ALLIED HEALTH SYMPOSIUM
Gippsland 2018

People, Purpose and Passion: Collaboration and Evidence

4th Gippsland Allied Health Symposium

01 June 2018

AUDITORIUM, FEDERATION UNIVERSITY, CHURCHILL CAMPUS

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CONTENTS

WELCOME

On behalf of the 2018 Gippsland Allied Health Symposium Planning Committee, I would like to extend a warm welcome to all delegates, speakers, sponsors and exhibitors to the *fourth biennial Gippsland Allied Health Symposium.*

This Symposium aims to provide opportunities to share ideas, expertise and experiences around important areas of Allied Health practice, professional development and research.

Australia's 195,000 allied health professionals represent more than a quarter of the health workforce and deliver an estimated 200 million health services annually. Since we last met, Services for Australian Rural and Remote Allied Health (SARRAH) supported an economic analysis of the impact of allied health professionals (AHPs) in improving health outcomes and reducing the cost of treating three chronic diseases: diabetes, osteoarthritis and stroke. The report identified potential annual savings of $175 million to the Australian healthcare budget from the implementation of eight allied health interventions.

The report also found that a significant number of negative health outcomes such as lower limb amputation and kidney failure were reduced when patients are treated by AHPs. The report is important as it identifies that there needs to be further research to build a stronger evidence base to identify the scope of savings to the healthcare system. It also highlights that greater access to allied health services are required in rural and remote communities to proactively address common chronic health conditions.

We are here today to support our professions to continue to add value to the health services and importantly to support person centred care in all sectors and contexts.

The theme of this year's Gippsland Allied Health Symposium, is *People, Purpose and Passion: Collaboration and Evidence.* Through this theme, the Symposium aims to:

- Promote flexibility, innovation and sustainability in regional allied health service delivery
- Promote research by rural and regional allied health professionals
- Showcase best practice and innovative solutions that could be applied elsewhere regionally and/or across disciplines
- Promote continuing education and professional development activities to support rural and regional allied health practice
- Promote networking, collaboration and interprofessional learning across the Gippsland health and human services workforce

The 2018 Symposium provides delegates with an opportunity to attend a wide range of presentations, with presenters coming from across Gippsland and beyond, from multiple Allied Health backgrounds and disciplines. Congratulations must go out to all presenters who submitted abstracts and were accepted as verbal or poster presenters. I would like to thank our keynote speakers, all of whom have travelled significant distances to attend and present today.

I would like to acknowledge the generous support of our sponsors particularly our gold sponsor, the Gippsland Primary Health Network, the Department of Health and Human Services, and our silver sponsors Access Rehabilitation Equipment, GMobility and Monash University. I would also like to thank all of our exhibitors. I encourage delegates to visit our sponsors and exhibitors during the breaks for morning tea and lunch. Sponsorship and exhibitor fees have helped keep the registration price very reasonable for the symposium.

The 2018 Gippsland Allied Health Symposium will be an excellent opportunity to exchange knowledge and expertise with other Allied Health Practitioners. I encourage all delegates to ask questions as applicable in allocated question times and to network with speakers and other delegates during the breaks.

Finally, I would like thank the Symposium Planning Committee: Sue Aberdeen, Amanda Alton, Marika Bazley, Andrea Petrie, Jane O'Shanassy, Daniel Baker, Petra Bovery-Spencer, Audrey Matthews, Keren Fuhrmeister, Jeanette McNamara and Trudy Walker. All have made a significant contribution to the organisation of this symposium.

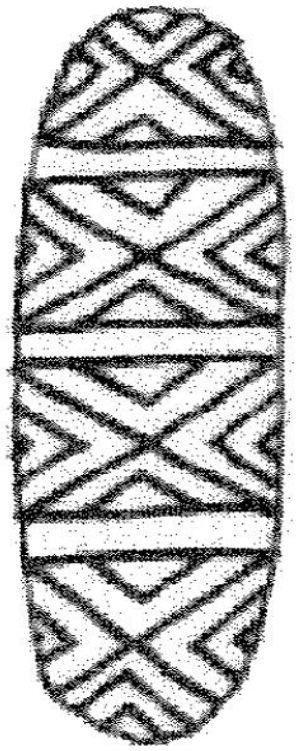
Thanks also to Richard Adams our previous chair, and Desi Glaubitz, Belinda Hua and Viv Carroll who all participated in the initial planning for this Symposium. Without the considerable contribution from the organising committee this symposium would not be taking place today. If any delegates at this year's event have an interest in being involved in the planning of the 2020 Gippsland Allied Health Symposium, please come and speak to any of the symposium organising committee present today or let the registration desk know.

We hope you enjoy the 2018 Gippsland Allied Health Symposium.

Susan Waller
Chair
2018 Gippsland Allied Health Symposium Organising Committee

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

Brayakooloong Clan Shield



This Symposium is being held on the land of the Brayakooloong Clan of the Gunaikurnai Nation.

We acknowledge and pay our respects to the Traditional Owners and to their Elders, past and present.

SYMPOSIUM PLANNING COMMITTEE

Susan Waller (Chair)

Senior Lecturer, Monash University Department of Rural Health

Sue Aberdeen

Occupational Therapy Manager, West Gippsland Healthcare Group

Daniel Baker

Allied Health Clinical Educator, Bass Coast Health

Amanda Alton

Allied Health Clinical Educator, Latrobe Regional Hospital

Jane O'Shanassy

Allied Health Clinical Educator, Bairnsdale Regional Health Service

Petra Bovery-Spencer

Manager, Primary Intervention, Latrobe Community Health Services

Keren Fuhrmeister

General Manager of Allied Health, Central Gippsland Health

Audrey Matthews

Regional Assessment Service Coordinator (Gippsland), Latrobe City Council

Marika Bazley

Radiation Therapist, Gippsland Radiation Oncology in partnership with Alfred Health (located at LRH)

Andrea Petrie (Secretariat)

Gippsland Allied Health Workforce Development Project Officer, Department of Health and Human Services

Jeanette McNamara

Student Support Services Transition Manager (O.G), Department of Education and Training

Trudy Walker

Student Support Services Transition Manager (I.G), Department of Education and Training

RELINQUISHED MEMBERS

Richard Adams

Senior Project Officer Wellness and Reablement, Department of Health and Human Services

Desiree Glaubitz

Gippsland Allied Health Workforce Development Project Officer, Department of Health and Human Services

Vivian Carroll

Allied Health Manager, Gippsland Southern Health Service

Belinda Hua

Radiation Therapist, Gippsland Radiation Oncology in partnership with Alfred Health (located at LRH)

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A message from Gippsland PHN CEO, Ms Marianne Shearer

May 2018

I am delighted to welcome all of our guests to the Allied Health Symposium Gippsland 2018.
We are very proud to be supporting this event for all of our allied health professionals in Gippsland as we acknowledge all of the important work you have put in to better our health system. On behalf of the entire team at Gippsland PHN, I extend you a very warm welcome and trust the Symposium will be both enjoyable and engaging.

The focus of the 2018 Gippsland 4th Symposium is **'People, Purpose and Passion: Collaboration and Evidence'.**

The Gippsland PHN is committed to seeing a "Measurably Healthier Gippsland' and we see the value in a place based, collaborative leadership approach. We see significant strength in sharing a vision for collaborative leadership and integration to achieve local health systems acting as if it were 'one system' (even though they are not) through a philosophy of commitment and working in partnership.

More and more we see that care provision is less about the individual organisations involved in the system and more about where care is best provided and organised.
This enables a much deeper understanding and clarity of the needs and expectations of communities, consumers and service providers. From this we get a much better idea of the investment and programs required to improve health outcomes.

Fundamental to all of this is the development of trust and collaboration between leaders at all levels. Leadership of change must be collective and distributed through all players and guided by a compelling vision and narrative.

In Gippsland, a sub-regional approach to developing trust and collaboration has been utilised for the purpose of deeply understanding opportunities / barriers for sustainable health systems has commenced.

System transformation takes time and requires genuine engagement with staff, consumers, users and other stakeholders.

Integration of care is best managed regionally, reflecting the following:

- Local knowledge and relationships
- Variations in the characteristics of regional populations
- An efficient scale for managing health service delivery
- Integration with other parties that address local population health.

Relationships and collaboration at the local level are critical to successfully progressing towards an integrated system of patient care and better outcomes for those we care for and for the communities we serve.

At this years Symposium we encourage delegates to visit the Gippsland PHN table during breaks to have a chat, learn more about My Health Record or complete our survey.

Have you seen our website?
It's a really good place to go to find out what's being talked about and what's happening in Gippsland's health sector.

Are you subscribed to our LINK newsletters? We publish two newsletters, one specifically for updates and news and one specifically for training and education.
Subscribe by emailing info@gphn.org.au.

Regards

Marianne Shearer

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Monash University Department of Rural Health (MUDRH), part of Monash Rural Health, is involved in education, research, and consultancies across rural Victoria, nationally and internationally.

MUDRH has a special focus on mental health, interprofessional education and workforce issues associated with rural nursing and allied health professions. MUDRH coordinates the Masters of Advanced Healthcare Practice.

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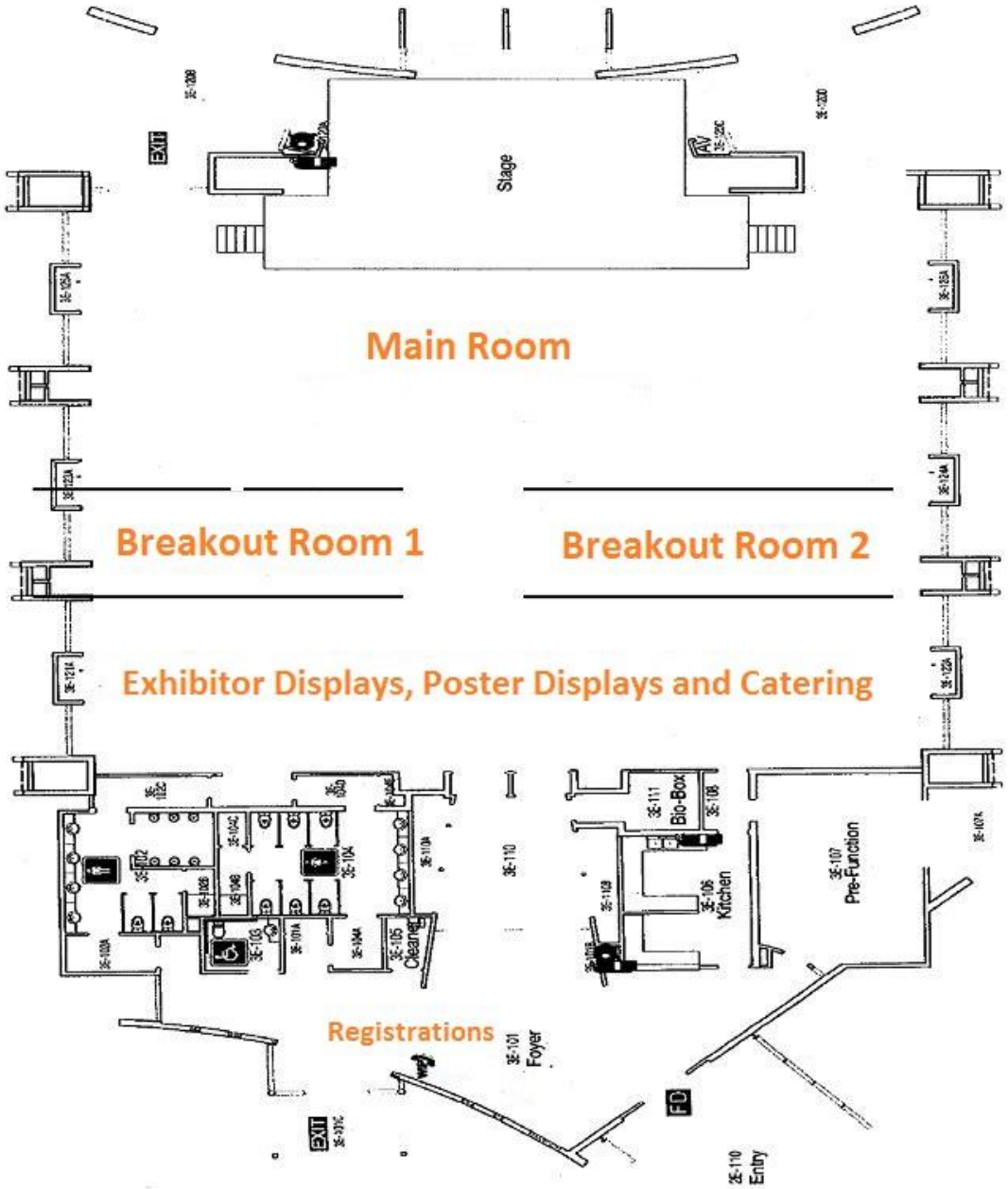
PROGRAM AT A GLANCE

FRIDAY 01 June 2018 People, Purpose and Passion: Collaboration and Evidence	
8:30 – 09:00	SYMPOSIUM REGISTRATIONS OPEN
9:00 – 10:30	SESSION 1
	Welcome and Opening Addresses
	Keynote Speaker 1 – Emma Gee
10:30 – 10:58	**MORNING TEA**
11:00 – 12:30	SESSION 2, 3, 4 & 5
	Session 2: Rapid Fire Sessions – Main and Breakout Rooms
	Session 3: Oral Presentations – Purpose – Main Room
	Session 4: Oral Presentations – Passion – Breakout Room 1
	Session 5: Oral Presentations – People – Breakout Room 2
12:30 – 13:15	**LUNCH**
13:15 – 15:48	SESSION 6, 7, 8 & 9
	Session 6: Keynote Speaker 2 – Suzanne Vilé followed by the Client Panel
	Session 7: Oral Presentations – Purpose – Main Room
	Session 8: Oral Presentations – Passion – Breakout Room 1
	Session 9: Oral Presentations – People – Breakout Room 2
15:50 – 16:30	**Session 10**
	Closing Address
	Question Time
	Awards Ceremony
	Symposium Close

VENUE MAP


Stage
Main Room
Breakout Room 1
Breakout Room 2
Exhibitor Displays, Poster Displays and Catering
Registrations
Bio-Box
Kitchen
Pre-Function
Foyer
Entry
EXIT

GENERAL INFORMATION

Certificate of Attendance

A Certificate of Attendance will be provided for you at Registration.

Symposium Bag

Every registered delegate will receive a Symposium Compendium including a copy of the Program Booklet upon registration.

Duplication/Recording/Photography

Unauthorised photography, audio taping, video recording, digital taping or any other form of duplication is strictly prohibited in symposium sessions. Please note promotional photographs will be taken throughout the day for use in future newsletters and other publications. If you do not wish to be photographed, please make this known at the registration desk.

Movement Between Sessions:

Times have been allocated to allow movement between sessions and we respectfully ask delegates to observe these times and move to their next session promptly in order to avoid delays.

We ask that delegates choose their sessions carefully. In order to minimise disturbance to the speakers, delegates will not be allowed to enter sessions once they have started. During the Rapid Fire sessions, there will opportunity for delegates to change rooms between the third and fourth speakers.

Evaluation

Please complete an evaluation of the Symposium, as the organising committee value your feedback and opinions. Feedback and suggestions will help guide planning and content of future AH Symposiums in Gippsland.

An evaluation survey is being conducted electronically via Survey Monkey. An email with a link to the survey has been sent to your email address. We ask that you complete the evaluation within the next 10 days.

Mobile Phones

Delegates are asked to switch off or mute mobile phones when in sessions.

Registration Desk

The registration desk is located in the foyer of the auditorium. All delegates must register prior to attending any of the Symposium sessions.

Smoking

Smoking is not permitted in, or outside of, session rooms or in the foyer of the auditorium.

PROGRAM

TIME	PROGRAM OUTLINE
8.30 – 09.00	**Symposium Registration Opens** Arrival with Tea and Coffee
09:00 – 10.30	**SESSION 1**
	MAIN ROOM
	Session Chair: Susan Waller
	Welcome to Country
	Welcome Address **Ms Marianne Shearer** Chief Executive Officer, Gippsland Primary Health Network
	Opening Address **Mr Tim Owen** Acting Director Health - South Division, Department of Health and Human Services
	KEYNOTE SPEAKER 1
	Bouncing Higher in Person Centred Practice - Insights from a Consumer and Therapist **Emma Gee** Inspirational Speaker
10:30 – 10.58	**Morning Tea with Viewing of Posters and Trade Exhibition**

11.00 – 11.40	SESSION 2		
	Rapid Fire Sessions – Main and Breakout Rooms		
	MAIN ROOM	BREAK OUT ROOM 1	BREAK OUT ROOM 2
	Session Chair: Petra Bovery-Spencer	Session Chair: Jane O'Shanassy	Session Chair: Daniel Baker
	Fighting Parkinson's disease with exercise **Mr Liam Abbey** Physiotherapist Bairnsdale Regional Health Service	***Evaluation of malnutrition screening practices in community-based nursing services at West Gippsland Healthcare Group*** **Miss Bridget Ladlow** Dietitian West Gippsland Healthcare Group	***Supporting quality patient outcomes through good delegation – A Prompt form for delegation to Allied Health Assistants*** **Miss Tarrlita Kay** **Mrs Kate Bills** Allied Health Assistants Bairnsdale Regional Health Service
	Let's chat and chew the fat! **Ms Cheye Paoli** Speech Pathologist Bairnsdale Regional Health Service	***Evaluation of an Autism Assessment Clinic in Rural Victoria: Preliminary Service User Evaluation*** **Mr Wayne Burgoine** Clinical Psychologist Gippsland Lakes Community Health	***Café Series: Provision of education and information of YDHS services to the local community*** **Ms Prisca Gabiana** **Ms Britt Turner** Physiotherapists Yarram and District Health Services
	Client letter to reduce number of Dietetics DNA's for weight management referrals **Mr Steven Jay** Dietitian Bairnsdale Regional Health Service	***Little Nibblers – Food school for fussy eaters*** **Mrs Kath Cook** Speech Pathology Manager Central Gippsland Health Service	***Improving patient experience and speech pathology service delivery through implementation of outcome measurement using AusTOMs*** **Ms Tess Dunlop** Speech Pathologist Latrobe Regional Hospital

11.00 – 11.40	SESSION 2 (continued)		
	Rapid Fire Sessions – Main and Breakout Rooms		
	MAIN ROOM	BREAK OUT ROOM 1	BREAK OUT ROOM 2
	Session Chair: Petra Bovery-Spencer	Session Chair: Jane O'Shanassy	Session Chair: Daniel Baker
	Sole practitioners achieving optimal patient centred care	***Evaluation of a rehabilitation group for Parkinson's patients***	***Development of a Breakfast Group in sub-acute at Bairnsdale Regional Health***
	Miss Marnie Cowell Podiatrist South Gippsland Hospital	**Mrs Lynda Dempsey** Occupational Therapist West Gippsland Hospital	**Ms Greta Arundell** Occupational Therapist Royal Melbourne Hospital
	From existential to practical: the case for social workers taking the lead in Advance Care Planning	***The Central Gippsland Health (CGH) Healthy Lifestyle Group!!***	***Looking for reasons people don't engage with a rural pain clinic: a retrospective study***
	Ms Alison Payne Social worker – Youth & Family Services Yarram and District Health Service	**Mrs Stacey Twining** Dietitian Central Gippsland Health Service	**Ms Ann Gibbs** Former Team Leader Pain Clinic Latrobe Regional Hospital
	Occupational Therapy in Community Dementia Care	***Cancer and suicide***	***Gippsland Group Programs: Innovations Strengthening Independence***
	Mrs Caroline Michalski Occupational Therapist West Gippsland Healthcare Group	**Ms Cassandra Acevski** Radiation Therapist Gippsland Radiation Oncology	**Ms Melanie Moore** Occupational Therapist **Dean Johnson** Orientation and Mobility Specialist Vision Australia
11.40	Delegate movement to Oral Presentation Sessions		

11.42 – 12.30	**Theme Sessional Speakers - Part 1**		
	Oral Presentation Sessions – Main and Breakout Rooms		
	MAIN ROOM	**BREAK OUT ROOM 1**	**BREAK OUT ROOM 2**
	SESSION 3: Purpose	**SESSION 4: Passion**	**SESSION 5: People**
	Session Chair: Petra Bovery-Spencer	**Session Chair: Daniel Baker**	**Session Chair: Amanda Alton**
	1. The effects of a tailored dietetic and exercise intervention on promoting sustainable healthy eating, exercise and weight maintenance for people diagnosed with cancer **Ms Ngan Vo** Accredited Dietitian West Gippsland Healthcare Group	***2. The Efficacy of an iPad-delivered intervention for children with word reading impairment*** **Dr Toni Seilor** Speech Pathologist Private Practitioner	***3. Supervisee focused supervision at Allied Health at BRHS – maximising support and development of staff*** **Mrs Jane O'Shanassy** Team Leader Occupational Therapy and Allied Health Support **Ms Fiona Baker** Occupational Therapist Bairnsdale Regional Health Service
	4. Cancer is out. How about you? **Belinda Hua** Radiation Therapist Gippsland Radiation Oncology in Partnership with Alfred Health	***5. Supporting schools to trial a systematic synthetic approach to teaching phonics for all students in their first year of school: a feasibility study*** **Mrs Myfanwy Shefford** Speech Pathologist Department of Education and Training	***6. Responding to the changing landscape – utilising technology to delivery peer support for paediatric services*** **Ms Jessica Mether** Team Leader Children's Services Latrobe Community Health Services
	7. Use of a Guided Care Model (GCM) at a local community health service **Ms Nicole McFarlane** Clinical Lead – Primary Intervention Latrobe Community Health Services	***8. Development of a pessary clinic for conservative management of a pelvic floor organ prolapse*** **Ms Manuja Inaganti** Women's Heath Physiotherapist Bass Coast Health	***9. DHHS NDIS Supervision and delegation framework for allied health assistants and support workers in disability*** **Ms Annette Davis** NDIS Project Manager Dept. Health and Human Services, Strategy and Planning
12.30 – 13.13	**Lunch with Viewing of Posters and Trade Exhibition**		

13:15 – 14:00	**SESSION 6**		
	MAIN ROOM		
	Session Chair: Sue Aberdeen		
	KEYNOTE SPEAKER 2		
	NDIS and Allied Health – What have we learnt? **Suzanne Vilé** Principal Project Manager for Health Transition, DHHS		
14.00 – 14:58	CLIENT PANEL		
	Session Chair: Suzanne Vilé		
	Panel of people who have experienced the health service as consumers and are keen share their experiences with the audience of health professionals. Short presentation from each participant followed by facilitator-led question and answer session		
15.00 – 15.48	**Theme Sessional Speakers - Part 2**		
	Oral Presentation Sessions – Main and Breakout Rooms		
	SESSION 7: Purpose	**Session 8: Passion**	**SESSION 9: People**
	MAIN ROOM	**BREAK OUT ROOM 1**	**BREAK OUT ROOM 2**
	Session Chair: Marika Bazley	**Session Chair: Amanda Alton**	**Session Chair: Sue Aberdeen**
	10. Educating Vietnamese Health Professionals on the management and screening of diabetic foot complications in Ho Chi Minh City, Vietnam **Ms Nalini Nateson** Podiatrist Alfred health	***11. The development of an evidence-based dysphagia management protocol in a remote rural hospital*** **Dr Toni Seilor** Speech Pathologist Private Practitioner	***12. Use of Canadian Occupational Performance Measure in the evaluation of the GEM program at West Gippsland Hospital*** **Ms Kerrie Armstrong** Occupational Therapist Rehabilitation / GEM West Gippsland Health Group
	13. Connecting with Aboriginal Community with a culturally safe approach **Ms Lynette Bishop** Aboriginal Access and Support Worker for East Gippsland Bairnsdale Regional Health Service	***14. Oncology Rehabilitation Program*** **Mr Patrick Tainsh** Exercise Physiologist **Ms Melissa Coad** Allied Health Assistant Central Gippsland Health Service	***15. Improving outcomes for borderline personality disorder*** **Ms Sarah Schluter** Discipline Senior, Psychology Mental Health Services Latrobe Regional Hospital
	16. 3D Printing in the Medical Setting: an Assessment of current practise and upcoming methodology **Mr Supun Thewa Hettige** Radiation Therapist Gippsland Radiation Oncology	***17. Clinician and client perspectives following implementation of a regional interdisciplinary high risk foot service*** **Mr Jing Yang** Podiatrist Latrobe Community Health Services	***18. Paediatric Physiotherapy across Bass Coast – starting from scratch*** **Ms Colleen Slater** Manager Physiotherapy Bass Coast Health

15.50 – 16:30	SESSION 10
	MAIN ROOM
	Session Chair **Susan Waller**
	CLOSING ADDRESS
	Kate Boucher Office of the Chief Allied Health Advisor of Victoria, Department of Health and Human Services
	QUESTION TIME
	Questions for Kate from the audience
	AWARDS CEREMONY
	Presentation of Awards
	CLOSE OF SYMPOSIUM
	Close and thank you **Susan Waller** Chair, Gippsland Allied Health Symposium Planning Committee

POSTER #	POSTER DISPLAY -
1	**Evaluation of malnutrition screening practices in community-based nursing services at West Gippsland Healthcare Group** ***Ladlow, B*** (see Rapid Fire Abstracts for the abstract of this poster)
2	**The South Gippsland Hospital Youth Assist Clinic: An innovative model of health care for young people** ***Patterson, B., Park, S.***
3	**Breast cancer-related lymphoedema screening in a nurse-led clinic** ***Milne, J., Beacham, S., Bovery-Spencer, P., Dr Waller, S.***
4	**Podiatrists - What are we doing to support each other and share learnings?** ***Ringrose, R., Baker, D.***
5	**A descriptive analysis of clients with complex diabetes related foot disease attending a regional high risk foot service** ***Yang, J., McFarlane, N., Beacham, S., Bergin, S., Dr Waller, S.***
6	**The use of Consumer Consultants to promote consumer participation and engagement in an acute mental health activity program** ***Wells, S., Leggatt, K.***
7	**Evaluation of an Early Career Allied Health Support Cluster** ***Dr Waller, S. Baker, D., O'Shanassy, J., Alton, A.***
8	**Little Nibblers – Food school for fussy eaters.** ***Cook, K., Schofield, A., Barnes, A.*** (see Rapid Fire Abstracts for the abstract of this poster)
9	**Looking for reasons people don't engage with a rural pain clinic a retrospective quantitative audit.** ***Gibbs, A., Purbrick, J., Pile, C., Chaffer, D., Pile, C.*** (see Rapid Fire Abstracts for the abstract of this poster)

KEYNOTE SPEAKERS' BIOGRAPHIES

Emma Gee

Inspirational Speaker

Emma Gee is one of Australia's acclaimed Inspirational Speakers, offering her thoughts and solutions on person centred care and resilience through her keynote presentations, workshops and consultancy. With a background in occupational therapy and as a stroke survivor, Emma is a renowned expert and a living example of what it takes to step in another's shoes and truly bounce back in life. Through her inspiring presentations, Emma is able to both captivate and challenge her audiences to consider what IS possible in their own lives.

Learning to speak again post-stroke, and realising the importance of sharing her story to help others, were the catalysts for Emma taking on speaking professionally. Today, and thousands of presentations later, Emma as an Inspirational Speaker has incredibly broad client group: from healthcare (associations, hospitals and rehabilitation facilities); businesses & corporate events; community organisations; through to educational facilities. She has also just published her first book entitled Reinventing Emma.

Emma is passionate about enhancing person-centred service delivery and resilience in the lives of all she works with and promises to leave her audiences inspired to bounce back and step up. Emma Gee's signature phrase is "that it's not what happens to you that matters, it's how you choose to deal with it!" will see her audiences moving past life's hurdles to what's possible.

Suzanne Vilé

Principal Project Manager for Health Transition
DHHS

Suzanne has a Masters of Occupational Therapy. She has worked in disability, mental health, health, education and insurance-based schemes. Suzanne has supported many Victorian and South Australian providers to make the transition to the NDIS. She has also presented workshops and conference papers on the NDIS in Victoria, South Australia, NSW and Queensland.

She has also managed a project aimed at understanding the impact of the NDIS on health and allied health services and supporting Victorian health services to transition to the NDIS.

Her presentation is entitled: NDIS and Allied Health – What have we learnt?
This presentation will provide an update on the learnings from the roll-out of the NDIS and what these mean for allied health professionals and the individuals they support.
Suzanne will also facilitate our Consumer Panel

SPEAKERS' BIOGRAPHIES

Liam Abbey
Physiotherapist
Bairnsdale Regional Health Service

Liam Abbey is a Physiotherapist based in Bairnsdale, Victoria. Previous experience includes working at the Blue Mountains Anzac Memorial Hospital and Nepean Community Health Centre in Western Sydney. He has a keen interest in rural health, neurological physiotherapy and promoting health independence.

Bridget Ladlow
Dietitian
West Gippsland Healthcare Group

Bridget is a clinical dietitian who has been working at Warragul Hospital for the past six years. Her areas of clinical specialty include eating disorder management, the role of nutrition in palliative care and clinical education of dietetics students.

Tarrlita Kay
Allied Health Assistant
Bairnsdale Regional Health Service

Tarrlita is a Grade 3 Allied Health Assistant employed at BRHS for past two years, with ten years as an AHA at Monash Health. Part of her role was to aid in the coordination of the AHA team. She believes goal focussed team work results in better patient outcomes.

Kate Bills
Allied Health Assistant
Bairnsdale Regional Health Service
Kate is a Grade 2 Allied Health Assistant who has been at BRHS as an AHA since 2011. Kate was familiar with the changes brought on by the implementation of the new prompt sheet. With a background as a ward clerk Kate is familiar with forms and systems and the impact they can have.

SPEAKERS' BIOGRAPHIES

Cheye Paoli
Speech Pathologist
Bairnsdale Regional Health Service

Cheye graduated from La Trobe University in 2013 and has been working in the East Gippsland region for the duration of her career. She has particular interest in working with adults with acquired communication and swallowing disorders, and is passionate about animal assisted intervention and its applications in allied health clinical practice.

Dr Wayne Burgoine
Clinical Psychologist
Gippsland Lakes Community Health

Dr Wayne Burgoine is a clinical psychologist with fifteen years' experience of working in the field of child and adolescent mental health, including specialist interests that involve supporting families with the assessments and interventions involved for autistic spectrum disorders.

Prisca Gabiana and Britt Turner
Physiotherapists
Yarram and District Health Service

Prisca Gabiana and Britt Turner are both generalist physiotherapists at the Yarram and District Health Service. They are presenting on behalf of the allied health team, as the café series encompasses multidisciplinary community sessions.

Steven Jay
Accredited Practising Dietitian
Bairnsdale Regional Health Service

Steven Jay is an Accredited Practising Dietitian with over 10 years' experience and a strong focus on providing client centred care in regional Victoria.

SPEAKERS' BIOGRAPHIES

Kath Cook
Speech Pathology Manager
Central Gippsland Health Service

Kath Cook has been a practising speech pathologist for 19 years. Most of that time has been spent in Gippsland. She manages a team of speech pathologists and coordinates the Early Intervention services at CGH. She has a special interest in paediatric feeding.

Tess Dunlop
Speech Pathologist
Latrobe Regional Hospital

Practising as a Speech Pathologist since 2015, Tess is continually reviewing ways to implement evidence based practice and improve overall patient care and outcomes. Tess previously worked at Peninsula Health before commencing at Latrobe Regional Hospital in 2017.

Marney Cowell
Podiatrist
South Gippsland Hospital

Marney studied in Bendigo Latrobe for four years to gain her Masters in Podiatric Practice before being appointed as a new graduate sole practitioner at South Gippsland Hospital where she has worked for the last three years.

Lynda Dempsey
Occupational Therapist
West Gippsland Healthcare Group

Lynda has worked as an Occupational Therapist for the past 40 years. She is has been employed at West Gippsland Healthcare Group for past 15 years working in the Community Rehabilitation Centre and Residential Aged Care.

SPEAKERS' BIOGRAPHIES

Greta Arundall
Occupational Therapist
Royal Melbourne Hospital

Greta is an Occupational Therapist who has worked on the implementation and analysis of the breakfast club at Bairnsdale Regional Health Service. She has an interest in increasing patient engagement in daily tasks in a sub-acute program.

Alison Payne
Social Worker
Yarram and District Health Service

Alison graduated in 1996 with a Bachelor of Social Work. She has worked in various community settings in Melbourne prior to moving to the Yarram district in 2001. At Yarram and District Health Service she is employed as a generalist Social Worker providing the service across inpatient, community and residential care settings. She is a member of the South Gippsland Social Work network and the Rural and Remote Social Work Network.

Stacey Twining
Dietitian
Central Gippsland Health (Sale Hospital)

Stacey is an Accredited Practising Dietitian. She has been working at Central Gippsland Health for the past 4.5 years. One of her biggest passions is running cooking sessions with her clients to show them that healthy eating can be easy, cheap and yummy.

Anne Gibbs
Former team leader Pain Clinic
Latrobe Regional Hospital

Ann Gibbs is a Registered Nurse with experience in pain medicine. She has worked at Monash Health and Latrobe Regional Hospital as team leader for the pain clinic.

SPEAKERS' BIOGRAPHIES

Caroline Michalski
Occupational Therapist
West Gippsland Healthcare Group

Caroline is an Occupational Therapist working for the West Gippsland Healthcare Group at the Warragul Hospital and the Rural Allied Health Service. Caroline is accredited in the Assessment of Motor & Process Skills (The AMPS) and is completing the requirements for the Associate Degree in Dementia Care with the University of Tasmania.

Cassandra Acevski
Radiation therapist
Gippsland Radiation Oncology

Cassandra is a first year qualified Radiation Therapist. She completed her intern year at The Alfred in Melbourne and is excited to have joined the team at Gippsland. She previously worked in media and is grateful to have found a career that allows her to mix her passion for technology with helping people.

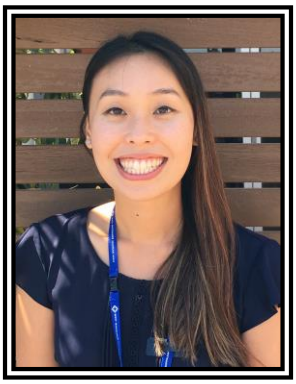
Dean Johnson
Orientation and Mobility Specialist
Vision Australia

Dean has over 20 years' experience in provision of Orientation and Mobility services to adults and children including clients with an ABI in Australia and New Zealand. He has worked for several organisations that offer services for people who are blind or vision impaired and has been working in his consultancy business since 2013.

Melanie Moore
Occupational Therapist
Vision Australia

Melanie has significant experience in the community health sector and has been working with people who are blind or vision impaired with Vision Australia since 2016. Melanie sees many clients across the Gippsland region, including from the recently opened satellite office in Bairnsdale and has enjoyed enhancing her expertise in the low vision field.

SPEAKERS' BIOGRAPHIES



Ngan Vo
Accredited Practising Dietitian
West Gippsland Healthcare Group

Ngan Vo is an Accredited Practising Dietitian who works at West Gippsland Healthcare Group in Warragul. Ngan believes that her role in nutrition counselling, support, and health coaching plays an important part of healthcare to empower individuals to improve their health, wellbeing, and quality of life. Ngan has practised as a Dietitian for 5 years, and has a Bachelor of Nutrition and Dietetics from Monash University. Ngan has worked in a wide variety of areas including in oncology, geriatric nutrition, diabetes, and paediatric.

Belinda Hua
Radiation Therapist
Gippsland Radiation Oncology

Belinda is a Radiation Therapist at Gippsland Radiation Oncology in Partnership with Alfred Health. She is also a member of the Rainbow eQuality Group at the Latrobe Regional Hospital working towards the Rainbow Tick Accreditation. As a person who identifies as a Cis Lesbian, she is passionate about improving patient-centred care for the LGBTIQ community.

Nicole McFarlane
Clinical Lead – Primary Intervention
Latrobe Community Health Service

Nicole McFarlane is currently the Clinical Lead of Chronic Disease Management at Latrobe Community Health Service. This role involves leading the Podiatry-led High Risk Foot Clinic, using her recently acquired credentialed diabetes educator status in the multidisciplinary diabetes clinic and project work. Nicole is passionate about empowering clients and providing holistic support to encourage self-management whilst living with a chronic disease.

Dr. Toni Seiler
Speech pathologist
Private practitioner

Toni is a private speech pathologist in Bairnsdale with over 40 years' clinical experience. Her observations of the issues for children with persistent reading impairment and dyslexia lead her to completing a PhD in 2015 which focused on intervention for this population. This paper is a brief summary of the main findings of that research.

SPEAKERS' BIOGRAPHIES

Myfanwy Shefferd
Speech Pathologist
Department of Education and Training

Myfanwy Shefford is a Speech Pathologist in the Wellington Network Student Support Services Team at the Department of Education and Training. She is part of a team who is passionate about using evidence-based practice to improve educational outcomes for all students

Manuja Inaganti
Women's Health Physiotherapist
Bass Coast Health

Manuja Inaganti is a senior clinician providing continence and women's health physiotherapy services at Bass Coast Health. Manu has completed a Post Graduate Diploma in Musculoskeletal Physiotherapy (2005) and Pelvic floor Physiotherapy (2013). She is currently completing a Post Graduate Certificate in Conservative Management of Pelvic Organ Prolapse and to assist in the planning and delivery of a Pessary Clinic with Gynaecologists/ General Practitioners at Bass Coast Health.

Jane O'Shanassy
Team Leader Occupational Therapy and Allied Health Support
Bairnsdale Regional Health Service

Jane O'Shanassy is the Team Leader of Occupational Therapy and Allied Health Support. Along with the management of her teams one of her key roles is clinical education. She had 14 years' experience as an Occupational Therapist and two and half years in clinical education.

Fiona Baker
Occupational Therapist
Bairnsdale Regional Health Service

Fiona Baker is a Grade 2 Occupational Therapist at Bairnsdale Regional Health Service. She has a commitment to developing staff and students and an interest in maximising learning opportunities within the organisation.

SPEAKERS' BIOGRAPHIES

Jessica Mether
Team Leader Children's Services
Latrobe Community Health Service

Jessica is an experienced Occupational Therapist who has worked across the Latrobe Valley and Baw Baw area. She is passionate about improving health outcomes for all people and has a particular interest working in paediatrics and with the communities most vulnerable. Peer support is also an area of passion for Jess.

Annette Davis
NDIS Project Manager
Department of Health and Human Services, Strategy and Planning

Annette is the Project Manager for the Department of Health and Human Services Commonwealth and State funded NDIS project, "Greater utilisation of the assistant workforce in disability". Annette has worked with Monash Health and DHHS for many years in the AHA space, developing resources and delivering training across Victoria. She is a Podiatrist by background and keen karaoke singer.

Lynette Bishop
Aboriginal Access and Suppport Worker for East Gippsland
Bairnsdale Regional Health Service

Lynette is a proud Gunai/Kurnai woman from the Gippsland area. As well as her role at BHRS, Lynette continues to advocate for people, making sure that they are accessing resources that they are entitled to. Lynette does this by networking out in her communities. Lynette is heavily involved with Foster Care, Cultural activities groups, bringing culture back to our children through Culture Dance & Language.

Nalini Nateson
Podiatrist
Alfred Health

Nalini works as a podiatrist at Alfred Health specialising in the high risk foot. Over the past few years she has travelled to Vietnam, Kiribati and Samoa to help set up diabetic foot clinics and educate staff on the management of the high risk foot. She has a strong passion for volunteering and helping others.

SPEAKERS' BIOGRAPHIES

Supun Thewa Hettige
Radiation Therapist
Gippsland Radiation Oncology

Supun Thewa Hettige is a Radiation Therapist working at Gippsland Radiation Oncology. He graduated medical radiations from RMIT in 2013 and is currently completing his Masters in advanced practice in research. His current research is in 3D printing and working in a knowledge based planning environment.

Patrick Tainsh
Exercise Physiologist
Central Gippsland Health Service

Patrick is an exercise physiologist and has worked at Central Gippsland Health for nearly four years. He has a Masters in Exercise Rehabilitation. He is passionate about making meaningful improvements in people's lives with exercise and enjoys the challenge of helping people overcome barriers to exercise & improve their health.

Mel Coad
Allied Health Assistant
Central Gippsland Health

Mel has been working at CGH for nearly 2 years as an Allied Health Assistant. Mel enjoys being a Physiotherapy AHA as she is able to positively impact people's lives every day.

Jing Yang
Podiatrist
Latrobe Community Health Services

Jing is a Grade 2 podiatrist at Latrobe Community Health Service. He has been actively involved in both the development and research aspects of the podiatry-led high risk foot clinic since 2016. Jing enjoys the challenges of complex cases and service development needs that the high risk foot clinic presents.

SPEAKERS' BIOGRAPHIES

Kerrie Armstrong
Occupational Therapist
Rehabilitation/GEM
West Gippsland Healthcare Group

Kerrie Armstrong is an occupational therapist currently working part time at West Gippsland Healthcare Group and part time as a Teaching Associate at Monash University. Kerrie has extensive clinical experience in rehabilitation, clinical teaching and education.

Sarah Schluter
Discipline Senior, Psychology
Mental Health Services
Latrobe Regional Hospital

Sarah Schluter, clinical psychologist, is Discipline Senior, Psychology at LRH and also has a private practice. Sarah has been comprehensively trained in the United States in Dialectical Behavioural Therapy, and also through Professor Alan Fruzzetti of Harvard University. She has been delivering DBT in Gippsland for the past 4 years.

Colleen Slater
Manager Physiotherapy
Bass Coast Health

Colleen Slater is the Physiotherapy Manager at Bass Coast Health. She completed a Masters of Health Science in 2005 and has held leadership positions across several public health services, most recently at Alfred Health. Colleen is committed to developing evidence based services to meet community needs and has a particular interest in process redesign and the principles of lean thinking.

POSTER PRESENTERS' BIOGRAPHIES

Bonnie Patterson
Adolescent Health Nurse
South Gippsland Hospital

Bonnie is currently employed at South Gippsland Hospital as the Adolescent Health Nurse working at the Youth Assist Clinic located in Foster. This role includes clinical assessment, counselling referral and treatment in the areas of mental health, drug and alcohol issues, sexual health and general health. She has 17+ years of experience as a registered nurse. She is an active member of the South Coast Youth Clinic Partnership

POSTER PRESENTERS' BIOGRAPHIES

Janet Milne
Lymphoedema Clinical Nurse Consultant
Latrobe Community Health Service

1982 Division 1 Nurse, Bachelor of Nursing 1998. 1999 – the first of many lymphoedema courses, commencing as a sole lymphoedema practitioner at LCHS in 2000. Working in the community health area, Janet has long had a passion for early intervention in order to minimise the debilitating effects of lymphoedema.

Rebecca Ringrose
Podiatrist
Bass Coast Health

Rebecca Ringrose studied podiatry in Edinburgh, Scotland, worked for two years in London and then moved to her current position at Bass Coast Health in 2005. Rebecca's main interest is wound care and she established Bass Coast Health's rural High Risk Foot clinic in 2017.

Sarah Wells and Kelsey Leggatt
Occupational Therapists
Latrobe Regional Hospital

Sarah and Kelsey are both Grade 1 Occupational Therapists who work on the Acute Mental Health ward at Latrobe Regional Hospital. They work alongside consumers to help increase their independence and engage consumers in group activities to support their physical and emotional needs.

Dr Susan Waller
Senior Lecturer
Monash University Department of Rural Health

Susan is a Senior Lecturer at the Monash University Department of Rural Health. Susan's clinical experience as a physiotherapist has mostly been in paediatric disability. Susan's research interest is in allied health and collaboration in education and practice. Susan offers educational leadership to the Placements, Education and Research Unit at Latrobe Community Health Service.

Session 2 – Rapid Fire Presentations

Fighting Parkinson's Disease with exercise.

Abbey, L.

Issue: Early physiotherapy intervention in conjunction with long-term exercise adherence is favourable in the management of Parkinson's Disease (PD). This facilitates neuroplasticity, reduces neuro-degeneration and deconditioning. Secondary benefits, include improved mood control and reduction of comorbidity risk. Despite the growing evidence demonstrating improvements in function, Bairnsdale Regional Health Service (BRHS) had yet to establish a targeted intervention for this population. Therefore, the aim of our intervention was to create long-term exercise adherence through education and creating community in the context of a group setting, establish an exercise program that is meaningful and targeted to individuals to assist in treating PD and associated deconditioning. **Activity:** A 10-week exercise program based on high effort functional movements was established. The program targets seven core exercise principles: Fun, Specificity, High Effort, Meaningful, Complex, Powerful and Frequency. The program runs in blocks with 4-6 patients per group. Following the 10-week program there is a monthly follow up session. This provides a forum to discuss/troubleshoot exercises, adherence and create a community in order to facilitate long-term exercise adherence. **Evaluation:** To identify the value of the program to the individual and facilitate feedback, participants are surveyed following the first 10 weeks. Additionally, the group is surveyed at monthly follow-ups to establish adherence trends. In order to identify functional changes, clinical outcome measures are taken pre- and post- the 10-week program. These include: Activities-specific Balance Confidence score, BERG Balance Score, 10-metre walk test, Timed-Up-and-Go and the PDQ-8. **Implications for Practice:** The program has established an evidence-based approach to the physiotherapy management of Parkinson's Disease at BRHS. Additionally, peer referral has been evidenced in our program as a result of its success. This promotes early intervention, which is paramount in the effectiveness of exercise as a treatment for Parkinson's disease.

Evaluation of malnutrition screening practices in community-based nursing services at West Gippsland Healthcare Group.

Ladlow, B.

Background: While malnutrition screening has long been a part of standard practice for hospital inpatients, the malnutrition screening practices in outpatient services such as community-based nursing are less well established. A benchmarking study was completed to establish current practice of malnutrition screening in community based nursing services, with this information hoping to guide the standardisation of malnutrition screening across the continuum of care at West Gippsland Healthcare Group (WGHG). **Method:** A survey focusing on current malnutrition screening practices and attitudes was distributed to nursing staff working across the community based nursing services (Palliative care, District nursing, HITH, HARP). Stakeholder engagement focus groups were also held with nurse unit managers of these departments to discuss survey questions in further detail. **Results:** Surveys were returned from 38% of eligible nurses (n = 20) for analysis. While 55% of nurses felt they informally performed nutrition screening on patients, 100% reported they did not use a validated screening tool. Common barriers included lack of training (40%), nutrition screening not being part of standard procedure (35%) and absence of a nutrition screening tool (30%). Stakeholder meetings confirmed no validated screening tool was currently used in admission paperwork, and that nutrition related questions did not provide guidance on when referral to dietetics was indicated. **Conclusion:** The validated Malnutrition Screening Tool (MST) is currently used in acute services at WGHG. In community nursing services, while nursing staff report asking questions regarding patient's nutritional status, no validated approach is currently used. This may lead to a gap in the continuum of care, where patients in the community may not be identified at risk of malnutrition at the earliest point of their care. The burden of unrecognised malnutrition includes increased frequency and duration of hospital admissions, as well as increased cost of hospital stay. Standardising malnutrition screening practices with the MST across the whole continuum of care at WGHG may contribute to the early identification and management of malnutrition, promoting better health outcomes for clients and financial benefits for the organisation.

Evaluation of an Autism Assessment Clinic in Rural Victoria: Preliminary Service User Evaluation.

Dr. Burgoine, W., Nichol, L., Hewett, A., Penburthy, H.

Issue: Parents living in rural Australia struggle to access autism assessment services and can find themselves travelling long distances to obtain a diagnosis for their children. Waiting lists can be frustrating, clinic times unsuitable, professionals hard to find, and travel exhausting for the whole family. All to be achieved with limited support networks, knowledge of services and financial aid. **Activity:** To set up a local service for the residents of East Gippsland with the purpose of providing a multi-disciplinary assessment in conjunction with the treating consultant Paediatrician. A successful grant from the Gippsland Primary Health Network was utilised to obtain the measures and assessment tools needed to fulfil the data needed for a comprehensive evidence-based evaluation of each child, including the training needed for each staff member to deliver these effectively. **Evaluation:** The Lakes Entrance Autism Assessment Clinic has been running for six months and ten families have accessed the service as part of their Autism diagnostic evaluation with their Paediatrician. A service user questionnaire was given to each family to provide feedback on their experience of the clinic and how they found the assessment process. The results of the questionnaire are presented and analysed, looking at user themes and trends. **Implications for Practice:** The client feedback obtained from these questionnaires will be used to improve service user experience of the Autism assessment clinic by addressing any issues raised and build on any successes achieved.

Session 2 – Rapid Fire Presentations

Supporting quality patient outcomes through good delegation – A Prompt form for delegation to Allied Health Assistants.
Kay, T., Bills, K.

Issue: It was identified through a review of the Allied Health Assistant structure at BRHS that delegation to Allied Health Assistants could be improved. The key issues were: No recorded evidence of correct delegation to AHA's; old system of writing task in the diary meant verbal handovers were often overlooked; there remained a risk of Allied Health Professionals (AHP's) not understanding that they were still accountable for treatment and AHA's working outside their own scope of practice. **Activity:** All staff completed the online supervision and delegation module (Wodonga TAFE). We ran an extensive program of education around supervision and delegation for both AHP's and AHA's including an in-house inservice. Development of a prompt sheet to aid verbal handover from AHP to AHA following the supervision and delegation framework. **Evaluation:** An analysis of requests to AHA's indicated that on all key components of delegation the prompt sheet could provide evidence that good delegation had occurred compared with none of the previous requests using the previous AHA request sheet (this included evidence in patient notes). Verbal feedback from staff and AHA's indicated that in all tasks AHA are and AHP are able to evidence that key requirements of good delegation are met. Information doesn't get lost during staff changes (absences, rotations) and can be filed in patients' history as an accountable reference. **Implications for Practice:** Inclusion of patient goals, diagnoses and precautions/contraindications allows AHA's to be more goal focussed and have information with them when they treat patients. Make AHP's aware of an AHA's clinical competency for the task whilst maintaining overall accountability for the patient. Better outcomes for patients as all treatment is consistently goal focused and all staff are working collaboratively towards the same goal. AHP's can be confident the AHA understands what is being handed over. AHA's can ensure they gather ALL relevant information and document it in a consistent way.

Let's chat and chew the fat!
Paoli, C., Coates, A., Burns, A., Kelly, C.

BRHS has an 18 bed GEM/rehabilitation unit and 2x Transitional Care Program beds on the sub-acute ward. In our regional setting, patients often present with varying diagnoses including stroke, neurodegenerative conditions, orthopaedic conditions and cognitive impairment. These patients can often present with intermittent word finding difficulties, memory deficits and difficulties with attention and concentration that are often left untreated. Furthermore, these patients can remain with us for extended periods, which can lead to institutionalisation and social isolation. The speech pathology team introduced a social communication group (Chat Group) on the rehabilitation ward, both to address specific language/communication needs of patients, as well as maintain and nurture social participation and engagement. This group runs twice a week and is open to all patients, family members and friends. The activities that are completed are based on patient needs such as word finding difficulties, rapid naming, problem solving, attention, memory, concentration, abstract reasoning, comprehension, self-reflection, turn taking, listening, topic maintenance and conversational skills. This group was recently evaluated via surveys with patients that had participated in the group over the duration of their GEM/rehabilitation stay. Preliminary data received from this evaluation was overwhelmingly positive. This highlighted the need for further activities on the GEM/rehabilitation unit that encourage ongoing participation, engagement and social-communication skills. Chat group has also been a valuable service model for the speech pathology department in its ability to maximise clinician time, as well as allow patients to complete therapy in a setting more generalizable to everyday life. Additional benefits have also been recorded, including greater knowledge by other staff members of the speech pathology role in inpatient rehabilitation, as well as improved job satisfaction and enjoyment.

Café Series.
Gabiana, P., Turner, B.

Issue: To promote awareness of the YDHS services in relation to community health issues. To provide education and information in a relaxed environment on relevant issues to the local community. **Activity:** Free community sessions on the topics of: Living Well with Diabetes (Dietetics); Road map to a healthy brain (Occupational Therapy); Osteoporosis "the silent thief" (Physiotherapy); and Take a deep breath, your lung health (Physiotherapy). The sessions were run weekly for four consecutive weeks at the Fable café from 5:30-6:30PM. The public were invited to register thus allowing provision of transport if required, or they could just walk in. **Evaluation:** We realized that the set-up was not conducive for discussion. The café is situated within the local shopping centre and shopping trolleys generated a lot of noise to the point the lecturer had to stop presenting. The initial environmental issues were addressed and subsequent sessions were well received. **Implications for Practice:** The Café Series generated increased awareness of services available to the local community from the YDHS Allied Health Team. The sessions equipped the individuals with knowledge and understanding regarding their diagnoses and self-management strategies. It provided an open and supportive forum to affirm their current ideas and fill in information deficits. There was an increase in self-referrals for further input in relation to the topics addressed, as a result of the café series. The café series is definitely worthwhile however changes to location and time of day might make it more conducive to processing information and accessible for more individuals.

Session 2 – Rapid Fire Presentations

Client letter to reduce number of Dietetics DNA's for weight management referrals.

Jay, S.

Aim: to reduce the number of weight management clients that did not attend (DNA) Dietetics appointments.

Background: Failure to attend outpatient appointments is an issue for health services. Not attending appointments affects client outcomes. Clients who attend two or more appointments with a dietitian have better outcomes with weight management. Around 50% of clients that DNA for appointments with BRHS Dietitians have been referred for weight management. **Method:** a letter was developed that will be sent to new clients referred to dietetics specifically for weight management. The letter outlines roles of the clinician and the client. The letter also contains an opt-out option. Central Intake staff are to be responsible for sending the letter and a flow chart has been developed to assist Intake workers in processing referrals for weight management. **Results:** Outpatient attendance data will be collected over the next three months. DNA rates for weight management clients following the roll out of the client letter will be compared to baseline figures. **Discussion:** Strategies to reduce DNA's used by health services are well documented and include reminder letters, phone calls and SMS reminders. The outcome of these reminders on DNA rates is variable. Encouraging clients to attend appointments may require more than a simple prompt. Reasons for DNA's are often that the client forgot possibly suggesting client apathy. Other reasons for DNA's may be low level of client commitment and or lack of self-efficacy. The trans-theoretical model can be used to individualise client centred care. **Conclusion:** To reduce DNA's at Dietetic appointments, clients need to be engaged and ready to consider change. It is currently been investigated as to whether a letter outlining expectations and client/clinician roles would allow clients to reflect on their level of commitment and readiness for change and therefore translate to improved attendance.

Little Nibblers – Food school for fussy eaters.

Cook, K., Schofield, A., Barnes, A.

Background: Children with feeding issues in Wellington Shire did not have a local, affordable, accessible service to support them and their families. Staff attended a number of training and professional development sessions with a broad range of approaches. The desensitisation model 'SOS Approach to feeding' was finally adopted. Once a sufficient number of staff were trained, individual and then group therapy followed. **Method:** The little Nibblers Food School uses the 'SOS Approach to feeding' program as prescribed by Dr Kay Toomey and Dr Erin Ross. Both group and individual therapy was provided over the past three years. Most sessions were videoed, and all sessions were scored according to the 'Steps to eating'. Questionnaires were completed after the program. Community Women's Health funding was utilized to support the program, as all children met criteria for this. **Results:** Families have reported satisfaction with the group. They feel that they have a better understanding of their child's issues around eating, and they feel better equipped to support and progress their child's eating at home. In addition, children demonstrated that they were able to interact with a larger range of foods, and progressed further through the 'steps to eating' hierarchy after completing the group. Provision of feeding therapy at CGH has filled a previously unmet need for this community and referrals have increased. The program is time and resource intensive to run. A small fee for 'food' is charged each session to support the program. We have had to limit the number of places available due to the costs of running the program. **Conclusion:** There is a need in our communities for increased education and support around fussy eating in children. Early intervention is more effective! What's next? We need to find ongoing sources of funding to run the program.

Improving patient experience and speech pathology service delivery through implementation of outcome measurement using AusTOMs.

Dunlop, T., Vourgaslis, J.

Issue: The Latrobe Regional Hospital (LRH) Speech Pathology (SP) Department routinely assesses and manages adult patients with a range of communication and swallowing impairments. Evidence-based practice indicates the use of outcome measurement tools in routine clinical practice to illustrate success of chosen interventions, optimise client outcomes and improve professional practice over time. Despite their known benefits and clinical utility, consistent use of outcome measurement tools can be difficult in day-to-day clinical practice. The lack of routine evaluation of client outcomes within the SP rehabilitation services provided at LRH was identified and considered an area for improvement. **Activity:** The LRH SP department undertook a quality improvement project reviewing the current use of outcome measures in the SP department and existing outcome measurement tools available. The overall aim was to improve patient outcomes by implementing a single outcome measure tool to track functional change for patients during their inpatient rehabilitation stay and guide discharge planning. **Evaluation:** In this presentation we outline the processes undertaken, the successful learning outcomes achieved and future directions of this project. **Implications for Practice:** The AusTOM-SP tool has shown to provide a flexible, efficient way to measure patient outcomes across a variety of presentations. The implementation of AusTOMs facilitates ownership and use of routine outcome measurement by clinicians allowing measurement of functional change and improving speech pathology practice. It is hoped that continued use of this tool will inevitably improve the quality of care provided by the SP Department at LRH through the use of AusTOMs data in clinical decision-making.

Session 2 – Rapid Fire Presentations

Sole practitioners achieving optimal patient centred care.

Cowell, M.,Fierens, V., Gair, L., DiNatale, D.

Background: The Allied Health Team at South Gippsland Hospital provides unique service delivery in that each Allied Health Professional operates as a sole practitioner. The team consists of 1x Physiotherapist at 0.6EFT, 1x Occupational Therapist at 0.8EFT, 1x Podiatrist at 0.8EFT, 1x Dietician at 0.2EFT and 2x AHA staff combining for a 1.0EFT. Being a small team and part of an integrated small rural acute and community health service, we are able to provide individualised services to clients, from their inpatient stay through to a community and home based service when required. Allied Health services comprising of sole practitioners is unique, and not without its challenges, however South Gippsland Hospital demonstrates that this service model can provide optimal levels of patient centred care. **Method:** The sole practitioner model is distinctive in that each Allied Health Professional (AHP) is the manager and treating clinician of their service. In collaboration with Senior Management, each AHP has developed their service to match their skill set with the needs of the community. Working as a sole practitioner presents some challenges, particularly in terms of peer support, work allocation and professional supervision. In order to overcome these challenges, time has been spent linking in with other local service providers to provide professional support, networking opportunities and in defining referral pathways and service delivery expectations within each service. **Results:** The results of the effectiveness of the sole practitioner model in our setting will be demonstrated visually using the Victorian Health Care Experience Survey to present qualitative experiences from community clients accessing Allied Health Services. Internal interviews with the Allied Health Professionals will also be presented to bring personalised experiences of working as a sole practitioner to the audience. **Conclusion:** Working as a sole practitioner in a small rural setting has proven results in terms of its effectiveness in providing optimal patient centred care. South Gippsland Hospital's Allied Health service demonstrates a sole practitioner model in the allied health field can provide quality consumer driven outcomes and individualised services within a small rural community.

Evaluation of a rehabilitation group for Parkinson's patients.

Dempsey, L.

Issue: Community Rehabilitation and other West Gippsland Healthcare Group (WGHG) services have had increasing number of referrals for clients with Parkinson's Disease. The challenge is how best to provide what they need given increasing demands on services generally. **Activity:** A weekly group program was established, running for 10 weeks. The sessions includes occupational therapy and physiotherapy intervention. Individual dietetics and speech pathology input are also available if identified at the initial assessment. Each week also includes an education session held by different health disciplines which relatives/carers are also welcome to attend. **Evaluation:** Use of PDQ Quality of Life Questionnaire as an outcome measure has shown significant gains for some but not all participants. This year we have included PD Warrior principles in the physiotherapy part of the program. We are now also using the SPDDS (Self Assessment PD Disability Scale) and PD NMS (PD Non-Motor Symptoms Questionnaire) before the group starts to get a better picture of individuals' problem areas. We intend to use the SPDDS, PDQ-39 and Mini-BEST (Balance Evaluations Symptoms Test) as outcome measures when the program held again later this year. **Implications for Practice:** The Parkinson's Group has run since 2014 and is now held twice a year with annual increase in the number of participants and requests to attend due to perceived benefit. We need to continue to evaluate the effectiveness of the program and keep up-to-date with best practice guidelines.

Development of a Breakfast Group in sub-acute at Bairnsdale Regional Health.

Arundall, G., Davis, T.

Background: The occupational therapist's primary goal in rehabilitation is to improve independence in ADL's and improve the client's quality of life. Breakfast clubs provide: a meaningful environment where clients can engage in tasks that are relevant to them and an environment where the clients can practice tasks in a safe manner with the appropriate help needed. It was identified that other than scheduled therapy sessions, including physiotherapy, speech pathology and occupational therapy such as home visits and upper limb therapy, there were limited opportunities for patients on the subacute ward to engage in group activities to improve endurance, cognitive stimulation and returning routines normally completed at home. This group was proposed as while addressing OT specific goals it also provided some meaningful environmental enrichment for suitable patients. **Activity:** Development of a breakfast group including: Proposal; Involvement of stakeholders – patients, OT team, AHA team, nursing staff, management, food services, facilities and management; development of inclusion criteria and management of risk; trial of group; enablers for the change – staff enthusiasm and support; and, discussion with other health services regarding the effectiveness of their existing breakfast club programs. **Challenges:** Lack of literature surrounding breakfast clubs and benefits to patients. **Evaluation:** Summary of evaluation at 6 months: 41 participants; 12 evaluations completed; various diagnoses between patients including orthopedic surgery, falls, deconditioning; relevant for attendance not identified by 4 patients – goals identified by these people include 'I was asked to' 'Part of the program'; patients identified social, participation, increasing independence and confidence as positives of the group; patients identified that staff were supportive; nil suggestions identified for improvement. **Recommendations:** Changes to the evaluation form, staff to encourage evaluation to be completed by all patients; staff to work with patients prior to commencing the group to identify the patient goal for attending the group; scheduled reviews.

Session 2 – Rapid Fire Presentations

From existential to practical: the case for social workers taking the lead in Advance Care Planning.

Payne, A.

Issue: The case for greater social work involvement in Advance Care Planning programs in acute and community based health settings. **Activity:** The Yarram and District Health Service undertook a two year project to increase the proportion of community members writing Advance Care Plans. Research indicates that undertaking the process of Advance Care Planning improves patients' and families' satisfaction with the management of their health issues. Social work was integrally involved in the YDHS project but this is not typical of such projects across Gippsland. **Evaluation:** Social workers are ideally placed to be the ones to drive Advance Care Planning within organisations given that the processes involved such as liaison across the service system, advocating for patients' rights and responding to complex psycho-social issues, are central to the values and practices of that discipline. **Implications for Practice:** Health service organisations should consider appointing social workers or utilising their existing social workers to increase numbers of their patients developing Advance Care Plans, which in turn is likely to improve patient and family satisfaction with the health services they receive.

The Central Gippsland Health (CGH) Healthy Lifestyle Group!!

Twining, S., Tainsh, P.

Issue: We had a number of weight management referrals that required one-on-one sessions with the dietitian/exercise physiologist (time consuming). At the time we had long waiting times (>6-8 weeks). Many of the issues/concerns identified by our clients were similar i.e. struggling with meal ideas or to set exercise goals and stay motivated. Our individual dietitian sessions were theory-based and not very practical i.e. we would discuss recipe ideas but weren't able to practically implement these ideas with clients, therefore we found adherence to be low. **Activity:** We identified a need for group-style learning, and completed some bench marking with other programs around Victoria (these were very limited). Many were private and expensive! We considered the topics that we wanted to cover, and selected appropriate length of time (long enough to see results, not too long that people drop out/can't commit) of seven weeks. Course content was developed including a written booklet and PowerPoint slides. We ran our first pilot group in Jan 2015. **Evaluation:** At the end of each group we provided each participant with an evaluation form to complete. Participants were asked to rate each session out of ten and provide general comments about areas for improvement etc. Based on these results many changes have been made to the group overtime e.g. allocating more time for the supermarket tour, starting cooking and exercise sessions from Week 1, and organising a follow-up at three months post-group. **Implications for Practice:** Reduced contact hours for clinicians (can see 10 people in one-hour's session rather than 10 separate contacts for patients totalling 10 hours); increased social inclusion within the community and reduced waiting times. The group was also cheaper for patients compared to individual appointments with a dietitian and exercise physiologist; increased practical skills and more implementation of healthy eating and exercise practice at home.

Looking for reasons people don't engage with a rural pain clinic – a retrospective quantitative audit.

Gibbs, A., Purbrick, J., Pile, C., Chaffer, D.

Background: Pain clinics around Australia have large numbers of non-engagement from clients. There is a great deal of time wasted by clinics chasing these people up. Our clinic set up to find out why people did not engage with our service, so we could tailor our programs to meet more of the needs of our referees. **Method:** All patients referred to the Latrobe Regional Hospital from 1st July to 31st December 2016 were reviewed. They were classified into two groups, those that did complete the assessment process and those that were initially referred but did not complete the assessment process. **Results:** In the time of data collection 106 people did not complete assessment process. These were further divided into two groups for those that never completed the first point of contact required of all patients. We also looked at who referred the client to the pain clinic. We found that those patients that were referred by their GP, or had the support of their GP were more likely to continue with treatment. 25% of patients not engaging (27/106) did not have the support of their GP. All patients that did complete the program did have GP support. **Conclusion:** Using this data we have been able to direct our services. Prior to this study we thought distance was going to be the biggest factor why people didn't engage, however we have shown this not to be the case. Following this survey we have been able to identify that GP engagement and drug and alcohol services are more pressing factors we need to address. The clinic can now direct its focus on recruiting drug and alcohol specialists and forming closer bonds with local drug and alcohol services. It can also help us work with local GP's to have them support their patients.

Session 2 – Rapid Fire Presentations

Occupational Therapy in Community Dementia Care.

Michalski, C.

Issue: The proportion of people aged 65 years and over in our primary healthcare region is slightly higher than the national average and that population group is likely to increase significantly in numbers into the future. With increasing life expectancies comes increasing risks of chronic health conditions and disabilities, including dementia, that profoundly impact the capacity of older people to live independently, or with care, in the community. **Activity:** Occupational Therapists (OT's) assess & facilitate occupational performance in acute and community settings; we are concerned with what people have to do, need to do and want to do in their daily lives. We work with people who want to get home after a hospital admission and who want to remain living at home and making their own decisions about where and how they live. We assess not just the physical or motor capabilities of our clients, but also their cognitive and processing skills and we look at how their home and social environments may or may not help them stay safe and meaningfully engaged in their communities. **Evaluation:** OT's can identify and work to address early indicators of cognitive and functional decline that may impact people's safety & independence. Community OT's are often the first health professionals who will visit someone at home once they've been diagnosed with dementia. International research shows that community-based OT's make a significant difference to the wellbeing and safety of people living with dementia in the community as well as provide essential support and education to carers and families. **Implications for Practice:** Australian & State health policies and programs aim to support people of all ages to live in the community. This presentation discusses how the clinical practices of community-based OT's needs to be understood in the context of the health programs that are likely to be needed to support increasing numbers of people with dementia and their families to live safely in our community.

Cancer and Suicide.

Acevski, C.

Background: Clinical research has repeatedly shown that there is an associated risk of suicide in cancer patients. This risk is increased in the period shortly following diagnosis. Identifying and treating distress in cancer patients decreases their risk of suicide and increases the patient's quality of life and as such identifying the signs is paramount for healthcare workers. **Method:** For oncology health professionals, identifying the signs of suicidal ideation is difficult. Many of the clinical signs and symptoms may already be present (i.e. anxiety, helplessness). It is these poorly controlled symptoms and prolonged suffering which can lead to desperation and suicide ideation. **Conclusion:** Understanding the risk factors and the tools to use for detection of at risk patients, allows oncology healthcare workers the ability to get the most appropriate discipline involved early.

Occupational Therapy and Orientation and Mobility - Collaboration Strengthening Independence.

Johnson, D., Moore, M.

Vision Australia (VA) provides a range of rehabilitation services including Occupational Therapy and Orientation and Mobility services for people who are blind or have low vision. A trans-disciplinary service model is used to maximise consumer outcomes. The Occupational Therapist (OT) and Orientation and Mobility (O&M) Specialist collaborate to develop and jointly deliver programs across Gippsland that provide an opportunity for consumers to develop confident, safe and independent travel skills relevant to their personal goals. The collaboration of OT and O&M professionals is unique to organisations that offer services to people who are blind or vision impaired. While each OT and O&M professional has distinct areas of professional expertise and knowledge, there is much to be gained in terms of professional growth and consumer independence by these professionals collaborating to deliver client programs. The two complementary professional skill sets, with each professional sharing their professional learnings and experiences, help facilitate consumer directed learning and additionally provide professional development opportunities through collaboration. The process also contributes positively to the management of workforce challenges in regional Gippsland. The presentation will describe all aspects of program planning, delivery and evaluation including consumer contribution, goal focus, formal and informal learning opportunities and how the complimentary professional skills of the OT and O&M are used collaboratively.

Session 3 – Themed Sessional Speakers: Purpose

The effects of a tailored dietetic and exercise intervention on promoting sustainable healthy eating, exercise and weight maintenance for people diagnosed with cancer.

Vo, N., Jamieson, P., Thi, T., Byrne, A., O'Dwyer, S., Greenall, A., Schmidt, U., Ristevski, E., O'Dwyer, S., Greenall, A., Heaton-Harris, B., Shearer, M.

Background: Addressing weight management through tailored dietetic and physical activity interventions and health coaching have been found to have significant treatment and survivorship benefits for people diagnosed with cancer. Improved nutrition and increased physical activity has been associated with reduced cancer treatment toxicities and late affects, reduced risk of obesity and onset of chronic disease, improved cancer prognosis and increased health related quality of life. **Aim:** To implement a tailored nutrition and exercise program to promote sustainable healthy eating, exercise and weight maintenance strategies to people diagnosed with cancer through a community integrated model of health promotion and self-management. **Method:** People diagnosed with cancer at West Gippsland Healthcare Group attended individual or group, nutrition and exercise sessions. The Australian Guide to Healthy Eating and evidenced-based practice guidelines for nutritional management of cancer were used for nutrition education and encouraging nutritional adequacy. Exercise physiology intervention was based on Australia's Physical Activity and Sedentary Behaviour Guidelines and AESS position stand: Optimising cancer outcomes through exercise. Data collection measures and instruments included body mass index (BMI), Food Frequency Questionnaire (FFQ), Godin Leisure Time Physical Activity Questionnaire, the NCCN Distress Thermometer and Problem Checklist and the FACT-G7. **Results:** At three months intervention, 33 participants had completed diet and exercise interventions, ten has declined participation and 50 were on a waiting list. Although participants' BMI had not significantly changed, there was a 50% increase in participants' capacity to exercise. FFQs showed improved food choices in meeting daily requirements. Participants in group sessions also showed improved nutrition knowledge. Scores on the FACT-G7 showed positive quality of life outcomes. **Conclusion:** Preliminary data indicates positive eating patterns which reflect healthy eating guidelines and ability to exercise during cancer treatment is feasible.

Cancer is out. How about you?

Hua, B.

Although there has been progress for equal rights for the lesbian, gay, bisexual, and transgender (LGBT) community, social stigma exists and influences health service delivery and experience. Stigma surrounding individuals of diverse sexuality and gender negatively influences health outcomes within this population when compared to their heterosexual and cisgender counterparts. Cancer patients encounter multiple healthcare practitioners throughout their journey. In addition, LGBT patients may face further stress about disclosing their sexuality and/or gender identity to their health care practitioner and how sharing that information may consequently affect their care and safety. Margolies and Scout (2013) attempted to better understand the cancer journey experience of LGBT patients by using an online survey, based on a holistic model of comfort inclusive of all aspects of the human experience related to illness. Survey results were used to guide development of key recommendations to assist the healthcare system construct a safer and more inclusive environment for LGBT cancer patients. National data within the literature is limited for patients with cancer who identify as LGBT, however the Victorian Department of Health and Human Services has designed a Rainbow Tick Program to identify gaps that may exist within the healthcare system, in order to improve the experience and hence the health outcomes of cancer patients with diverse sexuality and gender. This presentation will outline best and promising practices for health professionals working with LGBT patients and share the experience of implementing the Rainbow Tick accreditation in a regional hospital.

Use of a Guided Care Model (GCM) at a local community health service.

McFarlane, N., Dr Beauchamp, A., Bovery-Spencer, P., Nicolas, H.

Background: The Hazelwood Mine Fire burnt for 45 days in 2014, impacting significantly on the health of local residents. In response, the local Community Health Service expanded their chronic disease program through use of a Guided Care Model (GCM). This innovative model categorises clients according to their ability to self-manage their condition. The categories provide a structured approach to care, within which clients participate in goal-setting. This study describes early outcomes from the GCM at Latrobe Community Health Service. **Methods:** Study design: quasi-experimental. *Setting:* rural community health service. *Participants:* all clients with diabetes and respiratory conditions enrolled in the GCM, who consent to participate in evaluation. *Process:* care plans are completed for new clients to identify health goals. Baseline assessment includes scales from the Health Literacy Questionnaire (HLQ) and the health education impact Questionnaire (heiQ). Clients are categorised according to the level of support needed to reach their goals. *Outcome measures:* at 6-months, outcomes include changes in the HLQ/ heiQ, goal attainment, and self-management category. **Results:** Baseline data from n=161 clients currently enrolled shows 83% aged over 55 years, 58% male, 55% required a moderate level and 18% a high level of self-management support. Preliminary outcome data from 6 monthly reviews (n=34) shows increases in all HLQ/heiQ scales, although not statistically significant. Of n=28 with available data, 61% improved either their self-management category, or their level of self-management within a category. 85% reported achieving their goals either as expected or more than expected. **Conclusion:** Most Guided Care clients required at least moderate support to reach their health goals. The GCM shows early promise for supporting clients to build their self-management ability. Following evaluation, the GCM will be implemented across other chronic disease conditions, thereby becoming core business for the health service.

Session 4 – Themed Sessional Speakers: Passion

The Efficacy of an iPad-delivered intervention for children with word reading impairment

Dr Seiler, T.

Background: About 12% of Year 2 children have been found to be at or below the minimum standard of reading which places them at a high risk of learning difficulties and/or mental health issues. There are two requirements for skilled reading: accurate word reading, and being able to comprehend what has been read – a skill which depends on oral language comprehension. While oral language development occurs across the lifespan, accurate word reading is a focus of early reading instruction: it is the first step in reading comprehension; it predicts later reading and general knowledge development; yet about 80% of children with reading delay have impaired word reading. While recent research has provided evidence that interventions targeting a range of evidence-based skills (e.g., phonemic awareness, phonics, oral language) are effective, about 25% of children fail to respond. Other research has suggested that a key ingredient within interventions is a focus on word decoding (sounding out and blending to read words). This research developed and evaluated an app-supported intervention targeting decoding skills in children who have failed to respond to previous interventions. **Method:** Eight Year 2 typically developing children with persistent word reading impairment were involved in a single subject cross over design with multiple treatments. Intervention effectiveness was evaluated using experimenter-developed decoding assessments and pre- and post-intervention scores on standardised tests of sight word reading, decoding, and text reading. **Results:** Group analyses revealed significant gains in decoding for all participants. Although there were minimal gains in sight word and text reading, individual analyses showed clinically significant gains in sight word reading. **Conclusion:** This intervention, which took a total of 2 hours per participant, may be an efficient adjunct to reading interventions. It was successful in teaching accurate decoding – a skill that has been shown to support further sight word development.

Supporting schools to trial a systematic synthetic approach to teaching phonics for all students in their first year of school: a feasibility study.

Shefferd, M., Roberts, R.

Background: Applying evidence-based practice in early literacy teaching remains controversial (Moats, 2015, Snow, 2016) with ongoing use of multi-cuing strategies (Adams, 1998) for beginning readers. Notwithstanding government-led inquiries across English-speaking countries (National Panel, US 2000; NITL, Australia 2005, Rose Review, UK 2006) specific recommendations around explicit teaching are not reaching schools. Widespread use of a systematic synthetic approach to teaching phonics (SSP) is not evident, and the 'balanced' approach prevails. Many children learn to read regardless of the method of instruction, confirming teachers' beliefs that multi-cuing is effective: however, too many students proceed through schooling without ever learning to decode text. This links to broader public health implications as literacy outcomes impact academic engagement. **Aims:** The aims of the trial were to investigate whether supporting teachers to use an SSP approach would lead to improved student outcomes, and whether this change in teachers' practices would change their beliefs about early literacy teaching. **Method:** A team of speech pathologists and teachers supported teachers in 6 schools to implement a systematic synthetic phonics approach to literacy teaching. Teachers in the five control schools did not use SSP. 319 students from all 11 schools completed a test battery including DIBELS Next and PROBE. Twenty one teachers completed surveys exploring their practices and beliefs about literacy teaching. **Results:** This paper reports comparisons of pre- and post-intervention student testing and teacher surveys in the 11 schools. Positive effect sizes were found across a range of literacy domains for students in the trial schools when compared with controls. Teacher survey results indicated significant change in teacher practice and beliefs with regard to teaching reading. **Conclusion:** This trial demonstrated that a change in teacher practice contributed to improved student outcomes in reading, and that teachers' beliefs about how to teach reading changed after using an SSP approach.

Development of a pessary clinic for conservative management of pelvic organ prolapse.

Inaganti, M., Slater, C., Goodman, J.

Background: Bass Coast Health (BCH) currently offers a multidisciplinary continence service and recent upskilling of the continence physiotherapist presents the potential to offer a pessary clinic to women. Pessaries are used for conservative management of pelvic organ prolapse (POP) in women. They provide structural support and improve symptoms of POP in women. **Method:** Pessary fitting and ongoing management warrants advanced clinical skills and specialist medical input. The continence physiotherapist with post graduate qualifications in POP will work alongside either a Gynaecologist or a GP with pessary training. Strategies for developing the service will include securing organisational endorsement and medical input, credentialing the physiotherapist's scope of practice, developing a model of care and education and promotion of the service. The service will be evaluated using a variety of methods including service data, consumer feedback and validated outcome measures. **Results:** The model of care and process to develop the service will be outlined. A prospective study utilising validated outcome measures to evaluate subjective and objective data at base line, 6 and 12 months will be summarised. Statistical data will reflect referral source, mode of referrals, episodes of care and number of client contacts to cater for needs of clients in to the future. **Conclusion:** Pessary fitting and ongoing management requires advanced clinical skills, a specific scope of practice and specialist medical input. This presentation will outline the development of a highly needed Pessary clinic in the Bass Coast region incorporating quality and outcome measures and evidence based practice.

Session 5 – Themed Sessional Speakers: People

Supervisee focused supervision in Allied Health at BRHS – maximising support and development of staff.

O'Shanassy, J., Baker, F.

Background: Bairnsdale Regional Health Service participated in focus groups as part of the East Gippsland New Graduate Cluster to identify strategies to support new graduates and Grade 1 staff. One of the key findings from these groups indicated that supervision and its delivery had a major impact on professional well-being of Grade 1 staff, specifically around balancing professional and clinical aspects of supervision and providing supervisor with the skills to provide quality supervision. **Method:** Initial data collection involved a focus group each with Grade 1 staff and supervisors/managers, independently run by an external facilitator. Ten representatives from BRHS attended and data was collected via survey monkey through two surveys, one each for supervisors and supervisees. There was a high response rate of over 50% for both surveys. **Activity:** Actions included training through The Delta Centre which focused on skills for professional supervision and tools to support good supervision including contracting around supervision with supervisors and supervisees; delineation of supervision and line management; improved communication strategies, and; documentation of supervision. **Evaluation:** Results of the post-implementation survey indicated that supervision was consistently occurring with all respondents having received supervision over the last 12 months and 70% more than 10 hours; almost all supervisees had input into their supervision and had had a contract developed however staff did not always find it valuable, and; there was a perception of lack of consistency around supervision. **Future actions:** Review of contracting process and communication strategy to staff around maximising communication benefit of the contracting process; implement strategies to improve consistency of supervision including competencies for supervisors and supervisees, training and guidelines**,** and provide more opportunities for training for supervisees.

Responding to the changing landscape – utilising technology to delivery peer support for paediatric services.

Mether, J.

Issue: A new Early Childhood Early Intervention (ECEI) service was developed in the South West of Victoria. At the commencement of the program there were minimal clinical support structures in place for new staff, with many of the new staff being new graduates and most having minimal experience working in an early childhood intervention setting. The need was identified for clinical peer support to assist in the development and implementation of the new ECEI service. **Activity:** Latrobe Community Health Service has a well-established Children's Service (CS). A fee for service arrangement was made between the ECEI and CS to deliver a peer support program electronically. The overall aim of the project was to provide program peer support to the new team to assist in the development and implementation of their new service. Eight 1.5 hour peer support sessions were delivered between August and November 2017. The focus of the sessions was based on an initial needs analysis (completed via online survey) and anticipated learning needs. The sessions were modified following emerging needs and feedback. The learning program was based on an interactive model and delivered using video-conferencing. **Evaluation:** Survey monkey was used to complete pre- and post- surveys for participants. The evaluation findings indicate that the peer support program was highly effective in meeting the key learning objectives. Evaluation findings indicate a significant increase in knowledge and confidence across all five learning objectives. **Implications for Practice:** The following recommendations were made based on the peer support program experience and feedback received; Utilising videoconferencing for peer support programs is an effective method; flexibility is beneficial when planning peer support programs; additional time for session planning and session duration would improve the delivery. Overall, an interprofessional approach is useful.

DHHS NDIS Supervision and delegation framework for allied health assistants and support workers in disability.

Davis, A., Milne, S., Philip, K.

Background: As demand for allied health services increases under the NDIS, there is a need for new workforce and service models that make the best use of available skills across the workforce, particularly in rural and regional areas. Victoria's Assistant Workforce Model has been used effectively to increase the use of the allied health assistant (AHA) workforce in health settings. Extending the model to disability settings has the potential to increase allied health workforce capacity and sustainability, improved job satisfaction, and create new and stronger career pathways within the sector. **Method:** The project is one of a suite of Commonwealth and Victorian Government funded initiatives to strengthen the disability sector workforce in the transition to NDIS. The project has drawn on Victoria's Assistant Workforce Model, to build a robust supervision and delegation framework for the disability workforce. This will strengthen existing teams by promoting greater utilisation of AHAs and more effective use of VET-trained workers in providing enhanced care for people with disability.
Training to support the use of the contextualised Framework and increase the understanding of allied health professionals working with support workforce in disability, and the benefits they bring to service provision, will be developed and delivered in 2018. **Results:** A new document specifically for disability, "Supervision and delegation framework for allied health assistants and support workers in disability", has been developed. There is a suite of resources that support the framework as well as an E-Learning module developed in collaboration with Wodonga Tafe. **Conclusion:** The new framework will assist allied health professional, allied health assistants, disability support workers, their managers and organisations to provide safe and effective care for people with a disability.

Session 7 – Themed Sessional Speakers: Purpose

Educating Vietnamese Health Professionals on the management and screening of diabetic foot complications in Ho Chi Minh City, Vietnam.

Nateson, N.

Vietnam is one of the countries with the highest growth rate of diabetes patients worldwide. The increased prevalence of diabetes has resulted in an increase in diabetic foot complications, which is a major source of morbidity and mortality in Vietnam. (World Diabetes Foundation, 2016; VUFO-NGO Resource Centre Vietnam, 2016). The endocrinology department at Cho Ray Hospital in Ho Chi Minh City, has over 80% of patients admitted with diabetic foot complications. These are managed by nursing and medical staff as there is no podiatry profession in Vietnam. As part of the Australian Vietnam Volunteers Resource Group (AVVRG) Victorian Health Education team, I had the opportunity to travel to Vietnam as the first podiatrist on the team. For the past three years I have been providing education to the endocrinology department at Cho Ray Hospital with the following aims: To improve the management of diabetic foot complications through the provision of lectures, workshops and case conferencing; and to donate resources and equipment to support diabetic foot screening and wound management. **Method:** Phase 1 – Feb 2014, four general and trauma hospitals were visited in Ho Chi Minh City to determine the extent of diabetic foot complications. Lectures were provided to the hospitals on the role of the podiatrist in the hospital setting. Phase 2 January 2015 - Targeted education was provided to the endocrinology department at Cho Ray Hospital. Phase 3 February 2016 - Equipment was donated to Cho Ray Hospital to help implement a diabetic foot screening clinic; and workshops and case conferencing was delivered to the nursing and medical staff. **Results:** Improved knowledge and confidence of the staff in the management of diabetic foot complications; Cho Ray Hospital have set up a sub-acute site to transfer patients to make acute beds available. This sub-acute site will be where they will provide education and screening. **Conclusions:** The hospitals in Vietnam do the best that they can with the little resources they have. The staff was dedicated and willing to learn. They are making small developments to help improve patient care.

Connecting with Aboriginal Community with a culturally safe approach.

Bishop. L

This presentation gives a background to Aboriginal access and support role why it was developed and how it can support clinicians to engage with members of the community. It also discusses the impact the role has had in the community e.g. Emergency Department admission rates. The presentation highlights the resource the role can provide as well as real life cases studies demonstrating strategies and considerations staff can use when engaging members of the Aboriginal community including: Case Studies; How to provide culturally safe community connections; Considerations when engaging community to access your service; Using innovative ways to communicate and deliver services to community; and, Not being afraid of being culturally appropriate.

3D Printing in the Medical Setting: an Assessment of current practise and upcoming methodology.

Hettige, S.W.

Background: 3D printing is on course to make a major impact in the medical setting as it has become more readily available and affordable. 3D print technology increases the possibilities of personalised equipment and treatment for patients with lower manufacturing costs, more accurate output and often in a more time efficient manner. Currently 3D printing has been implemented on a variety of different applications such as low cost prosthetics; however its largest impact is in medical equipment and tissue replacement known as bioprinting. Bioprinting is a relatively new field and focuses on printing bone, cartilage, valves and entire organs. **Implementation in prosthetics:** 3D printing allows the ability to scan and print prosthetics for young growing patients at a reduced cost, allowing the patient to maintain a relatively normal lifestyle while boosting their self-confidence. 3D printing allows all patients access to this life changing technology, regardless of their financial circumstances or geographic location. **Implementation in cancer:** This technology has been implemented to assist in the treatment of cancer, with ongoing research in this area. In our Radiation Therapy Department we are looking at utilising 3D printing as tissue replacement to aid in treatment planning and delivery. Products that we currently use could be made more quickly, more accurately and eventually more cost effectively. **Conclusion:** While 3D printing is a relatively new technology it is easily viable and has the potential to make a great impact within health care. With new applications under development the use of 3D printing will only increase as improvements in accuracy, quality and affordability lead to benefits in patient care.

Session 8 – Themed Sessional Speakers: Passion

The development of an evidence-based dysphagia management protocol in a remote rural hospital.

Dr. Seiler, T., Last, M., Hughes, J., Fitzpatrick, D., Stedman, L.

Dysphagia is the medical term which describes difficulty or an inability to swallow. Dysphagia can occur at any time during the lifespan as a result of a range of conditions – genetic (e.g., cleft palate), developmental (e.g., prematurity), or acquired (e.g., motor neurone disease, Parkinson's, stroke, or following surgery to the mouth). Prevalence estimates suggest that dysphagia occurs in about 60% of people in aged care facilities, 25% in acute settings, and 11% in the community. If untreated, dysphagia may result in failure to meet nutrition and hydration needs, aspiration pneumonia, asphyxiation, and death. Evidence-based management of dysphagia requires a well-coordinated team approach. A key element is an early assessment by a speech pathologist that provides suggestions about the safety of oral intake of food and liquids, and whether food modifications are required. Within a hospital setting, this requires the presence of a speech pathologist on a regular basis, preferably daily. However, some remote rural hospitals have a visiting speech pathology service which may impact on the ability to provide a timely assessment for people at risk of dysphagia. This presentation describes the development and trial of an evidence-based dysphagia management protocol at Omeo District Health: a small rural hospital in East Gippsland that provides acute care, community health, primary health, and residential aged care. Omeo District Health supports a speech pathology service two days per fortnight. The project involves a staff training component (completed), followed by a trial of the protocol (patient screening, speech pathology assessment, family consultation, and dysphagia monitoring), which is currently being evaluated. The results of the trial will be presented and discussed.

Oncology Rehabilitation Program.

Tainsh, P., Coad, M., Fuhrmeister, K.

Background: Regular exercise in people with cancer has been shown to be effective. The evidence is overwhelming that exercise can improve quality of life, increase independence and energy, decrease stress, improve functional status, and decrease mortality. It was identified that patients using the oncology service at Central Gippsland Health (CGH) did not have easy access to professional assistance in initiating and maintaining regular exercise during their cancer journey. As the evidence is overwhelming regarding the importance exercise plays in cancer treatment, it was important to provide improved access to this cohort of people in the local area. **Method:** A literature review, benchmarking activities and patient surveys were completed to identify which patients would most benefit from exercise within the CGH cohort and what barriers to exercise were present. It was then identified how these could be overcome. A pilot group and one-on-one Oncology Rehabilitation Program (ORP) program was undertaken and evaluated based on the evidence collected. **Results:** A pathway and model of care for cancer patients was developed, with the initiation of an ORP, led by an Exercise Physiologist and supported by a multidisciplinary team. This program was created and developed to ensure that patients would have access to specialised therapy to undertake a tailored exercise program, either individually or as a group.

Clinician and client perspectives following implementation of a regional interdisciplinary high risk foot service.

Yang, J., McFarlane, N., Beacham, S., Bergin, S., Dr Waller, S.

Background: Research evidence denotes that diabetes related foot disease is best managed in an interdisciplinary environment by clinicians with relevant expertise. Access to such services is problematic for clients living in regional areas, impacting not only on clinical outcomes but on key social determinants of health. From the clinician's perspective, regional health services face ongoing challenges with regard to recruitment and retention of suitably qualified staff required to address more complex chronic disease. **Aim:** To identify the impact that implementation of a regional high risk foot service has on the social wellbeing of clients and the professional satisfaction of staff. **Methods:** A narrative analysis was undertaken using transcribed interviews from staff working within the high risk foot service (n=8) and a convenience sample of clients (n=7). Transcribed interviews were reviewed independently by two researchers and common themes identified. **Results:** Seven predominant themes emerged within clinician narratives. Narratives were overwhelmingly positive and related to improved service accessibility and quality of care for clients but also on their own professional development and career progression. Clinicians described experiences with improved teamwork and interprofessional communication, staff recruitment and retention, enhanced peer support and increased clinical knowledge. Four predominant themes emerged within client narratives including; improved service accessibility and better communication and coordination of services. Clients also described feeling more supported within their local community and the positive impact of being able to access clinical expertise without travelling to metro services. **Conclusion:** Implementation of specialised clinical services in regional areas has the potential to address not only the clinical needs of clients but also several social elements that can impact overall health and wellbeing. It may also improve recruitment and retention rates of staff who are able to work within a more advanced scope of clinical practice.

Session 9 – Themed Sessional Speakers: People

Use of Canadian Occupational Performance Measure in the evaluation of the GEM program at West Gippsland Hospital.

Armstrong, K.

Background: Geriatric Evaluation Management (GEM) is a multidisciplinary, specialist assessment program for the older person who often has multiple and complex medical conditions. In late 2016 WGHG increased their number of GEM beds. This change incorporated locating beds at Neerim District Hospital with a designated multidisciplinary team facilitating a structured therapy program. **Aim**: To evaluate the GEM patients' self-perceived change in their occupational performance using the Canadian Occupational Performance Measure. The Canadian Occupational Performance Measure (COPM) (Law et al, 1994, 1998) is an individualised measure designed for use by occupational therapists to detect a self-perceived change in occupational performance problems over time. This assessment tool promotes a model of rehabilitation driven not by the individual therapist but in partnership with the patient, and in which the patient is seen as the expert in gauging their own improvement in occupational performance. The COPM was used to evaluate GEM patients' perceived improvement and satisfaction in occupational performance from admission to discharge. **Method:** The study is being done as part of measuring outcomes for the GEM program by the occupational therapist. Type of study: clinical audit; No of clients: 15; Time period of data collection: February 2017 ongoing. **Results:** The results of the audit indicate a significant increase in both the patients' perceived occupational performance and their satisfaction with their performance. Additionally, the COPM is a useful tool in measuring change within the sub-acute GEM setting. **Conclusion:** The COPM has been an effective tool to evaluate GEM patients reported change in performance and satisfaction within the GEM program. Use of this assessment tool promotes a model of rehabilitation driven not by the individual therapist but in collaboration with the patient and promotes an opportunity for the patient to reflect on their progress.

Improving outcomes for borderline personality disorder.

Schluter, S.

Borderline personality disorder (BPD) effects 2% of the population, yet is represented by up to 50% of inpatient psychiatric admissions and 30% of community mental health referrals. Incidence of death by suicide is much higher in this population, and quality of life is poor. Patients experience symptoms of severe emotion dysregulation and may self-harm, engage in impulsive behaviours that they later regret (such as sexual behaviours, drug/alcohol use, dangerous driving, criminal activity, lashing out at others, or quitting their job), and may struggle with fear of abandonment, a sense of emptiness and difficult interpersonal relationships. Many of the participants may also have eating difficulties (binge eating/purging, or restricting intake). The therapy with the best evidence for the treatment of BPD is Dialectical Behavioural Therapy (DBT). DBT is a big commitment both for a service to provide, and for a client to engage with. It involves weekly individual therapy and group skills training. Clinicians attend weekly consultation team meeting, to discuss cases and support each other in adherence to the model and their own wellbeing. DBT involves telephone coaching for clients to speak with their therapist between sessions when they have an urge to self-harm. Whilst this therapy is expensive for an organisation to provide, it actually saves money, by reducing hospital admissions. DBT reduces incidences of self-harm in clients and burnout in therapists. DBT is about establishing goals with clients, and building a life worth living rather than just reducing problematic behaviours. The therapy assumes a skill deficit in people with BPD, and focuses on the learning and practicing of new skills. The skills need to be generalised to a variety of different situations in the person's life. At LRH, this program is delivered across Gippsland by psychologists, social workers, psychiatric nurses and occupational therapists.

Paediatric Physiotherapy across Bass Coast – starting from scratch.

Slater, C., Lindsay, A., Ott, C., Ferguson, C.

Background: A team of eight physiotherapists provide a wide range of services across the Bass Coast. In 2017 a gap in the provision of physiotherapy to paediatric clients was identified through referral need and service data. In particular the gap was around developmental issues and long term disability. There was an existing paediatric service in place providing occupational therapy (OT), speech pathology, dietetics and podiatry but no current physiotherapy staff with skills in developmental paediatrics. Paediatric clients requiring physiotherapy for these issues were travelling to Korumburra or Melbourne to receive services. Feedback from client's families was supporting a need for local service and support. **Method:** Referral data was reviewed and competencies of existing staff were evaluated using the APA Paediatric Course Framework. Gaps in current staffing confidence and competence in Paediatric Physiotherapy were identified. A consultant Physiotherapist with high level paediatric skills and teaching skills was engaged to provide hands on teaching and mentoring to staff and support to management around key issues. Partnerships and additional mentoring was sought from specialist paediatric centres and key NDIS partners. The physiotherapy service was integrated into existing multidisciplinary paediatric initiatives including a transdisciplinary approach to kindergarten screening for developmental delay. This further consolidated staff skills and increased service provision for clients. **Results:** Following this service development initiative, confidence and competence of staff has improved. Positive feedback has been received from families, with an increase in both referral numbers and client contacts. **Conclusion:** With management support and dedicated resources to support staff training and mentoring Bass Coast Health is now able to provide a more comprehensive physiotherapy service for paediatric clients and can work towards a transdisciplinary approach for clients experiencing developmental delay.

POSTERS

The South Gippsland Hospital Youth Assist Clinic: An innovative model of health care for young people.

Patterson, B., Park, S.

The South Gippsland Hospital (SGH) Youth Assist Clinic (YAC) is an innovative health service for young people in the Gippsland region. It was developed by SGH in collaboration with the local community, school and medical centre in response to the rising health care needs of young people in Foster and surrounding areas. Young people were appointed to the initial steering group and their insight and input as to how the service should look was essential to its success today. YAC is a free, confidential health service for young people between 10 and 25 years old. It is held in the Foster Town Hall in a youth friendly environment. It is accessible to the local secondary college and is close to the centre of town. It operates on a drop in basis so no appointments are necessary. Whilst young people wait to be seen at YAC they can access at a wide range of up-to-date health information. Fresh fruit and sandwiches, an initiative started by our volunteer workers in response to young people reporting family financial hardship, are also available. Young people can see an Adolescent Health Nurse, Mental Health Nurse and or a General Practitioner at YAC. Young people seek treatment and counselling around sexual health, mental health, drug and alcohol and general medical concerns. YAC collected some of the first health statistics regarding young people across the Gippsland region. This assisted in providing evidence to support Federal approval for a Headspace service in the Gippsland region. YAC is one of the founding services of the South Coast Youth Clinic Partnership, a regional collaboration with other youth clinics across the region. This partnership is: developing a regional strategic plan; sharing knowledge; and collecting regional de-identified data to improve health service delivery to all young people in this area. The YAC service is unique in its provision of a diverse and comprehensive youth focused health service, and many young people have had positive health outcomes from utilising the service. In some cases it has led to re-engagement with education in others the prevention of suicide and other serious health outcomes. YAC aims to foster the development of positive relationships with young people and the health care sector to help the young person transition to adulthood.

Breast cancer-related lymphoedema screening in a nurse-led clinic.

Milne, J., Beacham, S., Bovery-Spencer, P., Dr Waller, S.

Issue: Bioimpedance Spectroscopy (BIS) is an emerging diagnostic tool for lymphoedema. No studies have evaluated its use in a nurse-led lymphoedema clinic. This longitudinal study aims to describe changes in L_DEX scores and limb girth measures in a community-based, nurse-led lymphoedema clinic. Data collection is ongoing and we report preliminary results to date. **Activity:** A convenience sample of women attending the clinic provided routinely-collected data for evaluation to determine clinical diagnosis and treatment, and patterns of change in L_DEX and/or circumferential measures. Baseline data was collected pre-operatively or > 6 weeks post-operatively, with 3 and 6-month review planed. **Evaluation: A** total of 61 participants are enrolled to date. Mean age 64.7 years (range 28-88), mean BMI 31.7 (range 21.5-49.2). At baseline, 64.4% were post-operative mastectomy or wide local excision, and 88% of participants had L_DEX readings within normal range (-10, +10). 92.7% were categorised low risk. At the first follow-up visit (n=33), 81.4% were post-operative, and 75% of participants had L_DEX scores within normal range, with 70% in the low risk category. Out-of-range L_DEX was the main measurement used to guide treatment, in the absence of circumference increases, including frequency of visits and when to introduce appropriate treatment. **Implications for Practice:** Preliminary analysis suggests BIS may be a useful diagnostic tool in a community-based clinic. Future analysis will identify if L_DEX scores can consistently be used to predict treatment-type in this setting.

Podiatrists - What are we doing to support each other and share learnings?

Ringrose, R., Baker, D.

Background: Accessing professional development (PD) in a rural setting can be challenging, particularly for a small allied health profession such as podiatry. A group of local podiatrists (14 public and private practitioners) in Bass Coast Shire started meeting regularly to run bi-monthly PD sessions (Bass Coast Foot School (BCFS)). Presenters have included product representatives, academics, specialist clinicians and case studies by the local podiatrists. PD sessions are arranged by the senior podiatrist at Bass Coast Health and speakers are accessed by utilising the networks of the clinicians who attend. **Method:** An electronic survey was sent to all attendees to evaluate the impact of local access to regular PD. **Results:** 100% of respondents found BCFS to be a valuable networking opportunity and also developed their knowledge and clinical reasoning skills. 90% of respondents described the quality of PD presented at Foot School as 5/5, and felt that regular access to PD aids in workforce retention. They rate the importance of having local access to this PD as 5/5. When asked to describe other benefits of foot school respondents cited that *"networking through Foot School allows us to work as a "team" despite being in different settings and locations"* and *"this is really important to help with 'burnout' related problems."* **Conclusion:** Access to PD is known to be a key factor in workforce retention, networking and aiding transition to practice for early graduate AH professionals. Whilst the positive benefits of PD are known it can be very difficult to access due to cost, location, poor communication and heavy clinical loads. The Bass Coast Foot School has brought good quality, regular PD to the area, at minimal-no cost and at a time that is convenient for busy practitioners (after hours). BCFS is an example of how a rural PD program can be run with minimal resourcing.

POSTERS

A descriptive analysis of clients with complex diabetes related foot disease attending a regional high risk foot service.

Yang, J., McFarlane, N., Beacham, S., Bergin, S., Dr Waller, S.

Background: Common components of diabetes related foot disease including peripheral neuropathy, peripheral arterial disease and foot ulceration are chronic in nature and require long term management and surveillance. The implementation of a regional high risk foot service ensures specialised care is accessible to clients with chronic and complex foot disease. **Aim:** To provide a descriptive analysis of a client cohort attending a regional high risk foot service. **Methods:** Clinical data collection forms were designed with the aim of collecting demographic and clinical data. Data was collected in real time by the treating clinician when consenting clients attended for their routine high risk foot clinic appointment. **Results:** Data was collected on 23 clients attending the LaTrobe Community Health High Risk Foot Service between April and November 2016. Ten (43%) were female and 13 (57%) male with an average age of 61 years. 19 (83%) clients had clinically detectable peripheral neuropathy and 7 (30%) had peripheral arterial disease. 19 (83%) had a past history of ulceration and five clients (22%) had both peripheral neuropathy and peripheral arterial disease placing them at significant risk for further ulceration and amputation. Of this 22%, 40% had a history of previous amputation placing them at even greater risk for future amputation. 7 (30%) clients required a foot related acute admission during the data collection period with an average length of stay of three days. 61% of clients required interdisciplinary care and were managed by one or more of; Podiatrist, Dietitian, Diabetes Educator, General Practitioner and vascular surgeon. **Conclusion:** Individuals who experience complex and chronic conditions related to diabetes and foot disease require accessible and available specialised services to maximise clinical outcomes and minimise the need for travel to such services in metropolitan Melbourne. This dataset demonstrates the prevalence of high risk diabetes related foot disease in a sample attending a regional high risk foot service and is evidence of the need for high quality, integrated care in a regional area of Victoria.

The use of Consumer Consultants to promote consumer participation and engagement in an acute mental health activity program.

Wells, S., Leggatt, K.

Background: This project was developed in response to feedback obtained from the evaluation of an existing group program run on the Flynn Low Dependency Unit (LDU) by occupational therapists (OT). Results from this evaluation showed consumers wanted more variety and frequency of group activities, that met both their physical and emotional needs. Our evaluation indicated limited staffing to conduct additional group activities, which holistically met the needs of consumers. The aim of this project was to provide a group activity program for the consumers on the Flynn LDU which met their physical and emotional needs, via utilisation of Consumer Consultants (CC). **Method:** The group program was redeveloped to include more physical and mindful activities. In order to achieve staffing levels CC were approached to co facilitate groups with OTs. CC were utilised due to their lived experience with a mental health condition, to emotionally support and engage consumers in their recovery. Data was collected from both consumers and CC via a feedback survey using both qualitative and quantitative data. Surveys were provided to consumers and CC following each activity. There were three CC involved in this project who provided feedback on their experience facilitating groups. Consumers provided 23 responses on their experience in the group program run by CC. Results from surveys were manually entered into two separate Survey Monkey surveys – consumers' responses and CC responses. Data from both surveys were correlated into graphs and qualitative responses. **Results:** Results indicated that 81% of consumers found the CC helpful and 72% found the group experience enjoyable. Main themes from the qualitative data showed consumers appreciated the emotional support provided by the CC and to physically leave the ward. CC results showed that 75% felt comfortable to facilitate a group, however only 50% felt well supported to run the group activity. Qualitative data showed consumers faced challenges with engagement when facilitating groups but also enjoyed the opportunity to educate and encourage consumers. **Conclusion:** Results show there is benefit to both consumers and CC by their participation in the group program. Consumers experience increased emotional support during their recovery on an inpatient acute mental health ward. CC benefited from the program by allowing more opportunity to build rapport and support consumers in a group setting. Future direction for the use of CC in the group program indicates the need for increased support and training.

POSTERS

Evaluation of an Early Career Allied Health Support Cluster

Dr Waller, S. Baker, D., O'Shanassy, J., Alton, A.

Background: In 2015, the Department of Health and Human Services (Victoria) awarded four grants to set up support cluster groups for early career allied health practitioners (ECAHP) in Gippsland Health Services. The aims of the groups were to support the transition of persons working in allied health from student to worker. Historically, supports are varied and can be improved to order to recruit and retain staff in the region. The support clusters offered interdisciplinary professional and social support for ECAHP in various ways including education, discussion forums and resources in addition to existing general organisational orientation and discipline specific support. **Method:** This was a mixed method study. ECAHP were invited to complete a short electronic survey regarding their understanding and experience of support for transition to work and participation in the cluster. Allied health managers and allied health peers participated in semi-structured interviews to explore their support for and experiences of resources related to transition to work for early career allied health staff. Interviews were transcribed and thematically analysed by the research team. **Results:** Eighteen ECAHPs completed the survey and expressed satisfaction with the cluster support. Professional development was main outcome with participants also appreciating the interprofessional inaction of the forum. Formal individual supervision was most highly valued and the opportunity to participate in discipline specific regional meetings. Participants recommended that dedicated time be supported during work for cluster participation and requested cross organisational sharing of educational resources. Three themes arose from the twenty interviews with allied health managers and staff, supervision, socialisation and support, a triple S framework. Activities and resources discussed in this framework will be presented. **Conclusion:** For successful and supportive transition to work, early career allied health staff require a comprehensive and supportive framework as emerged from the evaluation. Sustainability of early career support requires dedicated staff and resourcing.

NOTES

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People, Purpose and Passion: Collaboration and Evidence

4th Gippsland Allied Health Symposium

The organising committee value your feedback, opinions and suggestions. This information will help guide the planning and content of future Allied Health Symposiums in Gippsland.

The evaluation survey is being conducted electronically via Survey Monkey. We ask that you complete the evaluation as soon as is convenient after attending the Symposium.

The evaluation survey will be open for 10 days and will close on **Monday 11 June 2018 at 5.00pm.**

Please see below link to access the survey.

https://www.surveymonkey.com/r/Evaluation2018GippsAHSymposium