Statewide interprofessional allied health graduate program manual
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Letter from the Chief Allied Health Advisor

I am very pleased to present the Statewide interprofesional allied health graduate program manual. The manual will provide health services with the tools to implement an interdisciplinary allied health graduate program, or build on their existing programs.

The manual will help health services to ensure that our newest allied health professionals are able to effectively grow as a group, learn from each other’s skills, and work cohesively together to deliver the very best patient centred care.

Providing allied health professionals with a positive transition to practice experience has been shown to be an important determinant of longer term retention within professions.

This manual forms part of the Department of Health’s overall commitment to ensuring that allied health professions are recognised as a central part of the health workforce.

Kathleen Philip
Chief Allied Health Advisor for Victoria
This manual

Northern Health Allied Health has developed and run a specific interprofessional Allied Health Graduate Program since 2004. Drawing on the available published literature and widely accepted group and adult learning approaches, this program complements the existing discipline-specific supervision and organisational induction and orientation programs to offer new allied health graduates the critical support they need to transition effectively into demanding roles in the public health workforce.

Purpose of this manual

This manual has been developed to assist health services establish a program to support new graduates in their transition to professional life. It provides:

- background information from experience and from the literature on the process of transition from student to health professional
- a summary of adult learning and group facilitation
- background and details on the Northern Health Allied Health Graduate Program, a structured but flexible approach to fostering interprofessional practice, critical thinking and reflective practice, professionalism and citizenship in new graduate employees.

Building the capacity for reflection into new graduates’ repertoire of competencies early in professional life facilitates self-management of future directions and career path. Organisations that employ practitioners who can reflect are more readily able to develop and grow. By encouraging and promoting reflection, we are emphasising the skills that allied health values highly in its practitioners.

The program aims to counter some of the feelings of isolation and inadequacy often experienced in a first professional role. Implementing an effective graduate program can also be a valuable recruitment incentive for new staff and a way of upskilling the professionals who will work in the health system of the future.

Structure of the manual

This manual is structured to give a theoretical overview as well as detailed session plans. It contains:

- a rationale for running an interprofessional graduate program
- perspectives from the literature on the value of supporting new graduates
- a health service perspective on the value of such a program
- background information on adult learning, facilitation and group processes
- practical tips for running a graduate program
- the program itself, session by session – goals, running sheets, supporting materials and ‘Questions of the week’ for the graduates to undertake between sessions
- a list of the references.
The graduate experience

The experience of graduating, finding a job and starting a career is an exciting time, but it can be daunting too. Much has been written about the transition phase from graduate to employee, from student to worker, including the transitions experienced by a wide range of health professionals.

In addition to the information in the literature, we have drawn on our experience of running a tailored Allied Health Graduate Program to summarise the range of challenges, expectations and support needs of new graduates in transition in the health sector.

For allied health professionals at the beginning of their careers, there is much to come to terms with in a short timeframe. The first weeks and months in the job can be stressful, tiring and bewildering, as well as rewarding and exciting.

New graduates are expected to take full responsibility for their caseload, including client prioritisation and onward referrals, as well as managing their own timetable. They are also assumed to have the required knowledge and level of confidence to work independently. Many of the patients and clients they work with in the healthcare system have complex needs, which can, at times, be overwhelming for novice practitioners. Graduates are expected to have the core skills to match clinical requirements, to have enough knowledge for sound clinical reasoning, and to have the capacity to judge when they are out of their depth and need to seek advice.

New graduates are usually readily acculturated to their new teams’ attitudes and behaviours as they are eager to fit in and establish their professional identity. As well as adopting positive behaviours, this can also sometimes include picking up on what others think is unimportant, boring or time-wasting. New graduates may need extra time invested to help them understand the importance of certain tasks, even if those tasks are perceived as tedious. After the structure of university and closely supervised clinical placements, graduate practitioners also need to get used to the new level of self-organisation and time management.

How can graduates do all of this effectively in the fast-paced, pressured environments of wards and clinics, when they are still establishing themselves as a professional and as a member of a team? How can they learn quickly to manage challenges such as mental health issues with patients, deal with aggressive behaviour from patients or colleagues, or support a patient and carers who are in distress? Effective and supportive supervision and comprehensive professional development are vital, as is proximity to fellow graduates and team members.

In addition to clinical challenges, graduate staff need to learn to work within a hierarchy and organisational structure. ‘Managing up’, that is, managing the relationship with supervisors and managers, is usually a complex challenge, especially so for those who are new to life in an organisation. This situation is compounded for new graduates, who need to find their feet quickly in a new job and adjust to new processes of accountability. Successful ‘managing up’ requires nuanced understanding of personality, style, interpretations of responsibilities and the exercise of power. For many workers it takes years to build the repertoire of skills needed to make these relationships work well.

Many graduates report that they feel fatigued and stressed by working full-time during the early phase of transition. Although many worked very hard while studying, including in paid work, the structure of shifts and a commitment to consistently working a 38 or 40 hour week in the same role can generate feelings of fatigue. The tiredness is not just physical in the early phase of transition. It can also be emotional and intellectual due to the novelty of experiences and the amount of concentration it takes to establish routines and practices. Appropriate self-care is vital in these early days. Most graduates report an improvement in their energy levels after a few months in the job as they start to integrate and gain better insights into the working world.
New graduates often have a limited understanding of health system processes such as making referrals and the administrative side of healthcare. Although all students have completed multiple placements or work-based experience during their entry-level training, students are often shielded from some of these realities of service provision. Sometimes clinical placement experiences are too short to introduce the full range of health system processes, and some graduates may have completed their placements in different areas to the one in which they work in early in their careers. This means they can experience a steep learning curve to understand all the complementary tasks that are part of being an effective health professional.

Graduates can sometimes be taken aback by the complexity and responsibility of entering the professional world of work. Health services are hierarchical, and much of the work is achieved by having people in clearly delineated roles. There is also a structure that implies and exercises control between levels, departments and individuals. The power structures are both formal (as in organisational structures and leadership arrangements) and informal, where individuals (not necessarily in formal positions of power) can exercise significant influence in a given situation. For a new staff member it can take time to work out the prevailing hierarchies and accountabilities.

A graduate’s new identity as a health professional is forged within their discipline and their place in the overall formal hierarchy. Sometimes this means the graduate is expected to step up and take responsibility for tasks they have never performed unsupervised, and on other occasions they could be asked to do things that are part of someone else’s job, or they cannot manage because they feel they are working at maximum capacity. Graduates report that they often have difficulty saying ‘no’ in these types of situations, and saying it emphatically and respectfully.

In addition to establishing themselves as a clinician, there are many other demands made of health professionals working in organisations. All clinical staff are expected to contribute to their professional group, their team or program and to the organisation in a number of ways: through involvement in quality projects, committees, departmental meetings, team/ward/program business meetings, research, discipline-specific and interprofessional evidence-based practice. Graduates are expected to find a reasonable balance between all their commitments; a task that is not easy, even for very mature and experienced professionals.

Health services recognise that graduate staff have some special needs. Managers and supervisors have a role in ‘looking out’ for graduates, including for those from disciplines other than their own. Managers have a broader perspective of workforce functioning in their area, and have significant responsibilities for the quality and safety of care delivered by their staff. Managers take on the responsibility of ensuring support is available to foster integration and a smooth transition into the workforce for graduate staff.

A structured graduate program provides a forum in which many of the complex issues graduates face can be discussed and explored in ways that help them continually come to terms with the requirements of working in a healthcare organisation.

Graduate programs are often provided along discipline lines. This program is different because it is designed to support an interprofessional (interdisciplinary) approach to graduate support. Instead of focusing on clinical practice development in new graduates, it seeks instead to develop confident, reflective individuals and effective interdisciplinary team members.
Background

Life is a series of transitions. One of the most significant transitions in a health graduate’s career is the move from student life into a role as a qualified health professional.

According to Bridges (2009), transition is a three-phase process. First there is ‘ending and letting go’, then a ‘neutral zone’ and finally a time of ‘new beginnings’. He says ‘transition is not just a nice way to say change. It is the inner process through which people come to terms with a change, as they let go of the way things used to be and reorient themselves to the way that things are now’ (Mindtools.com 2009).

The time of transition into a new professional role appears to be influenced by many factors. The individual’s actual knowledge and skills, their perceptions of their preparedness for practice and confidence in their own ability can impact significantly on transition (Doherty, Stagnitti & Schoo 2009; Gray et al. 2012). The organisational culture, available support system and team dynamics, expectations of employers and demands of the clinical environment are also significant in the transition process (Duchscher 2009; Howe & Healy 2012; McKinstry 2005; Tryssenar & Perkins 2001).

Transition-to-work experiences vary widely among newly graduated health professionals. In the nursing literature, the impact of this transition on some is described as ‘reality shock’ or ‘transition shock’ (Duchscher 2009; Kramer, Brewer & Maguire 2011). New graduates in their first job may experience this emotional state as they let go of the idealised perspective of academia and move to the reality and responsibility of the workplace.

In allied health, a number of studies have focused on the experiences of new professionals in transition. Most of these have used qualitative approaches, including interviews, focus groups and reflective journal reviews to gather data from individuals and sometimes also their mentors or supervisors. Tryssenar and Perkins (2001) studied novice physical and occupational therapy graduates, identifying a number of phases during the process: ‘transition’, ‘euphoria and angst’, ‘recognising and reconciling the realities of practice’ and ‘adaptation’. These broad phases mirror those outlined by Bridges in relation to transition in general, and have parallels with that which has been reported in nursing literature.

Traversing the ‘student–professional gap’ is a theme that emerges from the literature as a significant challenge for graduates. Students do not carry full professional responsibilities during their clinical placement experiences and usually have much closer and more intense supervision during clinical training (Hayhurst 2011; Smith & Pilling 2007). On graduation, they may have an idealised view of work as clinicians and of what will be expected of them. When they then join the professional workforce as qualified practitioners they have to adjust to the gap between their expectations, those of employers as well as the reality of busy and complex work environments (Black et al. 2010; Duchscher 2009; Hayhurst 2011; Morley 2009; Smith & Pilling 2007). Romyn et al. (2009) have questioned whether the expectation of ‘practice readiness’ at the end of training is well understood or even realistic in the context of a complex and changing health system.
Anxiety can run high during the early phases of joining a profession. Research on graduate experience of early transition consistently highlights the feelings and concerns of graduate practitioners, which include:

- fear of making a mistake
- concern at not knowing something they feel they should know
- reluctance to seek help or burden more experienced and already very busy staff or supervisors
- a system that may be under-resourced and where support may not always be readily available
- stigma of being ‘junior’ and ‘new’.

The expectations placed on new practitioners entering a complex and changing workplace are significant (Morley 2009; Smith & Pilling 2007). Through data gathered from a series of semi-structured interviews with new graduates and their supervisors, Morley (2009) highlights some of the more challenging aspects of early practice. These include the development of teamwork skills and relationships, the experience of working in isolation when access to senior clinicians for support and guidance may be limited, and the need to establish an individual professional identity. Adaptation in these areas may be more challenging when graduate staff are in rotating or generic clinical roles where a specific professional identity may be more difficult to articulate.

A number of studies have explored new graduates’ perceptions of their preparedness to practice. Gray et al. (2012) conducted a survey-based study of Australian and New Zealand graduate occupational therapists. Participants had been working between 0–18 months when they completed the survey (median four months). The researchers asked participants to reflect on their preparedness for practice by responding on a Likert scale to a series of statements based on the national entry-level competency standards for the profession. For Australian respondents, six of the ten bottom-ranked competencies were not related to discipline-specific technical skills. The areas in which new graduate occupational therapists felt least confident or compete to practice included role identity and role articulation, written communication, teamwork/collaboration, evaluation and use of the evidence in practice. Gray et al. characterised the competencies into two main areas: ‘managing inwards and interpersonally’ and ‘managing outwards’. Graduates reported feeling least prepared in the competencies related to ‘managing outwards’ – including demonstrating or articulating the occupational therapy role to colleagues, reporting to colleagues and/or students and drawing on the evidence in practice. Graduates could have benefited from increased support and development in these areas during their transition.

Black et al. (2010) studied the professional development and learning of novice physical therapists. Using quarterly semi-structured interviews, a reflective journal review and a review of academic records/resumes over 12 months, they identified the experiences and themes that emerged for 11 novice physical therapists during the first year of practice. They identified that the ‘clinical environment and practice community’ were extremely important to novice practitioners in their first year. Positive supports and experiences influenced decisions to remain in an organisation and improved coping ability and development of confidence. ‘Learning through experience’ was a core theme to emerge from the study. Communication and relationships were among the most difficult areas of experience to develop, and communication was also the area that novice practitioners saw as their most important clinical skill. The formation of a professional identity was the third key area of focus. Black et al. point out that transition challenges are not just about the individual – but about the individual in their social context and within their practice community. They highlight the importance of social encounters and endorse structured learning experiences and mentorship to help novice practitioners to develop.
A small study by Brockwell, Wielandt and Clark (2009) highlighted the potential differences between allied health clinicians practising in rural and remote settings compared with those practising in urban settings. Clinical placements were an important factor that influenced both preparedness to practice and also where students worked after graduation. Students’ observations of the level and type of support available during fieldwork experiences influenced the decisions they made about the location of their first job and the level of preparedness they felt. Further evidence from rural and urban therapists’ experiences of transition (Doherty et al. 2009) suggested that graduates in rural and community-based roles had higher self-rated confidence and competence than their counterparts working in urban and hospital settings. Fieldwork experiences were again highlighted as the most valuable component of preparation for practice. Individual perceptions of being prepared for practice influenced confidence and eased the transition experience.

Crosswell and Beutel (2011) examined the transition experience of newly qualified teachers and drew some useful parallels between graduates in health (nurses, midwives, occupational therapists and doctors) as well as vets, financial planners and lawyers. They describe the period of transition as ‘…of critical importance to the individual and their feelings of competence and early profession learning’ (2011, p. 171). Their summarised list of expected skill development and achievement during the transition phase is long and varied. Graduates need to demonstrate competence in the core technical skills of their discipline, as well as interpersonal and communication skills, negotiation and problem-solving ability, capacity for reflective practice and ‘professionalism’. The authors highlighted the complexities of the transition experience for both the graduate staff and those supporting them and suggested adopting a community of practice model and promoting reflective practice as effective ways to minimise the challenges of the transition phase.

**Rationale for supporting graduates during their transition**

The benefits of supporting anyone through a transition process cannot be underestimated. ‘People are often quite uncomfortable with change, for all sorts of understandable reasons. This can lead them to resist it and oppose it. This is why it's important to understand how people are feeling as change proceeds, so that you can guide them through it and so that – in the end – they can accept it and support it’ (Mindtools.com).

Providing support to graduates can help them manage the inherent stress of starting a new job and a new career. Achievement of competence, the emergence of confidence and role identity, consideration of a possible career path, development of professional skills and the ability to deliver safe and quality healthcare are all areas worthy of particular investment. Supporting graduates during transition is not only about supporting the individual clinician. A key reason for providing graduate support is to actively engage and therefore retain newly trained practitioners (Howe & Healey 2012). A graduate program is also an opportunity to welcome and induct new staff, to give them a sense of the culture and expectations of the organisation.

The type of support needed varies during different transition phases and is influenced by the personal skills and characteristics of the graduates (Duchscher 2009; Howe & Healey 2012; Seah, Mackenzie & Gamble 2011). In the early phases of transition (the first six months) graduates need help with communication and learning, and direct support with core technical skills and assistance to develop the professional skills needed to work with others (Gray et al. 2011; Howe & Healey 2012; McKinstry 2005; Morely 2009). Once graduates start to feel more confident, the next six months can focus on enhancing their independence, getting to know the system and increasing organisational resourcefulness (Howe & Healey 2012; McKinstry 2005).
A number of authors (Hayhurst 2011; Howe & Healy 2012; Sole et al. 2012) refer to the need to help graduates shift from focusing on themselves as individuals to being more active members of an organisation. Healthcare employers want graduates who can see ‘the bigger picture’ and demonstrate a wider focus and understanding of patients’ needs, the organisation and the system (Hayhurst 2011; Smith & Pilling 2007; Sole et al. 2012).

Sole et al. (2012) expressed this aspect of graduate development as follows: ‘…the important themes that emerged [from the study] were not related to clinical skills and knowledge, rather to issues of professionalism and professional behaviour, graduates’ confidence in themselves and the profession and their focus and perspective’ (2012, p. 125).

For graduates to integrate successfully and become productive, contributing members of a profession and a team, they need to develop beyond the pure technical and clinical skills of their own discipline.
Models of support

Transition support is common in medicine and disciplines such as psychology and pharmacy, with formal internship programs that include supervised work practice and structured education programs. Much has been written in nursing literature about early graduate programs and graduate transition. Healy and Howe (2012) completed a report for the Victorian Department of Health that included a review of the international literature and an environmental scan of early graduate support programs for nurses and midwives. They also reviewed programs in engineering, law, psychology and dentistry. They found that program purpose varied, with some schemes focused on supporting those who take up roles in areas of workforce shortage (such as public dentistry) and others more focused on developing a nationally consistent approach that offered effective induction into a profession (for example engineering or law).

Healy and Howe (2012) found wide variability in the structure and content of programs in nursing and midwifery. While the exact mix, length and focus of programs differed, there were some common elements in Australian nursing and midwifery graduate support programs, including:

- preceptorship/mentoring (this was perceived as critical)
- formal learning through study days, professional development and practical demonstrations
- clinical support
- supernumerary time
- study groups.

The key areas of focus of early graduate support in nursing appear to be on making the graduate year a positive experience. There is an expectation that this will lead to improved retention in the workforce and consolidation of skills that will enable safe and effective individual practice.

At the time of establishing Northern Health’s Allied Health Graduate Program in 2004, there was little published in the international literature on the experience of transition from student to practitioner in allied health (Smith & Pilling 2007). Over subsequent years there have been some additions, however it is still a relatively limited area of research and focus. Most of the published articles focusing on allied health graduate transitions are written from the perspective and experience of individual disciplines, such as occupational therapy (Gray et al. 2012; McKinstry 2005; Morely 2009) and physiotherapy (Black et al. 2010).

The literature mostly covers the challenges and experiences of graduate staff and their need for support, rather than evaluating or providing detailed recommendations about specific approaches to support. The overriding message however is that support during the transition is important (Black et al. 2010; Gray et al. 2012; Healy & Howe 2012; Ryman et al. 2009; McKinstry 2005; Morely 2009).

Programs range from occasional and informal supervision to regular, structured supervision or mentoring, to structured graduate programs (Department of Health 2013; Howe &Healy 2012; Smith & Pilling 2007) to comprehensive, year-long national programs such as the Flying Start NHSTM program (Banks et al. 2011; Flying Start Scotland).

Evaluation of programs has mostly been at the level of learner reaction (Kirkpatrick Partners undated) with some also evaluating skills and attitudes, and incorporating feedback from employers and supervisors of graduate staff. The guiding principles and approaches that underpin the more structured, formal programs are widely accepted as effective methods for producing positive learning and development outcomes.
The National Health Service (NHS) in the UK has developed and implemented a major graduate support program that is available nationally to nursing and allied health graduates. The NHS Flying Start® program recommends that newly qualified practitioners will complete the program in their first year of employment. This program has a significant online component. Graduates work through up to ten online modules and are expected to link in with a local mentor or preceptor. Along with access to the online program, graduates receive support which ideally includes:

- an allocated mentor – compatible in terms of location/shifts, as well as appropriately trained and given time to support graduate practitioners
- protected time to engage in program activities
- access to the internet in a non-clinical area.

While enjoying a degree of success, the program experiences several limiting factors resulting in inconsistent or incomplete implementation. For example, each Area Health Board determines whether to make program participation mandatory or optional for new employees. This leads to variable uptake nationally. Protected time away from clinical work is not available consistently, even when an agreed part of employment for some individuals. The project team sought to create infrastructure to support successful integration of the program, such as improving the website and working with university students and staff to improve knowledge and understanding of the program (Banks et al. 2011). However, consistent implementation has proved challenging, with some duplication between local and national programs.

Queensland Health also has a Flying Start program, adapted from and developed under license from the NHS. It is a web-based program designed to increase the confidence and competence of new starter allied health professionals. It is learner-directed, with an emphasis on building a progressive portfolio of professional development evidence through reflective learning activities. The resource has been developed to complement professional support practices such as supervision and mentoring’ (Flying Start Queensland).

In terms of providing support, it is not just individual skills and mentoring that are required. Black et al. (2010) identified that the ‘clinical environment and practice community’ were extremely important to novice practitioners during their first year. Positive supports and experiences influenced graduates’ decisions to remain in an organisation and improved coping ability and development of confidence. ‘Learning through experience’ was a primary theme to emerge from the Flying Start program and development of the core areas of communication and relationships were achieved through the use of critical reflection and feedback. Validation by experienced practitioners was identified as a valuable tool for building confidence in new practitioners.

The importance of reflective practice and reflective learning is strongly emphasised throughout the literature on graduate transition support (Black et al. 2010; Morley 2009; Seah et al. 2011; Smith & Pilling 2007). One of the useful tools to encourage and support learning and development and foster reflective practice is a reflective journal. Such a journal enables the writer to develop self-understanding and learn by exploring experiences, attitudes, feelings and memories. A reflective journal is not a diary or simple list of events; rather it is a means for processing thoughts, feelings and learning by reflecting on actions and events. It is ‘a reflective account of your own observations and interpretations of events that allows you to examine your experiences to understand them [and yourself] better’ (University of South Australia).
Among Donald Schon’s approaches to reflective practice (1983; 1987) are reflection-in-action and reflection-on-action. Reflection-in-action occurs while a problem is being addressed and involves challenging assumptions. Reflection-on-action occurs while a problem is being addressed and involves challenging assumptions. In contrast, reflection-on-action is reflection after the event. Reflection on action enables the individual to consider the event or action from different perspectives after the event has occurred. The individual can identify possible connections or behaviour patterns and consider opportunities for change and development.

Seah et al. (2011) raise the importance to learning and development of normalising the experiences and encounters of being a new staff member. Graduates perceived that core life skills such as flexibility, balancing work and life, being proactive, seeing mistakes as an opportunity for learning and being positive also eased the stress of the transition experience from student to professional. A number of authors flag the development of essential professional skills to aid transition. These include understanding one’s role, being able to articulate one’s role, communication and relationship building (Morley 2009), teamwork skills, and developing an ability to deal with uncertainty (Seah et al. 2011). These areas are further expanded by numerous authors including Dyess and Sherman (2009) who discuss the application of interprofessional skill sets, and Duchscher (2009), who promotes work on interdisciplinary communication skills, intergenerational and interprofessional and collaborative practice.

Romyn et al. (2009) raise an interesting point from their research. They consider that graduates are more diverse now than in the past generation. Reflecting on the Australian context, they suggest there is a greater mix of men and women in healthcare courses, there is increasing cultural diversity, with a wider range of entry points into allied health studies now available. While graduates may experience similar issues, they are not a homogeneous group and support programs should be flexible and adaptable to meet different needs. Preliminary evidence from a study by Seah et al. (2011) suggests that the greater maturity and life experience of those from graduate entry training programs may be of benefit during the transition process and necessitate different approaches to the provision of support in the future.

Overall, the themes to emerge about effective graduate support highlight the importance of including:

- mentorship (also described as preceptorship or individual clinical supervision)
- structured opportunities for critical reflection
- learning through experience, with support and feedback to enable skill development, development of competence and confidence
- learning in the context of the community of practice or social context
- normalising the experience of being new and of the transition process.
Origin of the Northern Health Allied Health Graduate Program

This program is underpinned by several years of experience in developing a suitable approach to graduate support. The Northern Health Allied Health Graduate Program commenced in 2004 when the health service had a higher number than usual of graduates starting work across the organisation. New allied health graduates were employed in six of the seven disciplines under the management of allied health at the time. The allied health leadership group believed there were many possible benefits of supporting these new employees as an interprofessional group through the transition-to-work phase in their first year of employment.

The philosophy that underpinned the Northern Health Allied Health’s Graduate Program included commitment to:

- supporting staff to be the best they can be, through education, training and supervision
- creating interesting and rewarding career paths within the organisation and with partner organisations
- leading and modelling interprofessional practice in the organisation
- fostering leadership behaviours, including in those who might be leaders of tomorrow
- encouraging lifelong learning and evidence-informed practice to ensure safety and quality of care.

A program of this nature, specifically designed for graduates, also presented a chance to promote the culture to which Northern Health aspires. It was seen as a valuable opportunity to foster a strong culture of interprofessionalism and to emphasise the importance of collaborative team work. Allied health practitioners spend between two and four years training for professional roles. Northern Health wanted graduates to incorporate the essential role of being an effective team member into their developing professional identities. The program provided an avenue to minimise notions of ‘silo thinking’ and professional territorialism, as both can prove barriers to genuine interprofessional practice. It is also a pragmatic and efficient approach to providing support, as a group provides a critical mass with which to work and delivers added benefits through active use of the group dynamic.

Northern Health’s graduate program was implemented to complement the routine induction and supervision already available to new staff within each discipline. This manual is designed to provide a healthcare organisation with a guide to a structured approach for supporting and developing newly employed, recent allied health graduates.
The design of this graduate program

The program is designed to complement an organisation’s routine induction, orientation and supervision. It is highly interactive and engaging, and many of the activities are conducted in pairs and small groups. It also uses the ‘wisdom in the room’ by actively drawing on participants’ views and experiences, as well as making the most of problem-solving abilities in the group.

Based on both literature and practice wisdom, this program has been designed with a logical progression of activities to be undertaken both within and between sessions. We recommend that the program contain seven to nine sessions in all. After the initial ‘get to know you’ sessions, where the group has a chance to form and participants engage with the overall purpose of the program, subsequent sessions follow on from one another. They cover a range of topics known to benefit graduates and which are not often covered in other arenas, such as in supervision or professional development.

Exercises to be undertaken in the intervening weeks connect content between the sessions. This is an effective way to translate learning into practice. To reinforce this, the graduates are encouraged to take their knowledge and reflections back to the workplace, and to discuss them with their supervisor as part of their continuing professional development and routine supervision.
Orientation helps new employees to establish their professional identity as an individual and a team member, and to find their way around the organisation, both geographically and conceptually. Professional identity is defined in the main by discipline and status, but also by team, program and location.

As graduates settle into their new roles and establish themselves, they must also work hard to create a professional profile and build credibility within their teams. Most of these teams comprise multiple disciplines, so the capacity to work collaboratively is essential.

Collaborative competencies include the ability to:

- describe one’s role and responsibilities to other professions
- recognise the scope of practice of one’s role
- respect the roles and competence of other professionals
- work with other professionals to resolve conflict to effect change
- work with other professionals in the provision of patient/client care
- be tolerant of professional differences
- facilitate interprofessional practice (Centre for Interprofessional Education, undated).

In 2010, the World Health Organization released the *Framework for action on interprofessional education and collaborative practice*. The document identified that there is sufficient evidence to support collaborative practice as a way of achieving three important outcomes. First, to tackle the global health workforce crisis; second, to respond better to local health needs; and third, to improve health outcomes.

The benefits of collaborative practice include the capacity to optimise team members’ strengths, share case management, reduce stress on health workers by engendering support and trust, enhance job satisfaction and provide better services to the community.

A graduate program offers a structured opportunity to emphasise the importance of collaborative practice, and to enhance clinicians’ skills and confidence in working in teams. The program itself is an exemplar for interprofessional learning – learning with each other, from each other and about each other (WHO 2010). All three learning actions are central to collaborative teamwork, and in turn, to the delivery of safe, holistic healthcare.

The principles that underpin the graduate program are also endorsed in the position Health Workforce Australia (HWA) takes in *National health workforce innovation and reform strategic framework for action 2011–2015*. The document outlines the need for change in the health system and health education simultaneously to prepare for the future. HWA highlights that change is being driven by several factors including:

- the need for holistic healthcare
- the ageing population
- a shift of focus to prevention and primary healthcare
- a need to address longstanding workforce gaps
- an intention to build health services based on the needs of the community
- a need to ensure sufficient and suitably qualified health professionals for the future.

To support the required reform, the HWA framework emphasises the need for collaborative team-based practice and learning strategies in interprofessional education (HWA 2011).
Advantages of group programs

A group program enables people going through a similar experience to share, debrief and focus on common issues and challenges. It provides the ideal opportunity for interprofessional interaction and supports learning with, from and about one another.

The experience of being new has commonalities across disciplines and professional groups.

A group program is also valuable for very practical reasons. Numbers in allied health departments are often relatively small, with only one or two graduate employees starting in some disciplines in any given year. Combining graduate staff from different disciplines in the one group program makes sense in terms of efficiency.

There are options also for combining with nursing, medical or other health professional groups in a graduate program. One of the significant challenges of this may be the difference in scale of the graduate intake in each discipline group. In a public healthcare setting, particularly in an inpatient context, the work pressures, ways of working and healthcare roles are more similar among allied health disciplines than they are in nursing or medicine.

Engaging the wider allied health group and organisation

Key elements to successfully supporting graduate transition include organisational support to enable participation in a graduate program and the availability of ongoing mentoring and support (Howe & Healey 2012). It is therefore essential to engage the wider allied health group and organisation so that support for new graduates is sustained. Managers and leaders not directly involved in the program need to clearly understand the objectives of the program and expectations of participants. Direct supervisors and program or service leaders have the power to enable and encourage graduates to actively participate in the program. They need to be supportive of the program if they are to fulfill this critical role and help graduates to manage their workload effectively and efficiently so that they can join the group as planned.

The foundation supporting the Allied Health Graduate Program

The Northern Health Allied Health Graduate Program is one part of a comprehensive support network available to graduate employees. The literature on graduate transition clearly highlights the importance to staff development and learning of having a mentor, preceptor or supervisor available for specific, individual support during a graduate’s first year of work.

All employees are expected to work within Northern Health’s Allied Health Supervision Framework. There is also a supporting training program on key elements of supervision that all supervisors must complete. This provides a sound foundation and a clear expectation of ongoing, structured, formal clinical supervision for all allied health staff. New graduates should have more frequent supervision than more experienced staff. Because graduates receive their individual supervision/mentoring through the established supervision program, individual mentoring is not a specific part of the Allied Health Graduate Program.

Allied health also has a detailed orientation and induction program. This includes a health service-wide orientation along with core orientation elements that are consistent across allied health and elements that are specific to disciplines, campuses and services or programs. The group-based Allied Health Graduate Program is designed to complement the routine orientation, induction and clinical supervision programs that operate within the health service.
Learning groups

‘Tell me, and I will forget.
Show me, and I may remember.
Involve me, and I will understand.’

Chinese proverb

How adults learn

The structure and content of the graduate program is based on applying effective adult learning approaches and group facilitation practice. It relies on ‘the wisdom of the group’ and fosters group interaction, peer engagement and support. The topics are relevant to the learners – given their stage of professional development – and there is flexibility to adapt or focus the sessions to accommodate learners’ expressed needs.

Malcolm Knowles pioneered the field of adult learning and developed a theory known as ‘andragogy’ (which literally means adult learning). He attempted to differentiate the way adults learn from the way children learn. Over the years his work has been refined to the point where we now know that adults:

• are autonomous and self-directed learners
• are goal oriented
• are relevancy oriented – there must be a reason for learning something
• are practical problem solvers, and what they learn must apply to their work
• have accumulated life experiences and knowledge, so new knowledge and skills build on what they already know
• require respect and acknowledgement in the learning environment (Lieb 1991).

Learning styles

In addition to having these characteristics, we also know that different people have different learning preferences. These differences are called ‘learning styles’ and one of the frameworks for learning styles was first identified by a professor of organisational behaviour, David Kolb. Kolb argues that the ways people like to learn can be seen on a continuum:

• concrete experience – being involved in a new experience
• reflective observation – watching others or developing observations about own experience
• abstract conceptualization – creating theories to explain observations
• active experimentation – using theories to solve problems, make decisions (Kolb 1984).

Understanding the range of ways that learners learn provides a framework for designing effective educational programs.
The practice of facilitation

The way in which the facilitator fulfils his or her role is one of the key success factors in group process. Effective management of the group dynamic is essential to the delivery support outcomes to participants. In a graduate program, the facilitator performs a number of important functions including providing guidance, encouraging peer support, modelling leadership and team-oriented behaviours, and creating an environment for safe enquiry and reflective, self-directed learning.

Facilitation

To facilitate means to ‘to carry out a set of functions or activities before, during and after a meeting to help the group achieve its own objectives’. Group facilitation has a number of recognised advantages including productivity, group motivation, commitment and confidence, creating a climate conducive to change and optimised group dynamics (School of Engineering, University of Edinburgh).

The difference between teaching, training and facilitated learning

Educational processes are wide and varied and include general teaching, specific skills training and facilitated learning. Teaching is a broad term but usually implies the teacher transfers ‘expert’ knowledge to learners, often by formal presentation of information through verbal and visual means such as PowerPoint presentations or demonstrations. Training is different in that it focuses on the specific teaching of vocational or practical skills to increase a worker’s competence. The graduate program has been designed with a minimal amount of these educational approaches.

Facilitated learning relies heavily on the facilitator, who has expertise in group processes, learning processes and the content to be studied. The facilitation process is structured to ensure that group members participate in the various activities. An effective facilitator makes sure everyone is involved in a meaningful way, and that the learning is experiential and therefore personal. The graduate program relies heavily on this approach to learning.

We know that having fun is a very important part of the learning process. Part of the facilitator’s role is to ensure people enjoy the learning experience, because adults who enjoy the experience are also more likely to learn.

Skills and qualities of a good facilitator

Some of the skills and qualities of an effective facilitator are listed below:

- **Ability to attribute meaning** – the ability to create or interpret meaning to help others understand. This includes explaining and clarifying, translating feelings and experiences into ideas, and finding out what meaning participants give to things.
- **Capacity for caring** – offering support and encouragement, concern and genuineness.
- **Emotionally stimulating** – challenging, confronting and initiating activity.
- **Executive functioning** – setting limits and norms, managing time and suggesting procedures.
- **Effective communicator** – the capacity to express thoughts and feelings in a way that can be understood by others, and ability to listen to members’ contributions so that they feel heard and understood. This is especially important during times of conflict where the facilitator needs to manage differences in opinion.
• **Self-awareness** – good facilitators are aware of their strengths and limitations, and of themselves in relation to others.

• **Knowledge** – good facilitators need to know how to relate on an interpersonal level as well as within groups. They also need to know the subject areas relevant to the group process; in this case, person-centred care, cultural change, team practice in healthcare and the ageing process.

• **Deliberate use of space and process** – good facilitators are aware of the group dynamics, the physical and social environment of the group and makes deliberate use of these to achieve the group aims.

### How groups work

The graduate program emphasises adult learning through group work. Groups can be challenging, so an understanding of relevant theory is useful for facilitators.

Facilitators need to guide the group along a predictable and safe path of development and be prepared to deal with some of the harder aspects of group facilitation if and when they arise.

### Stages and phases in the life of a group

A graduate program is first and foremost a group process. The Forming, Storming, Norming, Performing model of group development was first proposed by Bruce Tuckman in 1965. He maintained that these phases are all necessary and inevitable in order for the team to grow, to face up to challenges, to tackle problems, to find solutions, to plan work and to deliver results. In 1977, Tuckman and Mary Ann Jensen added a fifth stage – adjourning, which involves completing the task and breaking up the team.

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**Bruce W. Tuckman produced one of the most quoted models of group development in the 1960s. In 1975 he amended it to include Adjourning.**

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Tuckman’s model indicates that in the beginning, at the *forming* stage, everyone is usually polite to one another, and the facilitator is quite directive in giving instructions to the group. During this phase the facilitator offers participants the opportunity to talk about standards or rules for the group, to identify reasons for participation in the group, expectations of the process and outcomes and clarification about the tasks to be done. The facilitator’s role is to break the ice, build trust and model positive behaviours.

The next stage, the *storming* phase, is about power in the group; who has it, who wants it and who is doing what to get it. As participants become comfortable, they also become more assertive and start to test the boundaries of the group. Conflict can arise, as can resistance and rebellion.

The facilitator’s job at this time is to create a common language and manage differences of opinion or conflict, and to help the group by ensuring that diversity of opinion is possible. It is important for the facilitator to maintain neutrality and try to aid group cohesion.

*Norming* is a positive phase because the group is ready to come together as a team. The group is able to self-monitor its performance and may have a sense of team spirit. The facilitator may take on more of a guiding role, encouraging initiative and independence at this point.

*Performing* is the proficient or productive phase, where the facilitator turns over responsibilities around engaging with and achieving the task to the group. The facilitator becomes less visible at this point but maintains a monitoring role.

*Adjourning* is the last phase in a group’s life and occurs when the team has reached its final goal and disbands. The facilitator may help celebrate the team’s success, debrief participants about their experience of what worked and what did not, and help group members to ‘let go’ of the group experience.

It is possible for a group to get stuck or even to go backwards if the group is not working well together. The challenge for the facilitator is to bring the problems out into the open and deal with the issues in a positive and constructive way. Facing up to and dealing with being stuck can enhance the group’s development through experiential learning. A facilitator has an important role to take on here in terms of modelling open and democratic processes and having the courage to talk candidly about problems in the group as they arise.

**Building trust in a group**

‘A good facilitator believes each group possesses wisdom to find answers that are right for them, and the facilitator’s role is to help uncover the group’s wisdom. As a facilitator, your role is to be neutral about the content of the discussion. If you have opinions about what is being discussed, keep them to yourself’ (3M).

The group members need to trust the facilitator before they can be encouraged to trust each other. Below are five ways a facilitator can help the group develop trust and function effectively. A facilitator needs to:

- treat everyone equally
- stick to the topic and help the group to do likewise
- avoid alignment with particular people or ideas
- engage and involve participants
- stand strong and maintain neutrality during conflict.
Group rules, norms and structured processes

Facilitators can do a number of things to help make groups work well. Two good ways to help groups work effectively are to have an agreement about the rules (not just confidentiality, but about the general conduct of the group), and clear expectations about the standards of communication and interactions within the group.

Rules or guidelines suggested by the group’s members, and discussed and agreed at the beginning of the session, help to generate feelings of trust and safety around the kind of personal disclosure often necessary in individual learning. Rules also set the norms about aspects such as punctuality, only one person speaking at a time, the recording of suggestions and decisions.

Structure, on the other hand, supports group effectiveness and efficiency and supports feelings of fairness and satisfaction among members. The facilitator provides the structure for the way in which the group’s activities will unfold and is there to ensure that this framework helps the group members to work effectively together. A structured process should provide security and clarity for the group members so that they can focus on sharing and working well together. When feelings of fairness and satisfaction are high, synergy, humanity, leverage and alignment are more likely to be present.

Structuring a graduate program

Most of the available evaluation regarding graduate support programs is at the level of learner reaction and expert opinion. There is still limited comprehensive research into the most effective structure and mix of supports in a graduate program (Howe & Healey 2012).

The Northern Health Allied Health program is one way of approaching support to new graduate staff. It is a model that has found success and is valued by graduates, their supervisors and the organisation. It is important to remember that this group program has been designed as just one component of a broader range of supports available to new graduate allied health staff. These include organisational orientation/induction, orientation/induction to allied health and specific disciplines and a comprehensive supervision framework that is supported by supervisor training and skills development. These supports ensure that graduate staff are receiving the appropriate clinical supervision and essential information that enables them to be safe, competent practitioners.

The graduate program then focuses on supporting and addressing the common challenges faced by graduates during their transition phase and the development of more generic professional skills.

The Northern Health Allied Health Graduate program offers a series of facilitated group sessions that focus on issues, challenges and development that is particularly relevant to new graduate staff during their transition phase. It actively uses group processes to achieve support and development objectives. Consequently, both the role of the facilitator and the active engagement of participants in the group are essential to achieving a successful program outcome.
Starting a group program

Most graduates start work in the first half of each calendar year. The program usually commences in mid-late February but this is flexible depending on recruitment patterns. Because different graduates will start at different times, some will be very new (sometimes within their first week or two) and some may have started the previous September or October. When we have enough participants, we operate two programs a year to accommodate all new staff.

Open or closed groups

When the program first commenced, the group was a closed group – no new participants were allowed after the first three sessions in order to develop a safe and trusting space for sharing and discussion. For some years now, the group has operated as an open group, with new graduates joining throughout the course of the program as they join the organisation. This does mean that the facilitators and other group members need to keep reinforcing the group rules and agreement. It also means that ‘getting to know you’ and group engagement activities continue to occur throughout the program as new members join. In addition, it is sometimes challenging to have very new staff mixing with others who have developed more consolidated skills and roles. However, the group process is such that this can be accommodated and more established graduates can provide peer support and informal mentoring to those who are very new.

Duration of groups

The feedback from early groups was that after the first five to six months, new graduates did not feel ‘new’ anymore and their support needs had changed. At this point, the program was modified to focus mostly on these first six months, and then rely on the routine clinical supervision and standard supports available to all employees. To reinforce the concept of reflective practice and provide an opportunity for marking the developments achieved, a final program session was held after approximately one year.

Video conferencing and online approaches

The Northern Health program has been run as a face-to-face program using group techniques to achieve the development outcomes. We have not used video conferencing or online approaches – although these have been considered as ways to minimise travel between campuses that are 30 minutes apart. A video-conference approach could be effective in a rural region, perhaps with an initial face-to-face session to help establish the group.

One of the main programs reported in the literature that uses online approaches is the UK Flying Start® program. This consists of online modules with a mix of reflective activities and learning content, supported by individual mentoring and some online discussion groups. The program has had variable uptake (Banks et al. 2001) given its complexity, expectations of time-release for participation of both supervisors/mentors and graduates and large number of available modules for completion.
Planning for contingencies

Things inevitably change in healthcare. Priorities shift, new referrals arrive, services come and go, staff take annual or study leave or get sick, there is an emergency code called just as your session is about to start or there is a major traffic snarl that means a program running in a multi-site health service will have to begin with only half the group’s participants. You will have limited control over these and many other external and organisational factors.

Individual participant behaviours and reactions can also present a challenge to group management. Particular individuals may be withdrawn or dominate the discussion, or become angry or upset. While you cannot control these reactions or behaviours, you can be alert for the signs and manage them through the way you structure and work with the group.

The facilitator must keep calm in any of these situations and proactively manage the impact of unexpected events, comments, reactions or behaviours. Consider having a contingency plan for the following issues:

- How will you modify the session if your group is small (only three to six participants)?
- How will you modify the session if your group is large (16–20+)?
- How will you modify the session if members of one discipline predominate?
- How will you modify the program if you can’t meet every three to four weeks?
- What will you do if a particular discipline is resistant or doesn’t want to participate?
- What will you do if participants are late, talk inappropriately, use mobile phones or don’t contribute?
- What will you do if someone cries?
- What will you do if no one will speak?
- What will you do if someone talks too much?

Flexibility and adaptability are key attributes of a facilitator, as well as the ability to ‘think on your feet’ and modify the group process as issues and events evolve. In this program, you must be ready with a structure and plan for the session, and also to be prepared to adapt this to focus on issues or challenges that arise.
Overview of the program

This overview outlines the number, order and topics of sessions in the Northern Health Allied Health Graduate Program. Depending on participants’ learning and support needs and the organisational context, these sessions are modified from year to year. The program is flexible and it adjusts topics and focus over the course of the sessions. That said, we have used this format and content for a number of years and it has worked as a stable, successful and sustained program.

We have provided the session plans to give a strong foundation for a program that can be adjusted to suit each individual group. Remember, this program is process driven rather than content-driven. Facilitators create a safe and well-structured space in which the group participants can share, learn and develop.

The program should contain between seven to nine sessions.

Program objectives

You can refine your own set of objectives specific to your needs.

Northern Health’s Graduate Program objectives are to:

- provide an interprofessional orientation to the health service
- facilitate the transition from student to professional
- develop skills in being part of interdisciplinary teams
- develop understanding of core professional attributes and knowledge
- build a commitment to research, evidence-based practice and the concepts of lifelong learning
- develop critical thinking and reflective skills
- develop skills in managing up, participating in and fostering practice development and change.

Provide an interprofessional orientation to the health service

Staff are typically given an orientation to an individual department and hospital or service. Often this approach lacks an interprofessional focus for new graduates in their first role. The activities in a graduate program can be specifically targeted to foster a sense of identity that transcends discipline boundaries. A graduate program can build and strengthen interdependence with colleagues from other disciplines and foster the idea of active collaborative practice to benefit patient care.

Facilitate the transition from student to professional

Many challenges occur in making the transition from the self-focused education arena to the client-focused health setting. Often these challenges are not directly addressed, but left to chance to be raised by graduates or to resolve spontaneously. Support can be offered to ease this time of transition in personal and professional identity and to constructively and creatively work through problems as they arise.
Develop skills in being part of interprofessional teams

Traditional education for professionals focuses on development of a discipline specialty and competence in performing this particular role. For interdisciplinary teams to form and function, team members need to be able to see beyond their own discipline to focus on shared goals and outcomes for the patient or client. Teamwork is generally not directly addressed during tertiary education, despite the predominance of professional roles that require individuals to function effectively in teams. This mismatch between the learning opportunity provided to students and the skills required of graduates should not to be left to chance.

Develop understanding of core professional attributes and knowledge

Numerous skills and competencies are seen as common or core across disciplines. Understanding what it means to be a professional in a health service context, the importance of quality and safety in healthcare, person-centred care and promoting and representing the organisation, department or team are examples of the common knowledge and understanding required of all practitioners.

Build a commitment to research, evidence-based practice and the concepts of lifelong learning

Understanding the concepts of research and evidence-based practice are fundamental to working effectively in healthcare. Building this capacity in new graduates is critical to ensure the future workforce is able to meet the challenges set and is equipped to drive future service developments. Fostering critical reflection skills and the capacity to identify one’s own learning needs is another component of this area.

Develop critical thinking and reflective skills

A graduate program can provide space and time for graduates to reflect on what is happening for them. A graduate’s first year is filled with constant activity and so it can be difficult to find time to pause and consider or reflect upon events and what one might learn from situations. The opportunity to work in a safe environment with peers experiencing similar situations, feelings and challenges is one of the most positive potential benefits of engagement in a graduate program.

Develop skills in managing up, participating in and fostering practice development and change

Graduates are active participants in supervision and mentoring, however this process can be variable across disciplines and services. Graduates can influence this process to increase its personal value for them, and to ensure they take an active role in their development. Graduates benefit from feeling empowered to identify their needs, and to drive this process themselves.
Northern Health allied health graduate program
Program outline

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<th>Session</th>
<th>Topics</th>
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<td>2</td>
<td>Transition from student to professional, making the most of supervision</td>
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<td>3</td>
<td>Sources of support, importance of self-care, decoding health and system-related acronyms</td>
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<td>4</td>
<td>Teams and teamwork, the benefits of interprofessional practice</td>
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<td>6</td>
<td>Identifying personal strengths, working on aspects that could be improved Assertiveness – how to say ‘no’ respectfully</td>
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<td>7</td>
<td>Graduates’ choice of topic</td>
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<td>8</td>
<td>Thinking about your career so far, and into the future</td>
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<tr>
<td>9</td>
<td>Final review and reflection</td>
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</tbody>
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Optional sessions or topics for consideration

These are graduate-generated topics from previous years of the Northern Health Allied Health Graduate Program. We have typically included at least one session with graduate-generated topics during each program. The facilitators also check regularly with participants to plan subsequent sessions and adapt them as the program progresses.

Further suggested topics for sessions include:

- dealing with grief and loss (self, other staff, patients/clients and families/carers)
- dealing with aggression (staff and patients/clients and families/carers)
- preparing for your performance appraisal
- dealing with patients who opt for no further treatment
- dealing with difficult behaviour and situations (staff and patients/clients and families/carers).

Using the session guides

In the pages that follow, each session is detailed using the following format:

- overview of the session
- session activities – a summary of the key activities that will be covered
- sample running sheet – this provides guidelines for the facilitator to use when running the session
- questions of the week (the follow-up activity to be done between sessions).

As a facilitator, think about your role in running this program. How will you prepare for the program and for each individual session? What skills do you have and what skills do you still need to develop? What does your organisation want from the graduate program and how will you achieve those objectives?
Preparing for a program

Preparation should include:

- identifying graduates from each discipline – for example, ask managers or key personnel to identify all recent graduates who started work in the last 3 to 6 months
- deciding how many sessions – for example seven, eight or nine
- setting the dates, times and locations of the sessions – preferably no more than one month apart. Closer together initially is ideal
- preparing a formal letter of invitation to graduates from the Chief Allied Health Officer (CAHO) or equivalent
- organising for the CAHO or equivalent to come to the first session and the CEO to come to the second session to meet and welcome the graduates
- organising for one or two graduates from the previous year to join an early session to provide feedback and advice to this year's cohort
- booking rooms
- organising and briefing co-facilitators
- preparing a participant program pack (see below)
- preparing for each individual session
- organising a feedback or evaluation process.

Comments and notes

The CEO and the Chief Allied Health Officer (CAHO) (or their equivalents) are busy people. You may need to accommodate them in different weeks than outlined above. If these key leaders already talk with new graduate staff in another forum, then they don’t necessarily need to be included again in the graduate program.

In the Northern Health Graduate program we ask both the CEO and CAHO to provide some detail about their career trajectory and for specific advice for the graduate group on making the most of the opportunities they have within the organisation. Therefore, the content of their discussion at the graduate program sessions is usually different to their presentations at general orientation sessions.

Graduate program pack

An information pack can help participants to quickly understand the program. The pack could contain:

- information about the overall program – for example its history, program objectives, information about the facilitators
- session dates, times and locations, location maps
- material to inform graduates’ expectations of the program
- information about further organisational support – for example peer support
- information on reflective journal writing
- a blank exercise book.
Session 1: Get to know you

Overview
Focus both on the individuals and on the newly forming group. Group members need to feel comfortable, safe and supported, and to be clear about the purpose and expectations of the program.

After a ‘get to know you’ exercise where all the new graduates spend time finding out about each other and the facilitators introduce themselves, seek agreement from the participants on expected behaviours and processes. In addition to housekeeping items, such as punctuality, facilitate a discussion about confidentiality to start building a trusting environment. This process can be challenging. We have included guidelines for leading such a discussion.

Objectives
The objectives for this session are for participants to:
- feel comfortable and start to get to know each other
- set the ‘ground rules’ for the group in order to create a safe and productive environment
- start the process of team building
- find out about the program, the organisation and allied health
- start reflecting on the process of moving from student to professional practitioner.

Session activities
Two and a half hours are required for the first session. The activities unfold as follows:
1. Welcome by facilitator
2. Facilitator introduces themselves
3. Facilitator provides an overview to the group regarding:
   - why we have a graduate program – what we know about the needs of new graduates
   - benefits of the program for the graduates, patients and the organisation
   - importance of support in the transition from being a student, to being a functioning, competent and confident health professional
   - flexibility to focus on relevant issues and topics as they arise
   - opportunity to link with colleagues and learn more about allied health, teams and teamwork
   - opportunity to develop a greater understanding of interprofessional practice
   - opportunity and benefits of developing an interprofessional, cross campus support group
   - support to become a member of the workforce
   - opportunity for professional development – becoming a critically reflective, confident practitioner
   - organisation’s approach to research, evidence-based practice and lifelong learning
   - fostering a positive culture
   - overview of the graduate program as a whole (refer to the participant resource kit contents)
   - outline reflective process and expectations for questions of the week and follow-up work
   - opportunities for clarification and questions
   - describe the program – interactive, collaborative, engaging, we work in pairs and small groups as well as a whole
   - the session today – what we will be doing
4. Introduce Chief Allied Health Officer (CAHO)
5. CAHO welcomes graduates and talk about the organisation
6. CAHO responds to questions and comments
7. CAHO departs and facilitator resumes role
8. Commence the group process with a ‘get to know you’ activity
9. Discuss expectations of the group process and experience – a facilitator-led process of ideas-to-whiteboard
   • ‘What would you like from our group process? What sort of guidelines would be useful for a group like this?’
   • Wait for participants to suggest guidelines such as punctuality, turning off mobile phones, listening actively, being respectful and non-judgemental, not interrupting each other, apologising for absences, catching up on material from any missed sessions, completing agreed tasks between sessions, bringing your folder, checking which venue, respecting confidentiality
   • Write up on white board (Give one or two prompts if ideas are not forthcoming from the group)
   • Seek agreement – ‘So would we be happy to have these as our guidelines?’
   • Type up and give to participants at the second session
10. Set up the small group discussions on the topic of life as a graduate. After 15 minutes whiteboard these. Invite one or two of the previous year’s graduates to share their “top tips” and then synthesise issues raised for the whole group, and finally, make meaning of the discussion outcomes
11. Prepare participants for reflection:
   • outline benefits of reflection
   • give tips on how to reflect
   • set task for the time between this session and the next
12. Make reflective statements
13. Invite final questions, comments
14. Distribute and run through ‘Questions of the week’
15. Bring session to a close
Suggested running sheet: session 1
This is programmed as a 2½ hour session. All remaining sessions are 2 hours duration.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mins</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction of facilitator(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overview</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What to expect: activity, discussion, range of people, range of topics, flexibility to focus on issues, sharing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Distribute program pack</td>
<td>Program pack</td>
</tr>
<tr>
<td>20 mins</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduce and handover to the CAHO</td>
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<tr>
<td></td>
<td>Welcome from the CAHO</td>
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<td>Welcome to the organisation and to Allied Health</td>
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<td>We value our graduates</td>
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<td></td>
<td>You are part of an organisation that is exciting</td>
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<tr>
<td></td>
<td>Big picture information about the organisation and the direction for Allied Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A little about me and my career path</td>
<td></td>
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<tr>
<td></td>
<td>Brief Q &amp; A</td>
<td></td>
</tr>
<tr>
<td>25 mins</td>
<td>Getting to know each other</td>
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<tr>
<td></td>
<td>• Interview someone you have not met before and then introduce them to the group.</td>
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<tr>
<td></td>
<td>• Prompt questions:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Why did you choose to study this profession?</td>
<td></td>
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<tr>
<td></td>
<td>• When did you start your job?</td>
<td></td>
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<tr>
<td></td>
<td>• What do you do for fun?</td>
<td></td>
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<tr>
<td>10 mins</td>
<td>Group agreement</td>
<td>Whiteboard</td>
</tr>
<tr>
<td></td>
<td>Let’s agree on how we want to be when we are together in this group:</td>
<td>Pens</td>
</tr>
<tr>
<td></td>
<td>• management of confidential information</td>
<td></td>
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<tr>
<td></td>
<td>• importance of respecting each other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• punctuality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• management of pagers and phones</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• apologise if unable to attend, catching up on missed session</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• participate actively, share the space and time fairly</td>
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</tr>
<tr>
<td></td>
<td>• undertake the work between sessions.</td>
<td></td>
</tr>
<tr>
<td>10 mins</td>
<td>Break</td>
<td>Tea and coffee</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Materials</td>
</tr>
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<td>---------</td>
<td>---------------------------------------------------------------------------------------------------</td>
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<tr>
<td>60 mins</td>
<td><strong>Life as a graduate</strong>&lt;br&gt;• In small groups discuss how the first few days/weeks/months as a graduate have been for you. Any questions, issues that you’d like to raise (15 mins).&lt;br&gt;• In large group write up ideas on the whiteboard (20 mins).&lt;br&gt;• One or two graduates from the previous year share their “top tips” for surviving and thriving as a graduate (25 mins)&lt;br&gt;• Every journey is unique, but we do have experiences in common.&lt;br&gt;• Consider strategies for managing self and discuss these in the next session.</td>
<td>Whiteboard&lt;br&gt;Pens</td>
</tr>
<tr>
<td>15 mins</td>
<td><strong>Introduction to reflective practice</strong>&lt;br&gt;• What is reflective practice?&lt;br&gt;• What are its benefits?&lt;br&gt;• How is it done?&lt;br&gt;• What is the role of the reflective journal?</td>
<td>Handout on reflective journal writing – in the program pack</td>
</tr>
<tr>
<td></td>
<td><strong>Between-session work</strong>&lt;br&gt;• After each session there will be reflective or follow-up activities called Questions of the week. These are important exercises to reinforce what has been done in this session and are often the basis of our work for the next session. They create useful links between the sessions.</td>
<td>Questions of the week handout</td>
</tr>
<tr>
<td></td>
<td><strong>Questions and comments</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>Summary and close</strong></td>
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</tbody>
</table>
Handout: Reflective journal writing

What is a reflective journal?
A reflective journal is a tool that supports learning and development. It is not a diary or simple list of events; rather it is a means for processing your thoughts, feelings and learning by reflecting on actions and events. It is ‘a reflective account of your own observations and interpretations of events that allows you to examine your experiences to understand them [and yourself] better.’ (University of South Australia)

Why use one?
Using a reflective journal enables you to develop self-understanding and learn by exploring experiences, attitudes, feelings and memories.

In a reflective journal you can both:
• Look back to review what you’ve experienced, learned and accomplished;
• Look forward to plan actions, set goals and identify learning opportunities.

A reflective journal is a tool that’s “just for you”. You don’t need to share it with anyone – unless you choose to. It provides an avenue for debriefing (getting your thoughts, feelings and experiences onto paper) that is “safe”. It can be completely personal. It can also be useful to take selected reflections or questions that arise from journaling to discuss with your supervisor.

You can use a journal to help you synthesise and work through issues or knowledge, record your learning and development experiences or any new ideas that come to mind. It can ‘increase your self-awareness through the process of observing and clarifying perceptions, feelings and thoughts; evaluate your personal and professional growth and perhaps bring about a change in your professional practice as a result.’ (University of South Australia)

How to use one
This is largely up to you. Everyone has a different style and is likely to use a reflective journal in a slightly different way. There are a few basic principles that help to make the reflective journal more useful:

• Write when and how you feel like it
• Don’t get caught up in grammar, spelling, sentences or presentation – don’t let these interfere with the “flow” of ideas onto paper
• Take risks
• Write freely
• Try to write about positive things and achievements as well as the issues or challenges you are trying to work your way through
• The core of the journal is your thoughts and feelings about your experiences and learning – don’t be too hard on yourself, but do try to be honest
• Try to date each entry and make a brief note about the context of the entry. That might be as simple as writing the date and where you are when you write, or you might want to “locate” the entry by describing an event that links to the entry. For example: 30/04/2013 – just after case conference
• Be clear about the confidentiality of your journal and be practical and serious about protecting that (e.g.: don’t leave it lying around on your desk in an open office). If you are referring to others, try to de-identify them (use initials). You are not under any obligation to share the information with anyone
• REMEMBER: this is a document for you to use in a way that suits you and makes sense for you. It’s intended to help you move yourself and your skills forward.

Frequency of writing is variable and flexible. You might find it useful to make a regular entry to support your ongoing development and learning. You might write nothing for 2 – 3 weeks, then write everyday for the next week in response to or preparation for an issue or event.

Reflection is a skill

Learning to reflect meaningfully on your practice, work experiences and learning is a skill set that takes practice. It does not come naturally to everyone. Prompt questions can be useful in helping you to get started with a reflective process. A list of questions is attached. You don’t have to use them all – it might only take one to get you started.

Some of these questions might also be useful as a way of structuring your supervision sessions.

It is important to not only reflect on individual events, experiences and feelings. It is a central part of the reflective learning process that you look for patterns, recurring themes or significant issues that might emerge over a number of entries or a period of time. These provide insights into how you might have developed, progressed or changed over time. They can also provide insights into why you might be “stuck” on something, getting frustrated at limited progress or continuing to have similar problems or issues.

Looking for themes and patterns is useful to enable you to identify strategies for change or areas for further development.

References


Prompt questions for the reflective process

- What were the important elements of the experience, event or issue?
- Why did I behave as I did?
- What was I thinking and feeling at the time about the experience, event or issue?
- What do I think and feel now about what happened? Why?
- What should I be aware of if a similar situation occurs?
- What did I learn? What insights did I gain? How or why was this significant for me?
- What aspects of my practice or learning do I want to focus on?
- How can I apply my theoretical knowledge to this situation?
- What was new or surprising to me………today/in the last week/in that situation?
- What have I changed my mind about as a result of that………interaction/article/presentation/experience?
- One thing I learned from that was…………
- I am still unsure about…………
- I found that really uncomfortable because………
- I really enjoyed that because………
- What did I do well………today/in the last week/in that situation?
- What could I improve on ………….?
- Why did/ didn’t that (intervention/ interaction/ activity) work?
- What did I learn about myself from that experience?
- What did I learn about others from that experience?
- How can this experience help me to provide better health care?
- What do I want to get out of this (upcoming) experience?
- What do I want to learn/work on?
- What is the question or issue that is most pressing for you right now and why?
- What challenges me? What do I find difficult and why?
- What do I find easy and why?
- What is the pattern or recurring theme in my experiences?
- Is there a pattern in my response to similar situations?
- Is there any evidence of changes in my knowledge, perspectives or skills?
- What are some of my recurring themes, issues, problems or insights? What strategies can I use to address or change these?

Compiled for the Northern Health Allied Health Graduate Program
Questions of the Week: session 1

Please take some time to complete these questions before the next session.

1. Why did you apply for and accept a job here?

2. What type of experience or support do you want?

3. What do you need to help you achieve your goals or fulfil these expectations?
4. What are the main challenges in the transition from student to professional?

5. What do you think about the objectives of the graduate program? What would you like to get from participation in the program?

Thank you for completing these questions.
Session 2: Strategies to support the transition from student to professional

Overview
This is only the second time the group is coming together so helping members feel comfortable with one another is still important. You may also have new staff joining progressively, particularly over the first few sessions of the program and it is essential to make sure they are welcomed and integrated into the group. The beginning of this session is a good time to remind participants about the group agreement negotiated in the first session. A handout of the agreement can be helpful in reminding the group members of the commitments they made.

Objectives
The objectives for this session are to:

• welcome new members into the group
• continue building group cohesion
• identify and articulate challenges associated with the transition from student to professional
• identify and articulate strategies for addressing the challenges
• develop skills that heighten self-awareness and assist in self-management.

Session activities
The activities unfold as follows:
1. Welcome by facilitator
2. Facilitator provides an overview of the purpose of the session
3. Facilitator introduces Chief Executive Officer (CEO)
4. Group members introduce themselves to CEO
5. CEO presentation
6. Questions from the group and discussion
7. Thanks and close of CEO segment
8. Revisit the group agreement from previous session
9. Ask participants to find out where their interviewee partner works and what they do
10. Ask them to together identify some challenges or ‘puzzles’ about the health service
11. Write up responses on whiteboard and discuss
12. Discuss, solve ‘puzzles’ where possible
13. Make reflective statements and invite questions, comments
14. In small groups discuss the previous session’s ‘Questions of the week’
15. Take a break
16. Synthesise discussions in the large group
17. Problem solve
18. Distribute and run through ‘Questions of the week’ for the next session
19. Bring session to a close
## Suggested running sheet: session 2

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mins</td>
<td><strong>Welcome</strong></td>
<td>Attendance sheet</td>
</tr>
<tr>
<td></td>
<td>Overview of today’s session</td>
<td>Name tags</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Group agreement</td>
</tr>
<tr>
<td>20 mins</td>
<td><strong>Welcome from the CEO</strong></td>
<td></td>
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<tr>
<td></td>
<td>• Welcome to the organisation and to Allied Health</td>
<td></td>
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<tr>
<td></td>
<td>• We value our graduates</td>
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<tr>
<td></td>
<td>• You are part of an organisation that is exciting</td>
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<tr>
<td></td>
<td>• Big picture information about the organisation and the direction</td>
<td></td>
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<tr>
<td></td>
<td>• Brief Q &amp; A</td>
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<tr>
<td>15 mins</td>
<td><strong>Get to know you – second round</strong></td>
<td>Whiteboard</td>
</tr>
<tr>
<td></td>
<td>Interview someone, then introduce them to the group.</td>
<td>Pens</td>
</tr>
<tr>
<td></td>
<td>• Who you are?</td>
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<tr>
<td></td>
<td>• Where you are working?</td>
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<td></td>
<td>• What do you find most puzzling about the health system/health service?</td>
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<td></td>
<td>Draw out things that ‘puzzle’ people into whole group.</td>
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<tr>
<td></td>
<td>Write up on whiteboard.</td>
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<tr>
<td></td>
<td>Discuss, resolve/comment on ‘puzzles’ where possible.</td>
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</tr>
<tr>
<td>5 mins</td>
<td><strong>Group agreement</strong></td>
<td>Handout group agreement</td>
</tr>
<tr>
<td></td>
<td>Hand out the agreement that was negotiated in the first session.</td>
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<tr>
<td></td>
<td>Reaffirm commitment to the agreement.</td>
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<tr>
<td>25 mins</td>
<td><strong>Work on the previous session’s ‘Questions of the week’</strong></td>
<td>Whiteboard</td>
</tr>
<tr>
<td></td>
<td>Form small groups and discuss the question: <em>What do you feel are the main challenges in the transition from student to professional?</em></td>
<td>Pens</td>
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<tr>
<td></td>
<td>Small group members to list their challenges and explore possible solutions or coping strategies.</td>
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<tr>
<td></td>
<td>Each small group to endeavour to address at least three issues from their small group’s list.</td>
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<tr>
<td>10 mins</td>
<td><strong>Break</strong></td>
<td>Tea and coffee</td>
</tr>
</tbody>
</table>
### 30 mins  Work on the previous session’s ‘Questions of the week’

- Come back into the big group for further discussion.
- Each small group to share up to three challenges and their strategies for addressing that challenge.
- Some of challenges are common to many people.
- There is a range of solutions.
- We don’t need to have all the answers, others can help us find solutions.
- Some challenges in health are not resolvable – we need to live with them.
- Supervisors are here to support you.
- Emphasise the importance of supervision as a key support for graduates.
- It is important to use the supervision time thoughtfully, so plan ahead.

### 5 mins  Between-session work

- Distribute ‘Questions of the week’ and set expectations that this work will inform the next session

Questions and or comments

Summary and close
Questions of the week: session 2

Please reflect on the questions below between now and the next session.

1. **What are your sources of support?**
   - Formal – at work
   - Informal – at work
   - Informal – outside work

2. **How can you make best use of the formal supervision sessions available to you?**

3. **What can you do to take care of yourself as a new worker?**
Session 3: Sources of support and decoding the system

Overview

By now participants are starting to feel comfortable with one another and familiar with the intent and process of the sessions. If new staff have joined, help them feel welcome and integrated into the group.

This session focuses on four issues: making the most of supervision; navigating health system acronyms; looking after yourself (self-care); and preparing to learn more about other disciplines within interprofessional teams.

In summary, the goals for this session are for all to:

• undertake further team building
• continue to explore the process of moving from student to professional
• expand personal strategies to make the most of clinical supervision
• expand personal strategies for self-care
• deepen understanding of health services’ language
• appreciate the need to find out more about what other health professionals do.

Session activities

The activities unfold as follows:

1. Welcome
2. Recap previous session
3. Overview of this session
4. Reminder of group agreement
5. First small group activity – participants share their responses to session 2’s ‘Questions of the week’:
   – How can you make best use of the formal supervision sessions available to you?
   – What can you do to take care of yourself as a new worker?
6. Discuss each question separately in large group
7. Draw conclusions about what is most useful
8. Second small group activity – brainstorming acronyms relating to health and service delivery to whiteboard
9. Collect and decode as a large group
10. Make reflective statements and draw discussion to a close
11. Introduce ‘Questions of the week’ segment
   – Ask participants to nominate a profession from a list of health professions
   – Ask participants to organise an interview with a member from the profession they nominate and/or work with them with a patient prior to the next session, and come prepared to feedback to the group at Session 4
12. Invite final questions, comments
13. Bring session to a close
## Suggested running sheet: session 3

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and Activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td><strong>Welcome</strong></td>
<td>Attendance sheet, Name tags, Group agreement</td>
</tr>
<tr>
<td></td>
<td>Recap on previous session</td>
<td></td>
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<tr>
<td></td>
<td>Outline the purpose of this session</td>
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<tr>
<td></td>
<td>Reminder of group agreement</td>
<td></td>
</tr>
<tr>
<td>30 mins</td>
<td><strong>Reflecting on supervision and self-care</strong></td>
<td>A3 paper, Whiteboard, Pens</td>
</tr>
</tbody>
</table>
|          | Find another person in the room that you don’t know well. Introduce yourselves. Join with another pair and make a team of four. In your teams, brainstorm/feedback and discuss your answers to questions 2 and 3 of last session’s ‘Questions of the week’:  
• How can you make best use of the formal supervision sessions available to you?  
• What can you do to take care of yourself as a new worker? Question the group about supervision. Go around each group asking for ideas on making the best use of supervision. Summarise on whiteboard until all ideas are documented. Compare and contrast ideas. Emphasise importance of supervisory relationship and making it work as best you can. Question about taking care of yourself. Go around each group asking for a self-care strategies. Summarise to whiteboard until all strategies are documented. Compare and contrast. Emphasise importance of self-awareness, good supports and effective self-care. Link back to the advice given by last year’s graduates during the last session. |
| 10 mins  | **Break**              | Tea and coffee |
Decoding the system

People often like to take short cuts! Acronyms are a type of language – and they alienate those who do not understand them.

Health has lots of acronyms and abbreviations, many of which you cannot do without.

In new small teams, devise a list of acronyms that you hear used around the health service. Focus on including any of which you are unsure.

In rotation, each group to offer one acronym.
List on whiteboard (do not decode yet).
Go around until all suggestions are exhausted or whiteboard is full – again with a particular approach on acronyms, words or services of which participants are unsure.
Ask for the meaning of each acronym or word – use the group participants to help each other decode the information.
Where does the acronym fit in? How is it commonly used?
What does it refer to?
Which are the new ones for you?

Examples of acronyms:
For services: HACC, SACS, HARP
For treatments/conditions: GORD, TKR, SOB

Key points to raise and discuss with the group:
Remember patients and carers do not usually understand these acronyms.
Take care when using acronyms, especially with patients/clients and carers.
Acronyms can be depersonalising, for example ‘she is a HACC’ vs ‘she is a client, ‘he is a NOF’ vs ‘he has a fractured neck of femur’. If there are any acronyms or words that the group (including the facilitators) can’t solve, ask for a volunteer to follow-up between sessions and feedback to the group at the following session.
10 mins  Set up for ‘Questions of the week’
Prepare a list of health professions in your organisation.*

Ask each group member to choose a profession they would like to know more about and put their name beside it on the list.

Circulate the list around the group until all graduates have nominated a professional to interview.

Each participant to organise an interview with a member from the profession they nominated before the next session – so they need to be organised and ensure they make a time in the next week or two. Subject to workload, it is ideal if each graduate can arrange to spend some time working with the person/profession they have nominated – preferably with a shared patient. This gives a deeper understanding of the role of that profession and their contribution to patient care. This may not be possible for all participants to achieve.

Encourage participants to work with or interview someone outside the allied health graduate group.

Give out the ‘Questions of the week’, read through with the group.

Each member to feedback for up to five minutes at the next session based on the interview questions.

Final questions and or comments.

Bring session to a close.

*See list on following page
Choose a professional to interview

Note for facilitators: this is not an exhaustive list and there may be others you want to add or change. Try to include professions that are perhaps more unusual in your organisation or that are not represented in the group. Encourage participants to work with and interview an experienced professional from outside of the graduate group.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Graduate name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Audiologist</td>
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<tr>
<td>2 Allied health assistant</td>
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<tr>
<td>3 Dietitian</td>
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<tr>
<td>4 Geriatrician</td>
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<tr>
<td>5 Exercise physiologist</td>
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<tr>
<td>6 Neuro-psychologist or health psychologist</td>
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</tr>
<tr>
<td>7 Nurse</td>
<td></td>
</tr>
<tr>
<td>8 Nurse (specialist) for example continence</td>
<td>pressure care nurse, pressure care nurse or stomal therapist</td>
</tr>
<tr>
<td>9 Orthoptist</td>
<td></td>
</tr>
<tr>
<td>10 Orthotist</td>
<td></td>
</tr>
<tr>
<td>11 Occupational therapist</td>
<td></td>
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<tr>
<td>12 Pharmacist</td>
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<tr>
<td>13 Physician</td>
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<tr>
<td>14 Physiotherapist</td>
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<tr>
<td>15 Podiatrist</td>
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<tr>
<td>16 Prosthetist</td>
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<tr>
<td>17 Psychologist</td>
<td></td>
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<tr>
<td>18 Social worker</td>
<td></td>
</tr>
<tr>
<td>19 Speech therapist</td>
<td></td>
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<tr>
<td>20 Surgeon</td>
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</table>
Questions of the week: session 3

Please reflect on the questions below between now and the next session.

Teams and teamwork

Working in teams is one of the most important aspects of delivering quality healthcare. To work well as a team it is important that everyone understands each other’s roles and responsibilities.

Over the next few weeks we’d like you to find out about another’s role and prepare a short, informal presentation (no more than five minutes) to share with the group. Be creative about this if you like (for example: you might want to get the group to do some kind of activity as a way of demonstrating the answers to the questions).

Session 4 will focus on hearing your feedback on a range of different professions.

Each person needs to conduct an interview with and/or observe someone from the designated discipline. Then, develop your short feedback presentation for next session. Be as creative and innovative as you can with your feedback. Remember, you have no more than 5 minutes.

Here are some prompt questions to get you started:

1. What is the role? Provide us with an easy to understand definition.
2. What education is required to qualify in the profession?
3. What is the main focus/essence of the profession?
4. What does this discipline actually do within this health service?
5. What are the enablers for that discipline working as part of the team? What makes it easy for this profession to contribute to effective team practice?
6. What does the person you are interviewing/observing think are the most commonly misunderstood aspects of their profession?
Session 4: Teams, teamwork and interprofessional practice

Overview

This session introduces some competition and fun into the proceedings. It starts with a topical word game before using the interview data gathered between sessions to inform group discussions about the various disciplines. From there, the focus shifts to interprofessional practice before concluding with introductory comments about effective teams and team work in preparation for the next session.

The goals for this session are to:

• continue team building as a graduate group
• continue to explore the process of moving from student to professional
• introduce concepts of interprofessional practice
• learn more about professions other than one’s own
• illustrate the importance of team work and collaboration to patient safety and care quality.

Session activities

The activities unfold as follows:

1. Welcome
2. Recap on previous session
3. Overview of this session
4. Reminder of group agreement
5. Warm-up activity – in small groups, unscramble words relevant to today’s session of the graduate program
6. Presentation of outcomes from ‘Questions of the week’, session 3 – learning about other professions and their roles within the interprofessional team
7. Discussion about interprofessional practice; definitions and benefits
8. Reflection on the session
9. Setting ‘Questions of the week’ for the next session regarding teams and team functioning
10. Close
### Suggested running sheet: session 4

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Lead in</td>
<td>Attendance sheet, Name tags, Group tags</td>
</tr>
<tr>
<td></td>
<td>Introductions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recap on previous session</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Purpose of this session</td>
<td></td>
</tr>
<tr>
<td>20 mins</td>
<td>Warm-up activity: Word scramble</td>
<td>Prize (e.g. chocolate), Word scramble sheets</td>
</tr>
<tr>
<td></td>
<td>Find another person who you don’t know well. Introduce yourselves. Join with another pair and make a team of four. In teams, unscramble this list of words. The first team to finish wins a prize. Here's a clue – all the words relate to our main topic for today – interprofessional teams.</td>
<td></td>
</tr>
<tr>
<td>40 mins</td>
<td>Teams and teamwork</td>
<td>Blank A3 sheets, Pens, Blu Tack</td>
</tr>
<tr>
<td></td>
<td>Working in teams is one of the most important aspects of delivering quality healthcare. To work well as a team it is important that everyone understands each other’s roles and responsibilities. Last session you nominated a profession and planned to interview or observe a staff member from that profession. Your interview was to be guided by a series of questions about the role, requirements to become qualified in that profession and the actual work of that profession. You were also asked to have the interviewee identify enablers for that discipline to work effectively as part of the team, and the most commonly misunderstood aspects of that profession. This session we will focus on hearing your feedback on a range of different professions. Please take an A3 sheet and put up key words that represent the main points you will raise in your presentation. Stick to the wall with Blu Tack. Each person will have up to five minutes to tell their story. Graduates from the profession presented may like to elaborate/clarify any information given at the end of the presentation. (Depending on how many people are in the program, a break could be held in the midpoint of the presentations.)</td>
<td></td>
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<tr>
<td>10 mins</td>
<td>Break</td>
<td>Tea and coffee</td>
</tr>
<tr>
<td>35 mins</td>
<td>Teams and teamwork</td>
<td>Whiteboard markers</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Discussion</td>
<td></td>
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<tr>
<td>Define interprofessional practice and contrast it with multiprofessional practice. It is important that everyone understands the distinctions.</td>
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<tr>
<td>Importance of interprofessional practice across the team – What can allied health staff model to others, for example to medical and nursing staff regarding the merits of interprofessional practice? To students?</td>
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<tr>
<td>Mindfulness – encourage participants to look for opportunities to collaborate and increase understanding of what team members do and why.</td>
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<tr>
<td>Think about how team effort increases patient safety and the quality and experience of their care.</td>
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<tr>
<td>Consider/highlight what the research evidence says about interprofessional practice during any discussion.</td>
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</tbody>
</table>

**Concluding remarks**

<table>
<thead>
<tr>
<th>10 mins</th>
<th>Reflections</th>
<th>‘Questions of the week’ handout</th>
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</thead>
<tbody>
<tr>
<td>Comments and or questions?</td>
<td></td>
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<tr>
<td>‘Questions of the week’ – effective teams and teamwork</td>
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<tr>
<td>When teams work well it is a very rewarding experience, but when they don’t it can be very frustrating</td>
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<tr>
<td>As a team member we all have a role to play in our teams and team functioning</td>
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<tr>
<td>Understanding team dynamics and how we can affect them is the subject of our ‘Questions of the week’</td>
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<tr>
<td>Summary</td>
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<tr>
<td>Close</td>
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</tbody>
</table>
Warm-up activity: word scramble

- Give a sheet of these words to each group face down
- Give instructions for the competition
- Tell the groups when they can turn over and start unscrambling
- First group to unscramble all the words correctly wins a prize

tciuapoacnl ephrat

eideincm

ioroboancllat

ursnngi

ceeshp yogplthoa

dpiytroa

cclotfhn

tiescidet

xseceier oyyhisogp

loiasc kowr

pyrehyhioatap

tmrawoke

iaoincmomnnt

pgohysco

**Answers**

tciuapoacnl ephrat: occupational therapy

eideincm: medicine

ioroboancllat: collaboration

ursnngi: nursing

ceeshp yogplthoa: speech pathology

dpiytroa: podiatry

cclotfhn: conflict

tiescidet: dietetics

xseceier oyyhisogp: exercise physiology

loiasc kowr: social work

pyrehyhioatap: physiotherapy

tmrawoke: teamwork

iaoincmomnnt: communication

pgohysco: psychology
Questions of the week: session 4

1. Identify a situation where team communication or teamwork was a difficult experience for you. Reflect on why that might be the case. (A good technique for this is to try to write down as close to verbatim as possible the course of the conversation and reflect on why the situation was difficult. For example: X said, I said, X said, I said ….)

2. How could you do it differently next time?

3. What do you like about working in teams?

4. What is difficult about working in teams?
5. In difficult situations, what strategies can you use to change the outcome, or to change how you feel in similar situations?
Session 5: Communication and conflict management

Overview

This session commences with the sharing of responses to the ‘Questions of the week’ on communication in teams including discussion of how best to address communication issues and challenging situations. The next topic of this session is negotiation within teams. To better help graduates deal with conflict situations in the workplace, participants are introduced to some models outlining basic approaches to negotiation.

In summary, the goals for this session are for all to:

• identify barriers to good communication in teams
• generate strategies that could improve communication
• develop a greater understanding about conflict
• learn some new approaches to negotiation.

Session activities

The activities unfold as follows:

1. Welcome
2. Recap on previous session
3. Overview of this session
4. In small groups, work on ‘Questions of the week’ from session 4: communication in teams
5. In the large group, work through ways of improving communication in teams
6. Draw on the evidence about methods for managing conflict
7. Discuss conflict and conflict management models, for example Thomas and Kilmann, in particular staged approaches to working through issues with other people (staff or patients, clients, relatives and so on)
8. Reflect on what you have learned
9. Set up ‘Questions of the week’: looking at your strengths and areas for improvement
10. Session 7 will be the graduates’ choice of topic – set up process for graduates to communicate and inform the facilitators of their topic idea(s) for that session before session 6
11. Summary and close
### Suggested running sheet: session 5

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
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</thead>
<tbody>
<tr>
<td>5 mins</td>
<td><strong>Lead in</strong></td>
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<tr>
<td></td>
<td>- Welcome</td>
<td>Name tags</td>
</tr>
<tr>
<td></td>
<td>- Recap on previous session</td>
<td>Attendance sheet</td>
</tr>
<tr>
<td></td>
<td>- Purpose of this session</td>
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<tr>
<td>20 mins</td>
<td><strong>Communication in teams</strong></td>
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<td></td>
<td>- Using your work on ‘Questions of the week’ from the previous session, in small groups (mix up the disciplines) share your responses to the questions and prepare a brief summary point to share with the group. Process on whiteboard. Discuss and solve problems.</td>
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<tr>
<td>20 mins</td>
<td><strong>Identify key issues to take to the next segment in the session.</strong></td>
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<tr>
<td>10 mins</td>
<td><strong>Break</strong></td>
<td>Tea and coffee</td>
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<tr>
<td>20 mins</td>
<td><strong>Negotiating within teams</strong></td>
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<td></td>
<td>- Introduce models to illustrate approaches to negotiation, such as Thomas and Kilmann’s conflict management styles and the interest-based relational approach. Discuss with the group.</td>
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<tr>
<td>35 mins</td>
<td>- Using graduate examples and working in small groups, design possible conflict resolution processes for a series of challenging situations at work. Put suggested processes on the whiteboard. Discuss in large group. Link to Thomas and Kilmann and interest-based relational approach models, if relevant. Summarise by restating key messages around conflict as a normal part of life, its potential benefits, its needs to be addressed, and options for resolution.</td>
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<tr>
<td>10 mins</td>
<td><strong>Reflection</strong></td>
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<td></td>
<td>- Introduce ‘Questions of the week’. Explain that this exercise asks them to reflect on their strengths and to identify aspects of their work practice that could be strengthened or developed. Session 7 is graduates’ choice of topic. Please discuss potential topics among yourselves via email and get back to the facilitator/s by [DATE].</td>
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<td></td>
<td>- <strong>Summary and close</strong></td>
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</table>
Questions of the week: session 5

Time to reflect on how things are going.

For each day that you work over the next few weeks (until the next graduate session) write down at least one thing you did well and one thing you’d like to work on, develop, strengthen or learn. Make an effort to do this every working day.

<table>
<thead>
<tr>
<th>Something I did well today</th>
<th>Something I’d like to work on, develop, strengthen or learn</th>
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Handout: Dealing with conflict

Resolve conflict effectively, with James Manktelow & Amy Carlson

In many cases, conflict in the workplace just seems to be a fact of life. We’ve all seen situations where different people with different goals and needs have come into conflict. And we’ve all seen the often-intense personal animosity that can result.

The fact that conflict exists, however, is not necessarily a bad thing: As long as it is resolved effectively, it can lead to personal and professional growth.

In many cases, effective conflict resolution can make the difference between positive and negative outcomes.

The good news is that by resolving conflict successfully, you can solve many of the problems that it has brought to the surface, as well as getting benefits that you might not at first expect:

- **Increased understanding**: The discussion needed to resolve conflict expands people’s awareness of the situation, giving them an insight into how they can achieve their own goals without undermining those of other people.

- **Increased group cohesion**: When conflict is resolved effectively, team members can develop stronger mutual respect, and a renewed faith in their ability to work together.

- **Improved self-knowledge**: Conflict pushes individuals to examine their goals in close detail, helping them understand the things that are most important to them, sharpening their focus, and enhancing their effectiveness.

However, if conflict is not handled effectively, the results can be damaging. Conflicting goals can quickly turn into personal dislike. Teamwork breaks down. Talent is wasted as people disengage from their work. And it’s easy to end up in a vicious downward spiral of negativity and recrimination.

If you’re to keep your team or organization working effectively, you need to stop this downward spiral as soon as you can. To do this, it helps to understand two of the theories that lie behind effective conflict resolution:

Understanding the Theory: Conflict Styles

In the 1970s Kenneth Thomas and Ralph Kilmann identified five main styles of dealing with conflict that vary in their degrees of cooperativeness and assertiveness. They argued that people typically have a preferred conflict resolution style. However they also noted that different styles were most useful in different situations. They developed the Thomas-Kilmann Conflict Mode Instrument (TKI) which helps you to identify which style you tend towards when conflict arises.

Thomas and Kilmann’s styles are:

**Competitive:** People who tend towards a competitive style take a firm stand, and know what they want. They usually operate from a position of power, drawn from things like position, rank, expertise, or persuasive ability. This style can be useful when there is an emergency and a decision needs to be made fast; when the decision is unpopular; or when defending against someone who is trying to exploit the situation selfishly. However it can leave people feeling bruised, unsatisfied and resentful when used in less urgent situations.

**Collaborative:** People tending towards a collaborative style try to meet the needs of all people involved. These people can be highly assertive but unlike the competitor, they cooperate effectively and acknowledge that everyone is important. This style is useful when you need to bring together a variety of viewpoints to get the best solution; when there have been previous conflicts in the group; or when the situation is too important for a simple trade-off.

**Compromising:** People who prefer a compromising style try to find a solution that will at least partially satisfy everyone. Everyone is expected to give up something, and the compromiser him- or herself also expects to relinquish something. Compromise is useful when the cost of conflict is higher than the cost of losing ground, when equal strength opponents are at a standstill and when there is a deadline looming.

**Accommodating:** This style indicates a willingness to meet the needs of others at the expense of the person’s own needs. The accommodator often knows when to give in to others, but can be persuaded to surrender a position even when it is not warranted. This person is not assertive but is highly cooperative. Accommodation is appropriate when the issues matter more to the other party, when peace is more valuable than winning, or when you want to be in a position to collect on this “favor” you gave. However people may not return favors, and overall this approach is unlikely to give the best outcomes.

**Avoiding:** People tending towards this style seek to evade the conflict entirely. This style is typified by delegating controversial decisions, accepting default decisions, and not wanting to hurt anyone’s feelings. It can be appropriate when victory is impossible, when the controversy is trivial, or when someone else is in a better position to solve the problem. However in many situations this is a weak and ineffective approach to take.

Once you understand the different styles, you can use them to think about the most appropriate approach (or mixture of approaches) for the situation you’re in. You can also think about your own instinctive approach, and learn how you need to change this if necessary.

Ideally you can adopt an approach that meets the situation, resolves the problem, respects people’s legitimate interests, and mends damaged working relationships.
Understanding The Theory: The “Interest-Based Relational Approach”

The second theory is commonly referred to as the “Interest-Based Relational (IBR) Approach”. This type of conflict resolution respects individual differences while helping people avoid becoming too entrenched in a fixed position.

In resolving conflict using this approach, you follow these rules:

- **Make sure that good relationships are the first priority**: As far as possible, make sure that you treat the other calmly and that you try to build mutual respect. Do your best to be courteous to one-another and remain constructive under pressure.

- **Keep people and problems separate**: Recognize that in many cases the other person is not just “being difficult” – real and valid differences can lie behind conflictive positions. By separating the problem from the person, real issues can be debated without damaging working relationships.

- **Pay attention to the interests that are being presented**: By listening carefully you’ll most-likely understand why the person is adopting his or her position.

- **Listen first; talk second**: To solve a problem effectively you have to understand where the other person is coming from before defending your own position.

- **Set out the “Facts”**: Agree and establish the objective, observable elements that will have an impact on the decision.

- **Explore options together**: Be open to the idea that a third position may exist, and that you can get to this idea jointly.

By following these rules, you can often keep contentious discussions positive and constructive. This helps to prevent the antagonism and dislike which so-often causes conflict to spin out of control.


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Session 6: Individual Development

Overview

This session has three emphases: identifying individual strengths and areas for development, brainstorming strategies for development, and looking at how to be more assertive by workshopping particular scenarios with a consciously assertive approach.

In summary, the goals for this session are for all to:

- identify and affirm individual strengths and skills and behaviours requiring further attention
- take responsibility for their own development as a career-long activity
- commence development of a personal action plan on an area of interest/personal development
- undertake individual and collective problem solving by practicing assertive and respectful negotiation.

Session activities

The activities unfold as follows:

1. Welcome
2. Recap on previous session
3. Using ‘Questions of the week’ from session 5, in small groups discuss things you have done well and not so well
4. Discuss a scenario where a staff member has some distinct strengths but struggles with other issues
5. Discuss possible strategies to address the staff member’s areas for development
6. Refresh approaches to negotiation; Thomas and Kilmann’s conflict management styles and the interest-based relational approach – revisit material from session 5
7. Discuss models of communication: assertion, non-assertion and aggression and present any handouts or references you’ve chosen to support the conversation.
8. Discuss the characteristics of the following behaviours: assertion, non-assertion and aggression.
9. Small group discussions or role plays working on real-life scenarios (one topic per small group) around the following – where you are:
   - ignored or avoided
   - over ruled, that is, a decision goes against your position/wishes
   - that you feel you are a nuisance or a ‘nag’
10. Large group discussion and problem on real-life scenarios
11. Summary – key messages
12. Next session will be the graduates’ choice of topic – confirm the details for the next session with the group
13. Reflections, questions or comments
14. Distribute ‘Questions of the week’
15. Close
### Suggested running sheet: session 6

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 mins</strong></td>
<td>Lead in</td>
<td>Name tags, Attendance sheet</td>
</tr>
<tr>
<td></td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recap on previous session on teamwork, conflict and negotiation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Purpose of this session – strengths, areas for development, assertiveness and thinking about your career</td>
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<tr>
<td><strong>20 mins</strong></td>
<td>Working on strengths, and areas to develop</td>
<td>Previous ‘Questions of the week’</td>
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<td></td>
<td>Linking back to ‘Questions of the week’ from the previous session, in small groups (mix up the disciplines), share your responses to the two questions below:</td>
<td>Whiteboard, Pens</td>
</tr>
<tr>
<td></td>
<td>1. What are some things you have done well – your strengths?</td>
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<td>2. What are some things you’d like to work on, improve, strengthen or learn – where are your areas for development?</td>
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<td>How was the experience of identifying strengths/ what you’d done well each working day?</td>
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<td>What did you notice about the strengths you discussed?</td>
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<tr>
<td><strong>10 mins</strong></td>
<td>When it came to the things to develop, what did you notice?</td>
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<td>What should we do with the information we now have about ourselves at this particular point in time, as a graduate at the beginning of a career?</td>
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<td>Select one thing from your lists and work through to develop an action plan with your supervisor. You can monitor the plan through your regular supervision sessions. How can you draw the evidence base in to inform or support your plan?</td>
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<td>We’ll ask you to feedback your progress in the final session of the year.</td>
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<tr>
<td><strong>20 mins</strong></td>
<td>In small groups, discuss the following scenario and suggest a plan for professional development.</td>
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<tr>
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<td>This clinician really likes planning and organising themselves and others, and loves working with data. She intensely dislikes any form of public speaking, is terrified of formal presentations. Even in case conference she blushes deeply, feels inadequate and embarrassed. When anxious, she tends to become flustered and unfocused.</td>
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<td></td>
<td>Note: As an alternative to working through this scenario, participants can spend time starting their individual plan.</td>
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<tr>
<td><strong>10 mins</strong></td>
<td>Break</td>
<td>Tea and coffee</td>
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</tbody>
</table>
5 mins  Assertiveness
Reintroduce Thomas and Kilmann’s conflict management styles and the interest-based relational approach from the previous session – refresh concepts.

20 mins  In conjunction with a handout or resource (if using) on models, discuss the features of the following behaviours:

- assertion
- non-assertion
- aggression.

In different small groups, work up or role play effective assertive approaches for the following situations – when you feel:

- ignored or avoided
- overruled, that is a decision goes against your position/wishes
- you feel you are a nuisance or a nag.

Using graduate examples and working in small groups, design possible conflict resolution processes for a series of challenging situations at work.

20 mins  Put suggested processes on the whiteboard.
Discuss in large group.
Summarise by restating key messages.
As a group reflect on the most effective approaches.

10 mins  Next session is graduates’ choice of topic – confirm the details of the next session.
Reflection
‘Questions of the week’ for session on career planning.
Questions of the week: session 6

Thinking about career planning

Consider the following statements:

A career as a health professional can be planned or unplanned

1. What are the advantages and disadvantages of a planned career? An unplanned career?

A career as a health professional can occur in the public or the private sector

2. What are the main differences between the sectors for your discipline from a career progression perspective? And what are the advantages and disadvantages of a career in the public health sector? In the private sector?

3. When you were a final-year student what were your professional aspirations/plans for your first job? Have these aspirations/plans been met? If not, what has changed?
4. **Questions about the future**

What and where would I like my career to be in five years time?

What do I need to do to realise this aspiration?

What and where would I like my career to be in ten years time?

What and where would I like my career to be in fifteen years time?
5. What should I start thinking about for discussion at my performance appraisal?
Session 7: Graduates’ choice of topic

Sample running sheet: session 7

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Welcome</td>
<td>Name tags</td>
</tr>
<tr>
<td></td>
<td>Recap on previous session</td>
<td>Attendance sheet</td>
</tr>
<tr>
<td>15 mins</td>
<td>Warm up exercise</td>
<td></td>
</tr>
<tr>
<td>40 mins</td>
<td>Graduates’ choice of topic part 1</td>
<td></td>
</tr>
<tr>
<td>10 mins</td>
<td>Break</td>
<td>Tea and coffee</td>
</tr>
<tr>
<td>40 mins</td>
<td>Graduates’ choice of topic part 2</td>
<td>‘Questions of the week’</td>
</tr>
<tr>
<td>10 mins</td>
<td>Reflection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘Questions of the week’</td>
<td></td>
</tr>
</tbody>
</table>

Often graduates have ideas about topics that they would like to work on in a group, but if they do not, the following ideas have been explored and found to be beneficial at Northern Health:

- dealing with grief and loss (self, other staff, patients/clients and families/carers)
- dealing with aggression (staff and patients/clients and families/carers)
- preparation for your performance appraisal
- dealing with patients who opt for no further treatment
- dealing with difficult behaviour and situations (staff and patients/clients and families/carers)
- introduction to project management (basics of how to plan, implement and evaluate a project).

Below are some suggestions about possible topics. Keep with the learning philosophy and approach of the graduate program by planning sessions that involve discussion, interaction and/or small group work.

**Dealing with loss and grief**

- Involve professional expertise from within your staff for example from social work, psychology, palliative care, pastoral care, or from outside the organisation, for example a community palliative care service.
- Look at the processes of grief and loss.
- Discuss self-care and stress management techniques and options.

**Dealing with aggression**

Health services usually have training programs in managing aggression. Use these programs as a basis for working on issues with the graduates to build their confidence in dealing with people’s aggressive behaviour.
Preparation for your performance appraisal

• Discuss the allied health philosophy to overall performance management including performance appraisal.
• Talk about the purpose and processes of performance appraisal. Clarify expectations.
• Outline how best to prepare for the process.
• Discuss how to make the most of performance appraisal.

Dealing with patients who opt for no further treatment

What does ‘refusal of treatment’ mean? What is the ethical and legal framework around this approach of patient’s rights? Is the patient well informed and do they understand the consequences of their decision? If not, what does that mean? How do we manage our feelings in these situations?

Such an important decision will have impacts on the patient, their relatives and the staff member. These impacts will need to be managed carefully. Discussion of strategies to deal with the impact, emotionally and practically for all parties can be very useful to graduates.

Dealing with difficult behaviour and situations

One of the most popular topics for staff development in general can be how to deal effectively with difficult behaviour and situations. It helps to understand differences in style and personality from a theoretical point of view, for example Merrill Reid social styles, or Myers Briggs type indicators and why people clash. It also helps to have some strategies to help change the dynamic in situations where people may be perceived as difficult and the relationships are adversely affected.

Introduction to project management

Project management skills are fundamental to allied health. There are so many different types of projects underway all the time as things are constantly changing. An overview of change processes such as that of John Kotter can be very useful to helping graduates think about how project work actually helps change things. A discussion about objectives and measures, along with a template for project planning and management is also valuable.
Session 8: Career Planning

Overview

This session focuses on career planning and development. It draws on stories from senior clinicians within the organisation, compiled to demonstrate the diversity of approaches to career planning and development. In this session participants compare and contrast the major themes from the career stories with their own expectations and plans.

In summary, the goals for this session are for all to:

• appreciate that there are numerous approaches to career planning, there is no wrong or right approach, but there are some useful ways to think about it
• appreciate various approaches to planning, from very intentional to ‘wait and see’
• help individuals articulate their preferred approach to career planning
• feel prepared to discuss career related issues with their supervisor.

Session activities

The activities unfold as follows:
1. Welcome
2. Recap on previous session
3. Using career ‘stories’ (see description after the sample running sheet) and ‘Questions of the week’ from session 6, in small groups discuss possible approaches to planning one’s career
4. In the large group, discuss the pros and cons of planned vs unplanned careers
5. Discuss potential career paths in public and private sectors
6. Compare and contrast different degrees of clarity around career aspirations and planning within the group
7. Facilitator to tell their own career development story, if appropriate
8. As a group identify resources to inform career planning
9. Make overt the links to supervision and performance appraisal
10. Summarise key messages
11. Distribute ‘Questions of the week’ for the final session
12. Close
### Suggested running sheet: session 8

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Welcome</td>
<td>Name tags</td>
</tr>
<tr>
<td></td>
<td>Recap on previous session</td>
<td>Attendance sheet</td>
</tr>
<tr>
<td>25 mins</td>
<td>Career planning</td>
<td>Previous ‘Questions of the week’ from session 6</td>
</tr>
<tr>
<td></td>
<td>In small groups discuss your responses to the career stories from senior clinicians and to ‘Questions of the week’ from session 6 on career planning.</td>
<td>Whiteboard Pens</td>
</tr>
<tr>
<td></td>
<td>Emphasise there are no right or wrong approaches, just that the approaches taken will lead to different journeys and probably different destinations.</td>
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<td></td>
<td>In large group, work through small group responses to:</td>
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<tr>
<td></td>
<td>• What are the advantages and disadvantages of a planned career? … an unplanned career?</td>
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<tr>
<td></td>
<td>• What are the main differences between the sectors for your discipline from a career progression perspective? … and what are the advantages and disadvantages of a career in the public health sector? In the private sector?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• When you were a final-year student what were your professional aspirations/plans for your first job? Have these aspirations/plans been met? If not, what has changed?</td>
<td></td>
</tr>
<tr>
<td>10 mins</td>
<td>Break</td>
<td>Tea and coffee</td>
</tr>
<tr>
<td>15 mins</td>
<td>Planning to plan</td>
<td>Handouts</td>
</tr>
<tr>
<td></td>
<td>In the large group, discuss graduates’ ideas about their careers five years into the future:</td>
<td>Whiteboard Pens</td>
</tr>
<tr>
<td></td>
<td>• How easy was it to think that far into the future?</td>
<td></td>
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<tr>
<td></td>
<td>• How laterally have you thought about career opportunities?</td>
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<tr>
<td></td>
<td>Explore possibilities – think outside the square.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practical thinking:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What needs to be included if plans for career aspirations are to be realised in the medium term (five years)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What are your thoughts on how to approach a 10–15-year time horizon?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What should I think about discussing:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• with my supervisor?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• at my performance appraisal?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summarise key messages.</td>
<td></td>
</tr>
<tr>
<td>10 mins</td>
<td>Reflection</td>
<td>‘Questions of the week’</td>
</tr>
</tbody>
</table>
Preparation of Career Stories

Find some senior clinicians in your health service willing to contribute to a collection of stories on career planning and development.

The senior clinicians need to be aware of the purpose of the stories and how far they will be distributed.

Career questions:

- When did you graduate?
- What was your first job after graduating?
- What ideas did you have for your career back then? What were your aspirations?
- Did luck play a big role in any of your career decisions? If so, how did it impact your career?
- How did you go about deciding the focus and timing of further study?
- Do you think five years ahead in terms of your career?
- How many jobs in your chosen discipline have you now had since graduating?
- Have you taken jobs because of their strategic opportunities for example lower pay but with great potential, working with someone who could teach you a lot?
- What/how do you think about the relationship between family (the one that made you and the one you have made/might make) and your career development – does one have to come before the other all the time, some of the time?
- How do you know when it is time to leave a job?
- Would you describe your career as planned or unplanned?
- What advice would you give to graduates about career planning?

Compile all the stories into a single document.

Ask the senior clinicians to check their contribution one last time (optional).

Circulate to the graduates several days before the session.
Questions of the week: session 8

The last session of the year is an opportunity for review, reflection and celebration of your first year as a health professional. In the past, this has been one of the most interesting and rewarding sessions as you have an opportunity to take stock of your first year as a practitioner and reflect on your experiences.

We’d like each of you to prepare a short talk (approximately five minutes) to feedback your experiences of the year and also the outcomes of your progress on the ‘one thing you’d like to work on’ from session six and/or this career planning session.

Here are a few prompt questions to get you thinking what you might talk about:

• What did you chose to work on and how has that progressed since the last session?
• What did you expect from your first year of work and particularly your first year of work in this health service – describe your experience?
• How have things changed for you over the year?
• What role, if any, has the graduate program played in your first year?
• Given your experience in the last year, what advice would you give new graduate employees and AH managers?
• Give three words (or you may like to draw a picture/diagram) to describe your first year of work.
• Give three words (or you may like to draw a picture/diagram) that describe your expectations for your next year of work.

[OPTIONAL: For the final session for the program please bring something to share for morning/afternoon tea.]
Session 9: Reflecting on the year, and looking to the future

Overview of the session

This is the final session. As well as reflecting on the graduate program as a whole, participants have an opportunity to look at the impact of individual style in team environments and characteristics of teamwork under pressure. Each graduate presents their personal reflections on the program and the year to the group. The session ends with individuals completing an anonymous written evaluation.

In summary, the goals for this session are for all to:

• explore teamwork under pressure, while having fun
• enhance understanding of team work and individual styles within teams
• reflect on the first year of work
• reflect on the program and its impact on individual graduates
• encourage graduates to evaluate the program.

Session activities

The activities unfold as follows:

1. Welcome
2. Recap on previous session
3. Small team competition to build a tower from drinking straws
4. Measure the towers, declare a winner and award a prize
5. Reflections on team work and individual styles within teams
6. Restatement of the graduate program objectives
7. Using ‘Questions of the week’ from session 8, invite individual graduates to reflect on the program by presenting their thoughts – five minutes each
8. Clarify order of presentations
9. Take a break in the middle of the presentations
10. Comments to link key messages from graduates’ presentations
11. Reflections, questions or further comments
12. Distribute evaluation forms and encourage graduates to fill in and return
13. Formal thank you and farewell statements
14. Close
## Suggested running sheet: session 9

<table>
<thead>
<tr>
<th>Duration</th>
<th>Purpose and activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Welcome</td>
<td>Name tags, Attendance sheet</td>
</tr>
<tr>
<td></td>
<td>Recap on previous session</td>
<td></td>
</tr>
<tr>
<td>20 mins</td>
<td><strong>Build the tallest tower</strong></td>
<td>Drinking straws, scissors, sticky tape, Prize</td>
</tr>
<tr>
<td></td>
<td>Form small groups of three to four people.</td>
<td></td>
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<tr>
<td></td>
<td>Each small group has a packet of drinking straws, scissors and a roll of sticky tape.</td>
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<tr>
<td></td>
<td>You will have two minutes to plan your approach, and then 10 minutes to build the tallest freestanding tower possible.</td>
<td></td>
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<tr>
<td></td>
<td>The group that builds the tallest tower in the time period will win a prize. This activity can also be completed with newspapers.</td>
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<tr>
<td></td>
<td><strong>Discussion:</strong></td>
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<tr>
<td></td>
<td>Draw out the reasons for doing the activity and what it illustrates about team work:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How did you go about the task?</td>
<td></td>
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<tr>
<td></td>
<td>• What did you notice about the way the team worked together?</td>
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</tr>
<tr>
<td></td>
<td>• What happens when we are under pressure?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What did you learn about individual’s styles?</td>
<td></td>
</tr>
<tr>
<td>5 minutes</td>
<td><strong>Time to reflect on the graduate program</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restate objectives of the graduate program:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• focus on interdisciplinary and reflective practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• support first year of transition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• opportunity to de brief outside ‘usual’ forums</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• provide an introduction to the organisation and to allied health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• the facilitator’s experience of this year’s program.</td>
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<tr>
<td>20 mins</td>
<td>Individual presentations as per ‘Questions of the week’ session.</td>
<td></td>
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<tr>
<td></td>
<td>Ask for volunteers re the order of presentation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reflecting on my time as a graduate in the organisation</td>
<td></td>
</tr>
<tr>
<td>15 mins</td>
<td><strong>Break</strong></td>
<td>Tea, coffee and cakes</td>
</tr>
<tr>
<td>45 mins</td>
<td>Time to reflect on my time as a graduate in the organisation</td>
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<td>--------</td>
<td>------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
| **(10 presentations)** | Individual presentations as per ‘Questions of the week’ session 8.  
Reflecting on my time in the graduate program. |

<table>
<thead>
<tr>
<th>10 mins</th>
<th>Closure</th>
</tr>
</thead>
</table>
|         | Distribute program evaluations.  
Request completion and return by [TIMEFRAME] via [METHOD].  
**Final thank you and close** |

** depends on the size of your group – each graduate needs up to five minutes
Graduate program evaluation template

1. Please comment on the practical aspects of the program (room, timing, day, need for morning/afternoon tea, equipment, handouts).

2. Please comment on the facilitation of the program.

3. Please comment on your overall experience of the program.

4. Identify the activities, sessions, outcomes and experiences that were most valuable/useful.

5. Identify the activities, sessions, outcomes and experiences that were least valuable/useful.

Please provide any suggestions for improvements or changes to the program.
6. Please comment on your overall experience and the outcomes for you of the program.


7. Overall, was the program useful? (circle the answer that best reflects your opinion)

Not at all  Of little use  Somewhat useful  Extremely useful

8. Please rate your experience of the program on a scale from 1–5, where 1 is terrible and 5 is terrific

1  2  3  4  5

Please comment on/explain the reasons for your ratings


9. Would you recommend the program to other new graduates?  YES / NO

Why / why not?


10. Anything else you would like to add?


Thank you!
References


Centre for Interprofessional Education undated, University of Toronto, <www.ipe.utoronto.ca/educators/competencies.html>, accessed 3 April 2012.


Hayes KW 2011, ‘New grads often fail to honor culture of physical therapy’, PT Motion, pp. 9–10.
Kolb D 1984, ‘Experiential learning: experience as the source of learning and development,’ Prentice Hal, New Jersey, USA.


