the Victorian Government's Department of Human Services' (DHS) guidelines, the Faculty of Health Sciences strongly suggests that students engaged in professional placements that require direct contact with clients/patients undergo a medical examination, with a view to preventing or detecting disease prior to undertaking their placement. In addition, students engaged in placements in which there is not an expectation of physical contact with clients/patients should, at a minimum, seek medical advice concerning the advisability of immunizing or testing themselves against the relevant diseases. Otherwise, it is strongly recommended that, on their own initiative, students take steps to immunize or test themselves.

A student who does not abide by the standards which are socially / professionally expected of them could find themselves under the scrutiny of the law and charged with acts of negligence for not protecting their patients.

The DHS provides some free vaccines. For these and further information on State Government requirements click on to the following link:

http://www.health.vic.gov.au/immunisation/general/guide_hcw.htm

Placements in Victoria

To further reduce health risks, all students are strongly advised to comply with the recommendations of the Department of Health Tuberculosis Branch, as follows:

- (a) tuberculin testing prior to attending hospital clinics;
- (b) if the tuberculin test is naturally positive (that is positive with no previous BCG), this indicates previous infection with TB. In this case, for a positive reaction of less than 10 mm, a chest X-ray is recommended and, if normal, no further action, or for a positive reaction of 10 mm or over, a chest X-ray or referral to a chest clinic;
- (c) if the tuberculin test is positive and previous BCG vaccination has been given, a chest X-ray is recommended for a reaction of 10 mm or over;
- (d) if the tuberculin test is negative, a BCG vaccination is recommended. The tuberculin test should be repeated after six weeks. If it is still negative, a repeat BCG vaccination is recommended; and the individual may have a routine chest X-ray for TB. The decision to have such an X-ray is at the discretion of the individual

All students should obtain and maintain a personal vaccination record booklet available either from your School Office or the DHS Immunisation Program (tel: 1300 882 008). A number of clinical venues require students to be vaccinated in accordance with the DHS

Immunisation Guidelines for Health Care Workers. The personal vaccination record may need to be sighted by authorized personnel at the clinical venue.

Should a student not wish to be vaccinated (i.e. moral objector), then the student should complete documentation of refusal. A copy of this should be kept by the student and the Clinical Placement Coordinator. The student may need to sign a refusal to immunization statement provided by their professional placement venue. Students should note that it is up to the discretion of the professional placement venue to allow non-vaccinated students to undertake their placement or internship.

Students will not be excluded from their course on the basis of infection status. It is expected that students with an infectious condition take every reasonable precaution to ensure that no other person is placed at risk of infection, as advised by their treating doctor. Information regarding infection status is not required to be disclosed.

Placements in New South Wales

The NSW Department of Health (NSW Health), require all students who attend placement at a facility within the NSW Public Health System to undergo compulsory screening and vaccination against infectious diseases.

Proof of your immunity status is required and once established, documented evidence of immunity or vaccination must be carried with you at all times when on placement in the facilities of NSW Health. This documented record of vaccination must be signed by the provider and/or serological confirmation of immunity. This does not include a statutory declaration.

All students should obtain and maintain a personal vaccination record booklet available either from your School Office or Better Health Centre – Publications Warehouse. Tel: (02) 9816 0452 Fax: (02) 9816 0492.

Failure to comply with the requirements of NSW Health can jeopardise completion of a student's studies.

Further information detailing NSW screening and vaccination policy can be found on the following web links:

NSW Policy Directive - Occupational Screening and Vaccination against Infectious Diseases –

http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_338.pdf

NSW Policy Directive - Health Care Worker Tuberculosis Screening & Protection Policy -

http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_209.pdf

Placements in Queensland

There is a commitment from Queensland Health to provide the safest possible environment for patients and health care workers and thus it has taken steps to provide students with comprehensive guidelines on their website relating to infection control.

Students need to supply the relevant evidence of their immunisation status to La Trobe University who are then responsible in providing this information to Queensland Health. It is mandatory that students coming to placement in a Queensland Health facility are immunised against Hepatitis B, with a strong recommendation that they are also immunised against Measles, Mumps and Rubella (MMR vaccine), Tuberculosis, Varicella Zoster virus (chickenpox), and Pertussis (whooping cough).

Students who are HIV, HBV and/or HCV positive are requested to self disclose their status. A student who refuses to be immunised against HBV or who refuses to disclose their HIV, HBV or HCV status will be automatically deemed a non-responder and will not be allowed to undertake placement where exposure prone procedures may occur. La Trobe University will determine if proceeding with this placement will allow for learning objectives to be met.

Queensland Health may restrict or deny access to their facilities to a student who does not meet Queensland Health's immunisation and infection control requirements.

The information detailing QLD immunisation policy can be found on the following web links:

Queensland Health - Immunisation and Infection Control

http://www.health.qld.gov.au/sop/html/infection_control.asp

Queensland Government – Infection Control

<http://www.health.qld.gov.au/infectioncontrol/about.html>

Immunisation Programs

Bundoora Campus

La Trobe University (Bundoora campus), currently runs an Immunisation Program for all Undergraduate students through Banyule City Council. As of the start of semester one, 2005, the program will be extended to all post graduate as well as under graduate students within the Faculty of Health Sciences. Should a student be immunised at La Trobe University (Bundoora), a fee will be charged, payable by the student.

DISEASE	COST*
Hepatitis B	\$45 for a course of 3 vaccines
Hepatitis A	\$126 for a course of 2 vaccines
Twinrix (combined Hep A and B)	\$150 for a course of 3 vaccines.
Influenza	\$20 (required annually).
Boostrix (Diphtheria, Tetanus and Pertussis)	\$30.
Varicella (Chicken Pox)	\$50 per dose (adults require 2 doses),
ONLY FOR NON IMMUNE ADULTS.	
Total: \$471	

*Please note that this is an estimate only. All payment for immunisation and testing costs are the responsibility of the student. Please also note that the total is not an annual cost.

Free vaccines offered by Banyule City Council include:

- Polio Sabin vaccine (orally)
- Measles / Mumps / Rubella
- Meningococcal C for students 21 years and younger

Emergency first aid training

It is recommended that students undertake a course in emergency first aid during their course. Some Schools may have their own requirements.

Reviewed October 2005

Infection Control

Policy and Procedure Manual

La Trobe University Health Sciences Podiatry Clinic

January 2007

Original document – Written by Lyn Lohead, May 2005

Modified by Lucy Shaw, Anita Raspovic, Felicity Prentice and Nikki Frescos, December
2007

Contents

Related documents

Introduction

1. Principles of infection control
2. Immunization
3. Standard precautions
4. Summary of procedures
 4. 1 General cleaning
 4. 2 Personal protective equipment
 4. 3 Sharps and waste disposal
 4. 4 Sterilization and storage of instruments
5. Details of procedures
 5. 1 Hand washing
 5. 2 Processing of instruments and materials
 5. 2. 1 Cleaning instruments
 5. 2. 2 Drying instruments
 5. 2. 3 Packing/wrapping
 5. 2. 4 Loading the steriliser
 5. 2. 5 Operating the steriliser
 5. 2. 6 Unloading the steriliser
6. Sterilisation testing procedures
 6. 1 Daily monitoring
7. Storage
8. Needlestick/sharps injury
9. Blood/body fluid spills
10. Waste disposal
11. Declaration

Related Documents

The following policies are applicable in this health care facility and have been written in accordance with recommendation and guidelines issued by The National Health and Medical Research Council (Aus), Standards Australia (AS4187:1998 and AS/NZS 4815:2006), Dentists Act (NSW-1996) and AGPAL Guidelines for Accreditation.

There are other important documents which contain current infection control regulations, standards and guidelines. These should be read in conjunction with this document.

National Infection Control Guidelines for Podiatrists – Australasian Podiatry Council, September 2005

http://www.apodc.com.au/infection/nat_infection_control.pdf

Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting - The Communicable Diseases Network Australia (CDNA), January 2005

<http://www.icg.health.gov.au>

Australian Standards are available from <http://www.standards.com.au/>

There are several relevant standards, in particular the following;

AS/NZS 4815:2006 : Office-based health care facilities - Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment

AS/NZS 4187:2003 : Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities

Policies and procedures are only effective if they are carefully read and understood, and then put into practice by ALL people. Therefore it is the responsibility of **every student and clinician to read this document**, and to follow the policies, procedures and guidelines set out.

At the end of this document you will find a declaration sheet. It is your responsibility to complete, sign and hand this sheet in to Lucy Shaw by the 31st March, 2007.

Introduction

Every person is potentially a source of infection and must be considered as such in order to protect staff and other patients from cross infection.

Factors which promote infection, such as the presence of microorganisms capable of causing infection, a favourable environment and a susceptible host, will always exist in a health care facility. These factors can be reduced but not necessarily eliminated. Therefore, **strict protocols** must be established and maintained to keep risk of infection to a minimum.

This manual describes the procedures and protocols adopted by the La Trobe Health Sciences Podiatry Clinic to establish duty of care and to prevent cross infection.

1. Principles of Infection Control

- To minimise the risk of cross infection during the provision of health care.
- To assume all blood and body fluids are potentially infectious.
- To take precautions against inadvertent contact with any body substances.
- To prevent transfer of body substances between patients and between staff and patients.
- To wash hands before and after patient contact and after any contact with body substances.
- To clean all instruments, equipment and surfaces as soon as is practicable after use.
- To sterilise all instruments and equipment to be introduced beneath skin or mucous membrane.
- To dispose of waste in an appropriate manner that will not pose a risk to others.
- To ensure up-to-date immunisation – Hep B, Measles, Diphtheria, Mumps, Rubella, Tetanus, TB.

2. Immunisation

All staff and students should be immunised against potentially transmissible diseases.

You are required to demonstrate that you are fully immunized against the following diseases before your first external placement. For your own health and safety, you should ensure that your immunization status is checked at regular intervals.

- Hepatitis B
- Tetanus
- Diphtheria
- Rubella
- Influenza
- Tuberculosis

3. Standard Precautions

Standard Precautions are work practices, which require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk. Such precautions involve the use of safe work practices and protective barriers. As the infectious status of the patient is often unknown, to prevent contamination and cross infection either to other patients or to yourself, treat all patients as potentially infectious.

Infection control involves:

- General Cleaning and decontamination of all work surfaces
- Use of barriers and personal protective equipment during procedures (in consultations, and in cleaning and reprocessing instruments)
- Careful and correct handling of waste materials
- Sterilisation and storage of instruments and reprocessed materials (such as surgical drapes)

4. Summary of procedures

4.1 General Cleaning

Atmospheric dust can cause contamination upon settling. Bacteria can be shed by persons or via clothes of staff and students. These organisms can settle on flat surfaces, on the floor or become airborne in dust particles stirred up by normal day-to-day activities in the practice. Dry dusting will cause the bacterial level to rise and should not, therefore, be a part of routine cleaning practices.

Movements within and around a sterile field should be minimal to avoid contamination.

For all cleaning

At the La Trobe University, Health Sciences Podiatry Clinic Isowipes (70% isopropyl alcohol wipes) are used to wipe surfaces, e.g.; trolley, chair etc

Between Patients

All surfaces i.e. bench tops, trolleys, footrest, table should be cleaned at the completion of each case, prior to the next patient entering the room.

Daily

At the end of each day the following items should be cleaned with detergent and water on a disposable cloth and allowed to dry.

1. All bench tops, trolleys, lights and drills.
2. The patient treatment chair
3. Protective goggles
4. Sinks
5. Floors

4.2 Personal Protective Equipment

During a patient consultation the following steps must be taken:

- Prior to any procedure, hands must be thoroughly washed
- Non-sterile examination gloves should be worn when in contact with the patient
- In the event of more invasive procedures (such as penetration below the epidermis – nail surgery, wound dressings), sterile surgical grade gloves are used
- When using the drill, personal protective equipment (goggles and mask) must be worn
- Your personal clothing should offer you protection. Enclosed shoes are a requirement, and you are encouraged to wear long sleeves (the uniform shirt sleeves should NOT be rolled up) and long trousers.

4.3 Handling Sharps and Contaminated Waste

Sharps

At the completion of the procedure, whilst still wearing gloves, place sharp items in recommended rigid sharps containers.

- Scalpel blades are disposed into the Qliksmart containers
- All other sharps are disposed into the Yellow Sharps containers
- Do not bend, break, resheath or remove needles by hand
- Qliksmart containers have a counter which will prevent overfilling
- Do not fill yellow sharps containers more than $\frac{3}{4}$ full.

Contaminated Waste

This is material which has been contaminated with body fluids such as blood, serous or purulent exudate.

Place any contaminated materials, such as gauze swabs, cotton balls etc, into the plastic bag attached to the trolley. This is to be later transferred to the Contaminated (Biological Waste) bin located in the Surgery Suite.

4.4 Sterilisation and storage of instruments and reprocessed materials

When reprocessing instruments and/or equipment the following procedure should be followed:

1. Wash hands
2. Apply mask
3. Put on protective goggles if mask has no shield
4. Put on water resistant apron (cleaning) or gown
5. Put on gloves – heavy-duty kitchen-type gloves for all cleaning; latex for procedures.

At the end of the procedure, remove protective barriers in the reverse order and wash hands thoroughly.

Cleaning gloves, goggles and reusable aprons should be cleaned with detergent and water at the end of the day and left to dry overnight. Scrubbing brushes may be sterilized, or if this is not appropriate, washed thoroughly in hot water and left to dry overnight.

5. Details of Procedures

5.1 Hand Washing Techniques

The provision of sterilised or disinfected equipment, well-ventilated and clean clinical areas and safe disposal methods are of critical importance. However, this will be ineffective in preventing infection unless allied with good personal hygiene, efficient hand washing techniques and effective principles in asepsis.

The role of the human hands in the transmission of infection in health care facilities has long been recognised and the importance of handwashing can never be over-stressed. The purpose of hygienic handwashing is to remove pathogenic microorganisms that may be present on the hands as transient surface contaminants. Remember, these contaminants may be acquired from surfaces, materials, patients or other people you work with.

Hand washing facilities are located in every clinic consulting room, and should be used frequently and correctly.

- **Dispensers** for liquid hand cleansing agents are available in every room. These must be emptied and thoroughly cleaned before adding fresh solution - don't 'top it up' - allow it to run out.
- **Spray** on disinfectants are no substitute for effective hand washing
- **Nail brushes**, if used, should only be used if in sterile condition and reprocessed after a single use. Often, the softer nail sponges are used to prevent the harsh effects of brushes on nails and hands.
- **Hands must always be washed thoroughly**, regardless of frequency.
 1. Wet hands first
 2. Apply liquid soap
 3. Rub vigorously paying meticulous attention to all areas including the nails and interdigital spaces.
 4. Continue for a minimum of 15 seconds. (The immediate effect of a short hand wash with plain soap or detergent is a sharp **increase** in the bacterial count (Gardner & Peel, 1991). This is attributed to increased shedding of bacteria-carrying skin scales
 5. Rinse well to remove all visible soap
 6. Dry hands using disposable paper towels.

Hygienic handwashing should be **supplemented**, but **not substituted** by the wearing of gloves especially in situations such as invasive procedures, wound care, or when there is risk to blood or body fluid contact.

The gloves should then be removed before touching objects such as charts, records, telephone, and the hands should always be washed to remove any contamination that could have occurred through pinholes or other defects. Gloves are not worn just as a barrier for the user.

Consideration should be given to contamination of inanimate objects by used gloves, which could then re-contaminate staff hands - for example a dirty glove on a door handle can contaminate a clean hand later on.

5.2 Processing of Instruments

5.2.1 Cleaning of Instruments

Cleaning is the most important step in the reprocessing of reusable instruments. If an item is not clean, it CANNOT be disinfected or sterilised. Any blood or body substance that remains on the surface of an instrument can protect microbes and potentially infect the next patient even if it has been through a sterilising process.

Thorough meticulous cleaning is paramount to any further processing.

1. Rinse instruments as soon as possible with cold water (Make sure tap is not turned on too hard as this will increase the risk of contamination through splashing). If a delay is expected prior to the cleaning process, place instruments in a container with detergent and water
2. Don protective barriers – heavy duty gloves, protective goggles, water resistant apron/gown
3. Fill sink with 2 litres of cool/tepid water
4. Add 10mls of Sonidet detergent
5. Open or disassemble all instruments as appropriate and place into sink
6. Using sturdy, firm-bristled brush, clean instrument low in the sink or under water to avoid generating aerosols. Make sure all surfaces, joints and crevices are scrubbed. Use fine brushes in lumens, holes or valves.
7. Rinse in hot gently running water.
8. Inspect all instruments for cleanliness

5.2.2 Drying Instruments

After a successful cleaning regime, instruments that are to be packaged must be dried.

1. After cleaning, rinse in **hot** water.
2. Place open instrument on 'clean' bench on top of dry paper towels
3. Place clean towel on top of instruments and pat dry
4. Change towels if wet.

Alternatively, dry instruments individually with a lint-free cloth.

5.2.3 Packaging/Wrapping Instruments and Trays

The purpose of wrapping or packaging items before sterilisation is to provide an effective barrier against recontamination and to provide a supply of stored sterile items ready for immediate use.

All packages must emerge from the steriliser dry. All items that are wet must be reprocessed.

1. Insert clean, dry instruments into Self – Sealing Pouch
2. Insert indicator strip
3. Fold along dotted line
4. Remove adhesive strip
5. Seal pouch
6. Place pouch in instrument tray and leave on the table of instruments 'to be sterilised'.

5.2.4 Loading the Steriliser

Loading the steriliser correctly is essential if successful sterilisation is to be achieved. Steam must come into contact with all surfaces to be sterilised. Therefore overloading, over packaging and badly positioned items could lead to a process failure.

1. Place all small packages in rack/on side
2. Place perforated trays flat on sterilising tray
3. Place solid items (bowls, kidney dishes etc) angled on side with opening tilted downwards
4. Do not allow items to touch walls
5. Do not overload the chamber
6. Ensure there is sufficient room between items to allow circulation of steam

5. 2. 5 *Operating the Steriliser*

Siltex 9-250D

1. Load the sterilising chamber as per policy
2. Close and lock the door
3. Select the cycle using arrow up/down keys, if not already programmed. (The clinic sterilizers are currently pre-programmed to sterilize and dry)
4. Select **Start**
5. At the end of the selected cycle, the beeper sounds and the LCD display indicates **END** by the statement "cycle completed open door".
6. Open the door and remove the trays using the handle.

Keep instruction manual in close proximity for ease of reference.

Siemens Validator

1. Ensure cord is plugged into the power source with switch in **ON** position
2. Depress **Power On/Off** switch on front panel (LCD illuminated = power on)
3. Perform self-diagnosis test as per instruction manual (p36)
4. Add distilled water to bottom of filler cup opening
 - * Water must cover condenser coil.
 - * Do not overfill
5. Place instruments into chamber
6. Close and latch autoclave door.
7. Depress **Mode** switch repeatedly until desired program is illuminated
8. Depress **Clear/Start** switch
9. If drying cycle is not required, press **Clear/Start** switch when **Ready** light flashes.
10. Check the gauges during the cycle to ensure sterilisation parameters are met
11. At completion of the cycle, **End** is displayed.
12. Open the door carefully

Keep operating manual in close proximity for instant reference.

5. 2. 6 *Unloading the steriliser*

1. At completion of the cycle, turn machine off
2. Open door carefully
3. Leave items in the chamber for a short time to allow to cool
4. Wash hands
5. Remove items carefully and place on 'cake rack' to allow further cooling
6. Inspect to ensure:
 - no moisture present
 - the chemical indicator has changed colour
 - packing is intact
 - seals have not come undone or broken

Unwrapped items required sterile when used (Emergency Only)

1. At the completion of the sterilising cycle, turn machine off and open the door to its maximum.
2. Prepare patient for procedure
3. Put on surgical mask
4. Wash hands thoroughly and don sterile gown and/or gloves
5. Take instruments/equipment from the sterilising chamber being careful not to contaminate the tray.
6. Place on sterile field

It is very important to remove the instruments/equipment from the chamber, transport them to the procedure zone and arrange them for use **aseptically**.

**** Note – unwrapped instruments must either be used within 15-20 minutes to be considered sterile OR they can be stored and used as disinfected items ONLY.**

6. Sterilisation Testing Procedures

The sterilizing equipment (autoclaves) must be regularly calibrated and tested. The information from this must be recorded and kept for a minimum of seven years. For further information, consult the:

National Infection Control Guidelines for Podiatrists – Australasian Podiatry Council, September 2005
http://www.apodc.com.au/infection/nat_infection_control.pdf

This is the benchmark for all infection control procedures in Podiatry, and must be fully understood and followed. Your registration as a Podiatrist is dependant on you demonstrating that you are complying with these Guidelines.

6.1 Daily Monitoring of the Sterilisation Process

For legal reference, records of monitoring and validation must be obtained and retained for seven years. The operation of all sterilisers should be checked daily by the operator and maintained 6-12 monthly by a qualified tradesman.

Chemical Indicators

All wrapped **items** have a chemical indicator incorporated with the packaging. Therefore separate indicator strips within the packages are not necessary.

Physical Testing

These sterilisers have a printer attached. After each load;

1. Read print out and check parameters have been met to assure sterilisation
2. Circle accepted time/temperature parameters and sign the bottom
3. Tear off printed read out and fix into record book or store the daily roll in a dry dark container

Performance Recorder (Data Logger)

The "logger" (small black box) attaches to the side of the Siltex steriliser and records the time and temperature when the steriliser is operating.

Connecting

1. Turn the steriliser off
2. Attach the logger to the side of the machine by means of the plastic fasteners.
3. Plug the cable from the steriliser into the matching connector on the logger
4. Turn the steriliser on (Both lights should shine on the logger and a beep will sound) * Note – After a few seconds the red light will go out.

Launching SilLog

1. Once SilLog is installed launch it by double-clicking on its icon.
2. Start menu and follow instructions

7. Storage/Shelf Life

Acceptable packaging, monitored sterilising techniques, and correct storage facilities, should provide an environment conducive to the maintenance of sterility - the items should remain sterile until opened.

Storage

Once items have been sterilised, they should be stored;

- away from any water
- in an enclosed area – cupboard, drawer, container
- free from dust, insects, and other vermin
- away from direct sunlight.
- on clean, smooth, washable enclosed shelves
- loosely packed i.e. not jammed together (this may damage the packaging).

Your instruments are stored on the shelves or in the cabinets. You must be careful to ensure the flow of instruments (from the consulting rooms, to the cleaning area, to the packaged area, through the sterilization process and to storage) is maintained at all times.

8. Needlestick/Sharps Injury Procedure

This policy covers needles, syringes, scalpel blades, stitch cutters and any other object that may penetrate the skin that has been in contact with blood or body fluids of a client.

Prevention

1. **DO NOT RESHEATH NEEDLES**
2. Dispose of all sharps into rigid "Sharps disposal" units
 - * drop sharps into the bin
 - * do not push sharps down
 - * do not bend, break remove or handle needles
 - * do not over-fill containers (no more than 3/4 full)
3. When Qliksmart container or sharps bin is full, seal and arrange for collection and disposal

Immediate Management Of Needlestick/Sharps Injury

1. Encourage wound to bleed
2. Report incident to clinician (this is **mandatory**)
3. The clinician will provide appropriate first aid
4. The incident must be formally recorded using the appropriate documentation. Your clinician will guide you through this, and the documentation **must** be completed.

5. If there is any concern that you may be at risk of exposure to HIV and/or Hepatitis B, or any other blood borne infectious disease, you will be given the appropriate counselling regarding medical testing and any other support you may require.

9. Blood/body fluid spills

Any body fluid that is accidentally spilled should be dealt with immediately. All spills should be regarded as potentially infectious and appropriate protective equipment should be worn.

1. Notify your clinician of the incident and follow instructions carefully
2. Gather necessary equipment i.e. gloves, detergent solution, paper towels, and plastic bag.
3. Don gloves (and plastic apron)
4. Place absorbent towel over 'spill' until the bulk has been absorbed.
5. Place contaminated paper towels in plastic bag.
6. Wash area with detergent and water solution.
7. Place used paper towels into plastic bag.
8. Repeat 5 & 6 until area clean.
9. Mop up excess water with paper towels.
10. Leave to dry.

Do Not use too much water on the area
Avoid spreading spillage

10. Waste Disposal

General Waste

All general waste consisting of clean packaging, paper, plastic, unused gauze, cotton balls etc, should be placed in general garbage bins for weekly collection.

Contaminated Waste

Contaminated waste is any matter originating from patient care areas that have been in contact with any body fluids such as blood, saliva, vomitus, urine, faeces, etc or any matter arising from surgical or pathological procedures that cannot be reprocessed.

During and immediately after a procedure, all contaminated waste is to be placed in a plastic bag and securely closed. The plastic bags are then placed in the designated contaminated waste receptacles.

Cleanaways collects contaminated waste as required.

At all times persons handling contaminated waste should wear protective barriers and adopt Standard (Universal) Precautions.

Sharps

All sharp objects should be deposited into the approved yellow rigid container. This includes needles, syringes, broken glass, stitch cutters, ampoules, etc.

Scalpel blades are to be disposed in the 'Quick Smart' blade remover, which will read full when containing 100 blades. Once full, the device will be collected by the clinic technician and passed onto '**Cleanaways**' (waste disposal company) for disposal.

Needles should **never** be recapped, purposely bent, broken, removed from disposable syringes or otherwise manipulated by handling.