

# Australian Outbound Student Mobility

quality dimensions for  
international fieldwork  
in health sciences

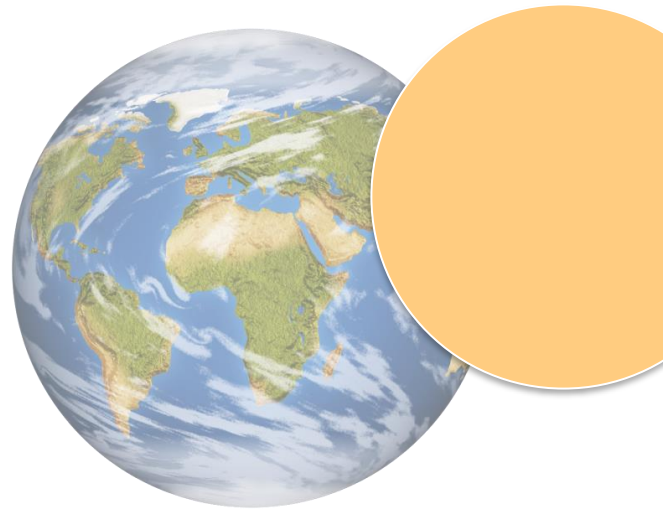


## Project Team

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# Definitions

**Assessment:** “a process to determine a student’s achievement of identified learning outcomes and may include a range of written and oral methods and practice or demonstration” (Commonwealth of Australia, 2015).

**Academic standards:** “an agreed specification (such as a defined benchmark or indicator) that is used as a definition of a level of performance or achievement, rule, or guideline. Standards may apply to academic outcomes, such as student or graduate achievement of core discipline knowledge and core discipline skills (known as learning outcomes), or to academic processes such as student selection, teaching, research supervision, and assessment” (Commonwealth of Australia, 2015).

**Benchmarking:** “is recognised as a means by which an entity can: demonstrate accountability to stakeholders; improve networking and collaborative relationships; generate management information; develop an increased understanding of practice, process or performance; and garner insights into how improvements might be made. For example, in the context of course accreditation, benchmarking involves comparing performance outcomes and/or processes of similar courses of study delivered by other providers. ‘Internal benchmarking’ against other relevant courses offered by the provider may also be undertaken” (Commonwealth of Australia, 2015).

**Clinical placement:** involves supervised practice in approved clinical settings.

**Clinical supervision:** “involves the oversight – either direct or indirect – by a clinical supervisor of professional procedures and/or processes performed by a student or a group of students within a clinical placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each student’s experience of providing safe, appropriate and high-quality patient care” (Health Workforce Australia, 2011, p. 4)

**Clinical supervisor:** “is an appropriately qualified and recognised professional who guides students’ education and training during clinical placements. The clinical supervisor’s role may encompass educational, support<sup>9</sup> and managerial functions. The clinical supervisor is responsible for ensuring safe, appropriate and high-quality patient care” (Health Workforce Australia, 2011, p. 4).

**Cultural capability<sup>1</sup>:** “refers to a person’s capacity to deliver services that are responsive to the cultural concerns of racial and ethnic minority groups including their languages, histories, traditions, beliefs and values, and response by developing a set of skills, knowledge, and policies to deliver effective treatments” (Gibbs, Huang & Associates, 2003 p. 36 cited in Fejo-King, 2013, p. 271).

**Graduate attributes:** “generic learning outcomes that refer to transferable, non-discipline specific skills that a graduate may achieve through learning that have application in study, work and life contexts” (Commonwealth of Australia, 2015).

**Employability:** “means that students and graduates can discern, acquire, adapt and

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<sup>1</sup> Capability is used here rather than competence as no one can be “competent” in another person’s culture and competency also implies an endpoint rather than the life-long journey which is cultural capability development. In other words, intercultural

capability cannot be fixed and will shift dependent on the community and context and is, therefore, not a competency that can merely be achieved to a predetermined standard (Taylor, Durey, Mulcock, Kickett, & Jones, 2014).

continually enhance the skills, understandings and personal attributes that make them more likely to find and create meaningful paid and unpaid work that benefits themselves, the workforce, the community and the economy” (Oliver, 2015).

**Global citizenship:** shows global empathy in cross-cultural settings and respects and values diversity. Thinks and acts for human dignity with a focus on social justice and equity (Oxfam, 2015).

**International fieldwork:** placements during tertiary study that occur in countries other than where the students received their academic preparation. In the context of this guide to Australian student mobility in health sciences, fieldwork also refers to **clinical placements**.

**Internationalisation:** Intentional process of integrating an international, intercultural or global dimension into the purpose, functions and delivery of post-secondary education (O’Malley, 2014).

**Interprofessional practice:** “When two or more professions learn with, from and about each other to improve collaboration and the quality of care” (Freeth et al., 2005, p. xv); occurs in both tertiary and clinical settings (Brewer, Flavell, Smith, Trede, & Jones, 2014).

**Learning outcomes:** “are the expression of the set of knowledge, skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning” (Commonwealth of Australia, 2015).

**Leadership:** “means the aggregated leadership of an organization is dispersed among some, many, or maybe all of the members. This additive understanding does not privilege the work of particular individuals or categories of persons, nor is there a presumption about which individual’s behavior carries more weight with colleagues. On the other hand, numerical or multiple leadership allows for the possibility that all organization members may be leaders at some stage” (Gronn, 2002, p. 427).

**Outbound mobility:** international study experiences for students in a location outside their home country (Department of Education, Employment and Workplace Relations, 2009).

**Quality:** “Academic quality is a way of describing how well the learning opportunities help students to achieve the learning outcomes. It is about making sure that appropriate and effective teaching support, assessment and learning opportunities are provided” (adapted from Group of Eight, 2010, p. 130).

**Quality dimensions:** elements of a product and/or service that define quality.

**Reflective practice:** a personal perspective on how the learner interacts with the learning experience, individualises outcomes, and identifies personal future learning needs (Hodges, 2011).

**Work-integrated-learning (WIL):** “where structured and purposefully designed learning and assessment activities integrate theory with the practice of work. Work-integrated learning includes service learning, and activities normally involve students interacting with industry and community within a work context or similar situation (that may be simulated) to allow them to learn, apply and demonstrate skills and knowledge applicable to the course of study being undertaken” (Commonwealth of Australia, 2015).





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# Background

- This guide is designed to be read in conjunction with the project report, which provides full information on the project methodology and outcomes
- An eDelphi process was used to identify the essential learning outcomes, preparatory requirements, supervision model, and assessment criteria for international fieldwork in health
- Twenty-five experts from across Australia—from a range of health sciences professions—were involved in three eDelphi survey rounds
- The intended audience for this guide includes academic and professional staff responsible for international fieldwork in health
- The findings can be used to inform program design and to benchmark existing programs.

This guide to quality dimensions for international fieldwork was developed as part of the Office for Learning and Teaching Seed Grant titled: SD14-3758: *Quality in Australian Outbound Student Mobility Programs: Establishing Good Practice Guidelines for International Work-Integrated-Learning*. The aim of the project was to improve student learning by identifying good practice in the sector, establish academic standards for international fieldwork and support benchmarking. Of note, the meaning of 'standards' and 'benchmarking' are not well understood by the majority of academics in Australian higher education (Booth, 2013; Booth, Melano, Sainsbury, & Woodley, 2011). Within the context of international fieldwork, this guide hopes to assist readers to better comprehend what is meant by academic standards and how they can be used for benchmarking purposes. In addition the project addresses calls for frameworks to evaluate quality assurance standards in fieldwork (Higher Education Standards Framework (Threshold Standards), 2011; Orrell, 2011; Smith, Ferns, & Russell, 2014).

Quality in higher education is highly contested as the recent discussion paper by Probert attests (Probert, 2015). Notions of quality are underpinned by assumptions that reflect current ideologies and, as a consequence, any international fieldwork program will be

determined by the culture of the organisation involved and how it determines its purpose.

For this project international fieldwork is defined as placements during tertiary study that occur in countries other than where the students received their academic preparation. In the context of this guide to Australian student mobility in health sciences, fieldwork also refers to clinical placements which involve supervised practice in approved clinical settings.

The specific objectives of the project were to:

1. Identify current Australian international fieldwork practices in health (including the desired learning outcomes, supervision and assessment practices)
2. Define the essential preparatory requirements for Health Sciences' students participating in an international fieldwork placement
3. Establish a minimum standard and a sustainable model of supervision required for interprofessional and discipline specific international fieldwork that will promote student learning
4. Develop a standardised set of essential learning assessment criteria for Health Sciences' students participating in an international fieldwork placement.

## Intended audience

This guide has been written to assist academic and professional staff engaged in international fieldwork in health sciences to inform the design of international fieldwork programs and benchmark existing programs against good practice to engage in quality improvement. It is recommended that the guide be read in conjunction with the project final report.

## International fieldwork in health

A literature review conducted as part of the project highlighted that outbound mobility is a growing focus in the peer reviewed literature (Kulbok, Mitchell, Glick, & Greiner, 2012) and whilst frameworks and approaches to assuring quality exist they are limited in number, variable and often dependent on the outbound country's context or a specific discipline. In fact, the literature review identified only four peer reviewed papers with best practice guidelines (Crump & Sugarman, 2010; Lattanzi & Pechak, 2011; Pechak & Black, 2014; Riner, 2011) with only one of those across the professions (Crump & Sugarman, 2010) and the remaining three focused on physiotherapy and occupational therapy (Lattanzi & Pechak, 2011; Pechak & Black, 2014) or nursing (Riner, 2011). This is consistent with other literature reviews examining quality and clinical placements (Health Workforce Australia, 2012). There is a gap, therefore, in the literature on quality dimensions for international fieldwork in health and, specifically, within the context of outbound Australian health students. The Australian quality dimensions for international fieldwork in health developed through an eDelphi process—and presented here—are consistent with the literature reviewed and the broader literature on WIL (Billett, 2009; Orrell, 2011; Patrick et al., 2008; Smith et al., 2014). In particular, they highlight the essential need of effective preparation, supervision practices, assessment and feedback including critical-reflection and debriefing.

## Methodology

The project took place over 12 months and utilised the Delphi method (Keeney et al., 2011)—managed electronically as an eDelphi—to identify current practices in international health fieldwork and develop the guidelines. The Delphi technique involves an iterative process using a multi-staged survey which engages a group of experts to achieve consensus on an important subject (Keeney, Hassan, & McKenna, 2011).

### Establishment of an expert panel

An eDelphi expert panel was established which consisted of individuals with experience in international fieldwork in health. To be eligible, panel members had to meet the following criteria:

1. be a current staff member at an Australian tertiary institution;
2. have at least one year of experience in developing, coordinating or supervision international fieldwork placements, and;
3. be currently involved in international fieldwork.

Panel members were recruited between August and October 2014 via several methods including an expression of interest via the Australian Collaborative Education Network (ACEN) and other relevant peak bodies; a search of current peer reviewed literature; a desktop website review of 38 Australian universities and snowball sampling (see the project report for full details). All individuals who expressed interest completed demographic information and a screening questionnaire which was reviewed by the project team to confirm eligibility prior to being formally invited to join the expert panel.

### eDelphi process

The electronically administered Delphi process (eDelphi) consisted of three survey rounds. For each round, panellists were given two weeks to respond with three reminders sent over this time period to panellists who had not

responded. If a panellist failed to respond in a round, they were automatically excluded from any following rounds. The online survey software Qualtrics was utilised to conduct the eDelphi process. As an acknowledgement for their time and contribution, expert received a A\$100 gift voucher after completing all three rounds. The project was approved by Curtin University's Human Research Ethics Committee (TL-10-14).

### *Round 1*

The first round was conducted in October 2014. Panel members were asked to respond to nine open ended questions which asked for their views relating to preparatory requirements, supervision model and learning assessment criteria for international fieldwork placements.

### *Round 2*

Round 2 was conducted in February 2015. The purpose of the second round was to seek endorsement from the expert panel of key themes and corresponding elements identified from Round 1. Panellists were asked to review each key theme and corresponding elements and select one of three nominal response options:

1. Agree entirely (no modifications required).
2. Partly agree (modifications required).
3. Disagree entirely.

If a panellist selected the partly agree or disagree option, they were requested to

provide suggestions for refinements/changes to the key theme and corresponding elements.

### *Round 3*

Round 3 was conducted in April 2015. In the third and final round, expert panel members were presented with a final synthesis of key themes and corresponding elements. These were presented as statements which related to recommendations for preparatory requirements, supervision model and learning assessment criteria for international fieldwork placements. Panellists were asked to rank the importance of each statement using a five point Likert scale:

1. Not at all important.
2. Somewhat important.
3. Neutral.
4. Importance.
5. Essential.

Expert consensus was defined as being reached where a statement was ranked by 80 percent of the panel members as being essential or important.

For full details of the project—including the inclusion and exclusion criteria for the expert panel—please see the project final report available from the Office for Learning and Teaching website.



# The leadership role of the international fieldwork coordinator in quality learning experiences

- Leadership is defined here as distributed (Gronn, 2002). This means that leadership is dispersed across an organisation and teams rather than being tied to an individual in a senior role
- International fieldwork program coordinators require leadership development, as a range of sophisticated leadership skills are essential for effective coordination
- A fieldwork leadership program was developed through an earlier Office for Learning and Teaching project and is available from: <http://academicleadership.curtin.edu.au/ALFCP/>

Although examining the role of the fieldwork coordinator was not part of this project, it became clear that it was impossible to focus on quality in international fieldwork and not recognise the essential leadership role of the coordinator to the fieldwork learning experience (Coll et al., 2009; Jones et al., 2013c). Much in the same way that a course coordinator for a program of study on-campus has an academic leadership role, the coordinator of international fieldwork must have capacity for a complex range of leadership capabilities. In particular, international fieldwork demands significant leadership due to the diverse stakeholders, intercultural factors, risk management and legislative requirements and the demands of assuring learning in host sites located long distances from the home institution.

A recent study, for example, argues that effective organisations require leaders with a

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<sup>2</sup> Transformational leadership is “a form of leadership intended to motivate and inspire followers to pursue higher-order goals through the transformation of followers’ attitudes, beliefs, values, and behaviors” (Lo, Tse, & Ashkanasy, 2015, p. 543).

combination of transformational<sup>2</sup> and transactional<sup>3</sup> leadership styles, and leadership development is an important area for focus (Deichmann & Stam, 2015). Similarly, fieldwork coordinators must be given the opportunity to develop their leadership capacity (Jones et al., 2013c). Not only are these leaders typically overlooked for formal leadership development, and often invisible in their institutions, there is also a tendency for fieldwork coordinators to focus on operational aspects at the expense of strategy and innovation (Jones et al., 2013c; Patrick et al, 2014). In effect, this suggests that many fieldwork coordinators are invested in management rather than leadership. Elsewhere, the importance of the fieldwork coordinator in ensuring quality work-integrated-learning (WIL) experiences has been affirmed, along with the need to support their

<sup>3</sup> Transactional leadership refers to a leadership style of exchange in which clear expectations and rewards are communicated with rewards achieved through demonstrating pre-determined objectives (Deichmann & Stam, 2015).



development (Patrick et al., 2008; Smith et al., 2014).

To achieve quality learning and teaching experiences for students in international fieldwork in health sciences, it is therefore important to consider leadership and how coordinators—regardless of whether they are academic or professional staff—can develop the necessary capabilities. The following leadership model (Vilkinas & Cartan, 2001, 2006) (Figure 1) was adapted for use in the Office for Learning and Teaching *Leading Fieldwork: Academic Leadership for Fieldwork Coordinators* project (Jones et al., 2013c) and provides a useful framework to conceptualise the leadership capabilities required for effective fieldwork coordination. The Integrated Competing Values Framework (Vilkinas & Cartan, 2001, 2006) identifies six roles and illustrates the behavioural complexity of leadership. The central “integrator” role is also known as the “control room” where reflection and critical thinking enable the fieldwork coordinator to identify which of the other five roles must be brought into play and when (Vilkinas & Cartan, 2001).

The following passage from *Leading Courses* (Jones et al., 2013a, pp. 8-9) explains the six roles within the Integrated Competing Values Framework and its application to fieldwork:

**Deliverer** - requires the development of a system to manage student fieldwork placements, managing paperwork and compliance issues, unit outlines, and communication strategies to ensure the program runs efficiently. It also requires initiatives to manage the risk and legal issues associated with a fieldwork program.

**Monitor** - involves collecting and collating relevant fieldwork data to continuously improve the quality of work integrated learning, for example, placement numbers, monitoring trends in numbers, placement availability, collecting feedback on students, educators, placement quality, evaluating the fieldwork program and models of education, moderation of fieldwork assessment and ensuring inter-rater reliability and understanding competency based evaluation.

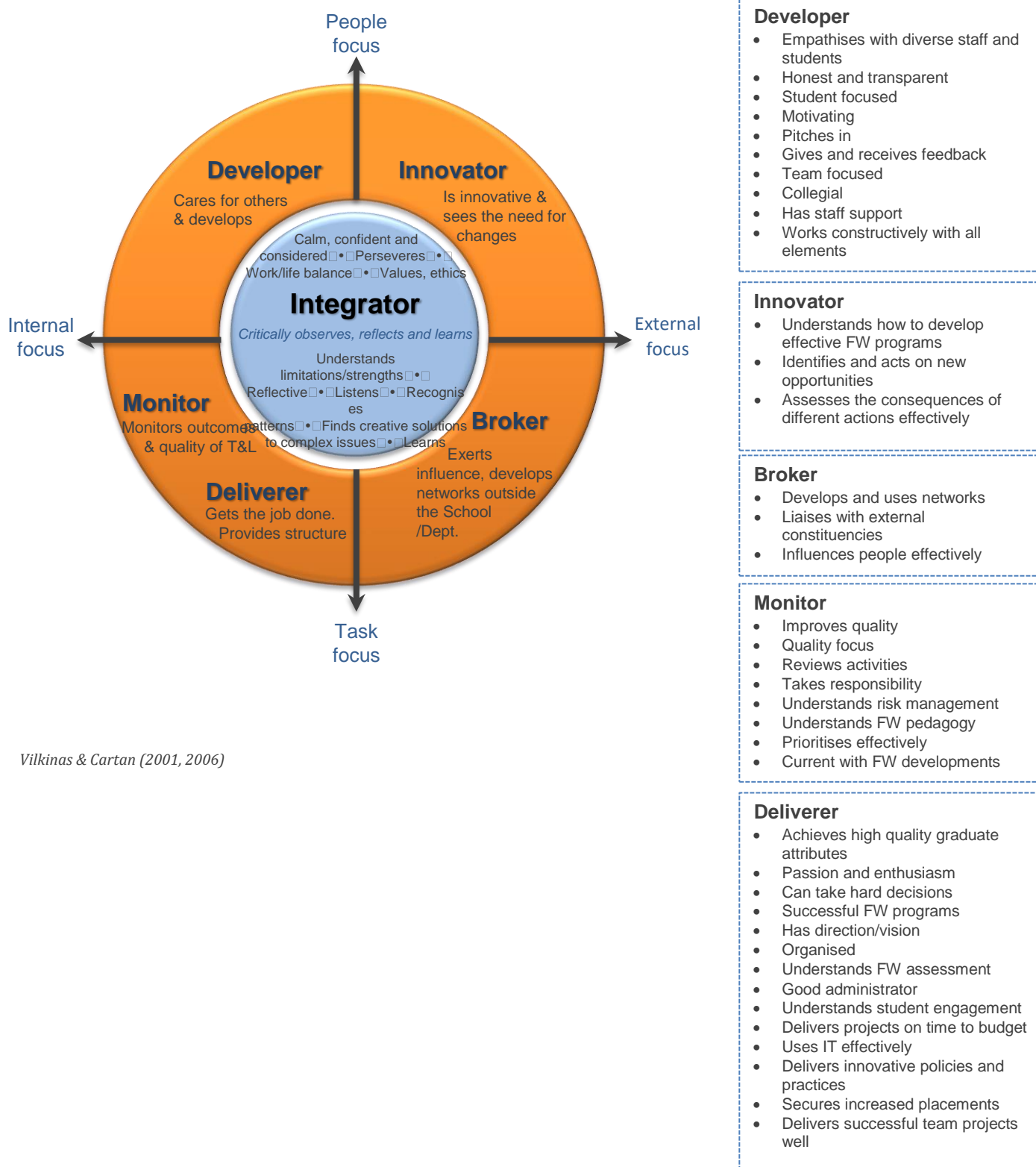
**Developer** - will include issues such as providing training and support for educators in the field around coaching, supervision and fair and equitable assessment of students, alignment of assessment practices of student learning on placements between university and industry.

**Broker** - requires development of strategic partnerships with agencies, accreditation and professional bodies, fieldwork educators, and Head of School/Department. The interplay of these key stakeholders requires negotiation and networking skills to build and sustain the fieldwork program.

**Innovator** - will focus on considering changes to professional practice and how this influences fieldwork education. These changes, along with increasing enrolments and competition for placements require innovative and new approaches to models of fieldwork education.

**Integrator** - involves reflecting on practice, taking a critical perspective on one's own leadership role and one's movement between the operational roles, and involving others such as peer coaches, critical friends or colleagues in one's ongoing development as a fieldwork coordinator.

If the higher education sector is to achieve quality learning outcomes—and justify the costs associated with international fieldwork—it is important that fieldwork coordinators keep abreast of current developments through the literature. However, this cannot be achieved unless coordinators are provided with time allocation, support and development opportunities. With increasing competition for placements, due to larger student numbers and a greater focus on employability and WIL as a key strategy to achieve this, fieldwork coordinators now need even more structured support and recognition of their leadership role. Of note, the leadership program developed as part of the *Leading Fieldwork* project includes an action learning project to improve fieldwork quality. For the full project resources visit: <http://academicleadership.curtin.edu.au/ALFCP/> or search the OLT website resources for “Leading Fieldwork.”



Vilkinas & Cartan (2001, 2006)

**Figure 1: The Integrated Competing Values Framework and the Fieldwork Coordinator (Jones et al., 2013, p. 21)**





# A note on community engagement

- Effective and considered engagement with the host site is an essential quality indicator for international fieldwork in health
- The engagement mechanisms with host sites and their communities must be considered and reflect mutual benefit and reciprocity.

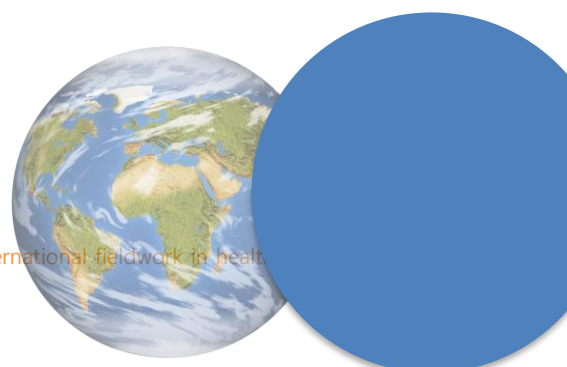
Varying models of community engagement exist in higher education (Mason O'Connor, McDwen, Owen, Lynch, & Hill, 2011). Similar to the need to consider the leadership style underpinning the international fieldwork coordination, it is also evident that the process for recruiting and building a relationship with the host organisation—as well as the partnership model—needs to be a focus when considering quality assurance for learning (Rowland, 2006). As identified in the literature, cultural capability is a key graduate attribute that can be supported through international fieldwork (Button, Green, Tengahan, Johansson, & Baker, 2005; Peiyong, Goddard, Gribble, & Pickard, 2012). Furthermore, within health, cultural safety is identified as an important aspect to achieving improved health outcomes particularly for minority and marginalised groups (Coffin, 2007). However, if the community engagement process does not model culturally safe practices and recreate colonial practices and power relationships (Sultana, 2007) (dependent on the host country), it is unlikely that students will automatically develop the desired critical self-reflection skills to facilitate culturally appropriate care. According to Holland and Ramaley (2008, p. 35) *relational* indicators are essential in quality for higher education community engagement:

Recent research found that experienced community partners are motivated to develop project connections with universities if there is evidence of commitment to

reciprocity and mutual benefit, as defined by the community. In particular, partners look for evidence that academic partners are willing to spend time getting to know the community, listening to community voices, respecting cultural values and practices, and sharing resources and knowledge in ways that are useful and relevant to community initiatives and interests.

It is suggested, therefore, that when considering quality in international fieldwork—and to develop students' capacity for knowledge co-creation, reflective practice, communication, and awareness of self and others—the engagement mechanisms with host sites and their communities be considered and reflect mutual benefit and reciprocity (Mason, O'Connor et al., 2011; McEwen, 2013).

There are also an increasing number of third party providers (TPP) who are offering international fieldwork opportunities for students. Universities planning to use TPP should refer to the guide for working with TPP recently released by the International Education of Australia Student Mobility Special Interest Group <http://www.ieaa.org.au/documents/item/593>



# Quality enhancement framework

- The approach to quality adopted here utilises Biggs' (1993) 3P model (presage, process and product)
- The dimensions of quality identified through this project are designed as indicators not absolute measures
- "Quality" in higher education is contested and it is, therefore, important to consider the assumptions underpinning, as well as the purpose of any quality process (Probert, 2015).

The approach taken here aligns with Biggs (1993) adaption of Dunkin and Biddle's (1974) presage-process-product, or 3P, model. Presage factors describe what occurs prior to student engagement in the learning (preparation prior to fieldwork); process describes the variables that impact on what happens as the student learns (supervision, assessment and feedback); and, product variables relate to the outcome of that learning (desired learning outcomes) (Gibbs, 2010). Furthermore, the 3P model acknowledges the complexity of the educational system or context in which learning occurs (Gibbs, 2010). According to The Higher Education Academy (Gibbs, 2010, p. 11):

quality is ... a relative concept – what matters is whether one educational context has more or less quality than another, not whether it meets an absolute threshold standard so that it can be seen to be of adequate quality, nor whether it reaches a high threshold and can be viewed as outstanding and of exceptional quality, nor whether a context is perfect, with no defects. What is discussed here is the dimensions that are helpful in distinguishing contexts

from each other in terms of educational quality.

This guide, therefore, recognises not only the diversity of international fieldwork and varying resourcing levels but also the importance of the relative nature of quality. The quality dimensions provided here are intended to be used as a guide for establishing new international fieldwork programs in health sciences or when benchmarking an existing program. They are not intended as absolute measures of quality and should be used in an interpretive fashion. Although not specific to international fieldwork, a Health Workforce Australia report *Promoting quality in clinical placements: literature review and national stakeholder consultation* (2012, p. v) identified several enablers and barriers to quality which are consistent with this guide:

**Enablers** are factors known to improve the quality of the clinical placement experience and include:

1. A culture for quality, comprising relationships, learning, and best-practice.
2. Effective supervision founded on a good supervisory relationship.
3. Learning opportunities largely supported participation in direct patient care.
4. Effective communication and collaboration between students, academic institutions, and placement sites to ensure adequate placement preparation.

5. Resources and facilities to conduct placement activities.

**Barriers** are factors known to reduce the quality of the clinical placement experience and include:

1. Occupational stress which induces states of anxiety that inhibit learning, impair performance, and compromise health and wellbeing; and
2. Workplace incivility and aggression which threatens the socio-emotional and physical safety of students in the placement environment.

**Other issues** that affect the quality of clinical placements were identified:

1. Innovation to increase placement quality and capacity, in areas such as mode of supervision, length of placement, inter-professional placements, and learning technologies;
2. Rural and remote considerations, including a recognition of the unique enablers and barriers in rural and remote placements; and
3. Diversity, where the needs of culturally and linguistically diverse groups, the experience of Aboriginal and Torres Strait Islander students, and the impact of gender and disability on the placement experience are considered.

## Dimensions of quality

### 1. Preparation requirements prior to an international fieldwork placement

The preparation that students undergo prior to placement has been identified as a very important part of the learning experience (Tan, 2014). This was reinforced through the eDelphi process. Of the three areas identified (information requirements, desirable student attributes and approaches to ensuring student preparedness), and their respective themes presented here, all received high consensus through the expert panel. Of note, there was discussion relating to whether the students should come to the fieldwork experience demonstrating capacity for the desirable

capabilities or whether the international fieldwork program should wholly develop those capabilities. The conversations emanating through the eDelphi on this point were not conclusive; however they reinforced the importance of preparation for international fieldwork in not only supporting students to achieve the best possible outcomes but also in establishing realistic student expectations. The conversation highlighted the interrelated nature of all aspects of fieldwork in achieving excellence in learning and teaching (preparation, supervision and assessment).

- Five key areas relating to essential information requirements prior to the placement were identified including: site specific information, the curriculum for the placement, professional practice and knowledge required, as well as cultural and travel information.

#### 1.1 Information requirements

Students require the following information in preparation for their placement:

##### *Site specific information*

- Site occupational health and safety briefing

- Contact details for site and supervisors, and communication procedures
- Common challenges/dilemmas that may be faced (e.g. practical tips from peers from previous placements)
- Types of tasks students will be involved in.

#### *Curriculum for the placement*

- Where the placement fits within the course/degree
- The purpose and learning objectives/outcomes
- Expectations for placement including roles and responsibilities
- The structure of the placement
- The students' scope of practice during the placement
- The discipline specific pre-requisite knowledge
- The assessment tasks.

#### *Professional practice and knowledge*

- Expectations regarding professional and ethical behaviour
- Critical reflective practice and evaluation tools
- Conflict management strategies
- Discipline specific knowledge and skills
- Professional indemnity (e.g. legal and insurance matters).

#### *Cultural information*

- Cultural awareness and strategies for appropriate verbal and non-verbal behaviour
- Social determinants of health specific to host country
- Social, political and health landscape of host country
- General knowledge of the host country (e.g. via self-study)
- Commonly used phrases of the local language of host country (if necessary).

#### *Travel information*

- Passport and visa requirements
- Travel insurance
- Personal safety (Department of Foreign Affairs and Trade [DFAT] safety ratings)
- Referral to GP or travel doctor for general healthcare during travel
- Accommodation
- Personal care and hygiene
- Incident and accident policies and procedures (institution and host site)
- Emergency and disaster management information (institution and in host country)
- Financial information (cost of placement)
- Tentative itinerary.



## 1.2 Identification and development of desirable student attributes and capabilities

- Five key areas relating to the desirable student attributes and capabilities prior to the placement were identified including: self-efficacy capabilities, communication skills, professional knowledge and skills, and learning and cultural abilities
- Dependent on the placement type and associated risks it is recommended that students either come with some capacity for the identified capabilities and/or the preparatory sessions are designed to foster these capabilities and get students to begin the reflective process to identify areas for growth
- Realistic expectations about the nature of the fieldwork placement need to be communicated to students within the context of whether they have what is required to manage any challenges
- Basic language skills and student capacity for being community minded did not reach consensus with the expert panel. Again, the aims and context of the fieldwork program will determine the importance of these capabilities which could be fostered in preparatory sessions if required.

The following student attributes and capabilities were identified as important for international fieldwork in health:

### *Self-efficacy capabilities*

- Coping skills and resilience
- Ability to be self-sufficient
- Self-motivated
- Ability to manage risk
- Flexible and adaptable to new or unexpected situations
- Open to new experiences.

### *Communication skills*

- Conflict resolution
- Team work (e.g. ability to negotiate, listen and build relationships).

### *Professional knowledge and skills*

- Reflection/reflective practice skills
- Team management and time management skills
- Enthusiastic and passionate about discipline and professional practice
- If relevant to the placement, discipline specific skills (clinical reasoning, role

clarification, interprofessional practice skills).

### *Learning abilities*

- Curious and inquisitive
- Ability to problem solve (with guidance if necessary)
- Self-awareness and willingness to learn from others
- Ability to seek help/feedback when necessary
- Ability to give and receive constructive feedback
- Ability to improvise (that is “think on their feet”).

### *Cultural abilities*

- Able to self-regulate in a culturally appropriate way (e.g. patient, tolerant, thoughtful, respectful, humble)
- Genuine and respectful curiosity in people from different cultures
- Culturally sensitive (self-reflection on and awareness of own cultural values and beliefs).

## 1.3 Approaches to ensure student preparedness

The following approaches were identified as a *A combination of delivery methods*

- Six key areas relating to ensuring student preparedness were identified including the: selection process, timing of the fieldwork preparation, delivery methods, essential elements of the preparatory sessions, range of stakeholders involved and an onsite orientation
- Through the eDelphi process some suggestions for delivery methods (i.e. hard copy, apps and social media) did not achieve consensus. However, dependent on the fieldwork program and its aims some of these delivery approaches may be appropriate
- Other aspects that did not reach consensus included research into the host country's health system and pre-departure team building activities. This lack of consensus reflects the diversity of international fieldwork and these elements are worth considering if relevant to the fieldwork program. For example, if the fieldwork placement is interprofessional then pre-placement team building activities are essential.

means to ensure student preparedness:

### *A selection process relevant to the program*

- An application process (written or other formats) that requires students to address selection criteria. For example, reflect on cultural perspectives of the country they intend to visit and reasons they want to undertake the placement
- Screen applicants for acceptable academic standards (determined by the context of the fieldwork placement)
- Travel supervisors and academic staff monitor student progress prior to placement
- Interview applicants.

### *Consideration given to the timing of fieldwork preparation*

- Should allow adequate time to prepare students and is conducted when students can focus.

- Face-to-face (physical or synchronous virtual)
- Online resources.

### *Compulsory preparatory sessions which incorporate the following*

- Interactive training and discussion
- Open and direct about known challenges
- An emergency plan everyone is familiar with.

### *A range of stakeholders (on campus) involved in the preparation program*

- Experienced clinical staff/experts
- University staff.

### *An onsite orientation*

- To take place within the first few weeks so that students can meet key staff who will guide them and provide support throughout their placement.



## 2. Supervision

- Five key areas relating to supervision were identified including the: supervision model, student/supervisor ratio, access to supervisor, supervisor attributes and supervisor:student relationship.
- A strong message from the expert panel was that the supervisor model had to be flexible and adaptable (see Figure 2).

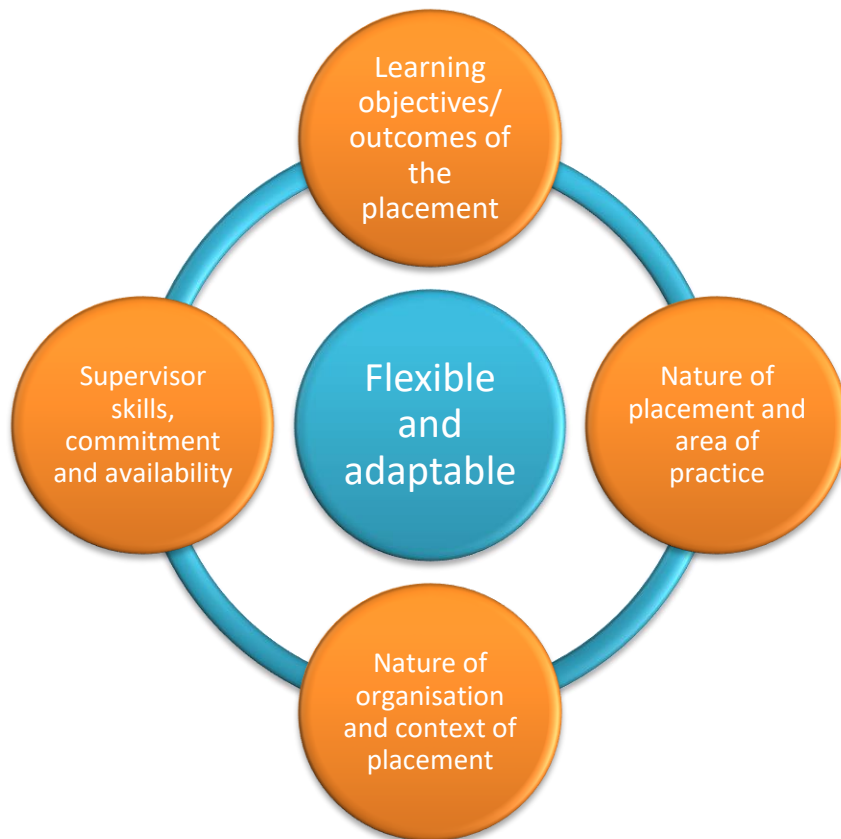
Supervision and the supervisory relationship has been identified as an essential component of fieldwork and can significantly impact on a student's experience (Warne et al., 2010). According to the Health Workforce Australia's (2010, p.4) *National Clinical Supervision Support Framework* clinical supervision must take into account context and discipline (as consistent with the overall approach of this guide) and is defined as:

the oversight – either direct or indirect – by a clinical supervisor of professional procedures and/or processes performed by a student or a group of students within a clinical

placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each student's experience of providing safe, appropriate and high-quality patient care.

The findings of this project reflect the literature by emphasising the importance of the supervisory relationship and the quality and frequency of student feedback





**Figure 2: Elements informing the supervision model**

## 2.1 Supervision model

*A flexible and adaptive supervision model that considers the following:*

- The learning objectives/outcomes of the placement (clinical/hands-on or experiential, high or low risk, length of placement)
- Nature of placement and area of practice (e.g. single, multi-disciplinary or interprofessional; caseload; size of group: single or large group of students)
- Nature of organisation and context of placement (e.g. country of placement, environmental risks, degree of support from host)
- The needs and capacity of placement/host site (focus on building a strong, collaborative partnership with placement site)
- Supervisor skills, commitment and availability (discipline specific or mentor/facilitator, staff student ratio, frequency, onsite vs distance).

### *Recommended supervisor:student ratio*

- A low supervisor:student ratio of less than 1:10 (range 1:3 to 1:8) which should be determined by the nature/type of placement, the placement context/location and clinical risks.

### *Good access to supervisors*

- Onsite supervision for at least 50% of the placement in the early stages to support clinical, communication and reasoning skills and tapering off to collaborative/consultative supervision for other 50% of the placement using technology (e.g. Skype)

- Good access to a (local) onsite supervisor, to support learning and respond to and deal with students' issues or needs
- Use of alternative supervision models (e.g. Skype, Face Time) for geographically remote areas or if staff are unable to travel with students.

#### *Essential supervisor attributes, experience and qualifications*

- Responsive, flexible and student-centred
- Capacity to mentor students to facilitate reflection and make meaning from experience
- Recent knowledge of clinical areas, and learning theories
- Negotiation skills
- Australian registered health professional (if required by the accreditation body of the course).

#### *A well-established supervisor/student working relationship*

- Establishing learning plans pre-departure to explicitly outline expectations (including feedback mechanisms) for student and supervisor
- Developing mutual, reciprocal and respectful relationships in which the supervisor mentors students to consider their practices, make meaning from their experiences and journey towards professional goals
- Conducting daily debriefs to optimise key learning and link theory, practice and reflection on cultural differences.

## 3. Key assessment criteria

### 3.1 Key learning outcomes

- The learning outcomes for international fieldwork in health must be made explicit and align with the program design, teaching and learning activities and assessment tasks.
- At the end of the placement students will have developed: an international healthcare perspective; cultural capability; professional skills and capabilities; communication skills; global citizenship capability; self-efficacy skills and capabilities; and, the ability to deliver cultural appropriate health care.

At the end of the placement students will have developed the following:

*An international healthcare perspective including the ability to:*

- Explain the healthcare system in the host setting and identify the associated benefits and challenges
- Critically compare and contrast the Australian and host country healthcare systems
- Discuss the impact of the social determinants of health in the host setting.

*Cultural capabilities including:*

- The capacity to reflect on 'otherness', their own social/cultural identity and the social/cultural identities of groups different from them
- An awareness of cultural differences and demonstrated sensitivity to different cultural, social and healthcare practices
- An appreciation of the host country's culture and population
- An appreciation of the need for cultural competence
- Demonstrated basic language phrases (where appropriate) for the setting.

*Capacity to deliver culturally appropriate healthcare services that includes the ability to:*

- Create appropriate action plans to enhance current and future practice relevant to the cultural setting
- Create culturally appropriate and sustainable resources
- Demonstrate an understanding and ability to apply different consultative models of practice/service delivery.

*Professional skills and capabilities including:*

- Demonstrated professional awareness across different cultural contexts
- The ability to adapt professional practice to different contexts and healthcare needs
- The ability to discuss the legal and ethical practices in the cultural setting
- The ability to train and work with interpreters
- Other generic skills from their course (e.g. time management, decision making, teamwork, understanding professional responsibilities, professional communication and training others)
- The ability to tailor communication skills to engage a diverse range of stakeholders from the cultural setting they are in

- Demonstrated awareness of what it means to be a global citizen.

*The international fieldwork program should also provide students with opportunities to further develop their self-efficacy skills and capabilities such as:*

- Resilience

- Confidence
- Adaptability
- Awareness of self and others
- Organisational skills.

### 3.2 Optimal approaches or tools to assess learning outcomes

- Four key approaches or tools for assessing learning outcomes were identified including: reflective practice, feedback on learning, use of a standardised assessment tool and student presentations on their achievements.

The expert panel identified the following optimal assessment tools and strategies:

*Reflective practice facilitated through:*

- The use of a diary/journal to reflect on performance
- Regular discussion between supervisor and students to help students reflect on and develop specific attributes for personal and professional development (e.g. what they have learned, still need to learn, achievements, expectations, attitudes and strategies for improvement).

*Feedback on learning*

- Regular and timely formative feedback from supervisor and relevant key stakeholders throughout placement.

*A standardised assessment tool*

- Use of a standardised assessment tool (generic or discipline specific).

*Students report on their achievement or learning through a presentation*

- Potential forms including: oral, written, audio-visual, portfolio, individual or group.

### 3.3 Optimal strategies to provide students with feedback on their learning

- Five key learning strategies were identified and are listed below.
- Of note, there was some discussion through the eDelphi as to whether the students should share their reflective journals, whether formative feedback from multiple stakeholders should be given (e.g. local, onsite and Australian supervisors), and whether a learning plan should be used. Consistent with other elements that were not agreed upon, this lack of consensus likely reflects the diversity of placements.
- The following five strategies are essential and reflect good teaching and learning practice as identified in the literature (Boud, Cohen, & Walker, 1993).

*Recommended strategies to provide students with feedback during an*

*international placement (either onsite or remotely):*

- Use regular and timely individualised formative feedback
- Provide constructive feedback to encourage reflective practice (regular review of learning goals; identifying strengths and areas and strategies for improvement)
- Utilise a range of formats for feedback, singly or in combination (verbal, written, and/or structured assessment tools) where appropriate to the placement
- Conduct regular debriefing activities (individually or in a group where appropriate) during *and* after placement
- Optimise student's receptiveness to feedback by ensuring adequate time and preparation for receiving and responding to feedback.

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# Appendix 1: Vietnam placement generic Assessment Form

Student Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

	Satisfactory/ Emerging/ Unsatisfactory	Comments
<b>Professional behaviour</b>		
<ul style="list-style-type: none"> <li>e.g. Demonstrates an understanding of patient/client rights and consent</li> <li>Demonstrates ethical, legal &amp; culturally sensitive practice</li> <li>Demonstrates teamwork</li> <li>Conducts self in a professional manner</li> </ul>		
<b>Self management skills</b>		
<ul style="list-style-type: none"> <li>Displays efficient organisation to complete administrative responsibilities safely and effectively.</li> <li>Demonstrates initiative and takes responsibility</li> <li>Responds appropriately to feedback</li> </ul>		
<b>Acquire and review knowledge for ongoing professional improvement</b>		
<ul style="list-style-type: none"> <li>Demonstrates commitment to learning</li> </ul>		

<ul style="list-style-type: none"> <li>• Applies an evidence based approach to practice.</li> <li>• Considers the research evidence, patient/client preferences, clinical expertise and available resources in patient/client management</li> <li>• Shares new evidence with colleagues</li> </ul>		
<p><b>Communicate and interrelate effectively in diverse contexts</b></p>		
<ul style="list-style-type: none"> <li>• Uses effective interpersonal skills and adopts appropriate strategies in working with diverse patient/client groups.</li> <li>• Demonstrates clear and accurate documentation</li> <li>• Utilises reporting and presentation skills at an appropriate level.</li> <li>• Conducts an appropriate patient/client interview</li> <li>• Uses interpreters effectively</li> <li>• Is an effective educator/health promoter</li> <li>• Communicates effectively within the workplace</li> </ul>		
<p><b>Selects &amp; measures relevant health indicators and outcomes. Sets goals</b></p>		
<ul style="list-style-type: none"> <li>• Selects appropriate variable/s from WHO ICF domains of impairment, activity limitation and participation restriction.</li> </ul>		

<ul style="list-style-type: none"> <li>• Identifies and justifies variables to be measured to monitor treatment response and outcome.</li> <li>• Sets realistic short and long term goals</li> <li>• Links outcome variables with treatment goals</li> </ul>		
<b>Performs appropriate physical procedures</b>		
<ul style="list-style-type: none"> <li>• Considers patient/client comfort and safety</li> <li>• Demonstrates sensitive and appropriate handling</li> <li>• Monitors and evaluates management plan</li> </ul>		
<b>Risk Management</b>		
<ul style="list-style-type: none"> <li>• Monitors patient/client safety.</li> <li>• Reports adverse events and near misses to appropriate members of the team</li> <li>• Implements appropriate measures in case of emergency</li> <li>• Reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe (taking into account available resources)</li> </ul>		



# Appendix 2: Interprofessional Capability Assessment Tool







## Interprofessional Capability Assessment Tool (ICAT)

<b>Student:</b>	<b>Profession:</b>
<b>Course Level:</b> <b>NOVICE</b> [UG First Year] / <b>INTERMEDIATE</b> [UG Middle Year(s), GEM Year 1] / <b>ENTRY</b> [UG & GEM Final Year]      Entry	
<b>Placement site:</b>	
<b>Dates of placement:</b>	
<b>Coordinator/Facilitator completing form:</b>	

For each student, this assessment form needs to be completed by each of the following persons (**please tick**):

- COORDINATOR/FACILITATOR** – assessment will be based on feedback from all relevant staff & student peers
- STUDENT** – self assessment of performance

### **INSTRUCTIONS**

The Interprofessional Capability Assessment Tool is divided into **three core elements of capability**:

- Client-Centred Service/Care
- Client Safety & Quality
- Collaborative Practice

For each of the THREE capability elements the student is graded from *Novice* to *Above Entry Level*. Indicate by circling one of these options. Do not allocate half grades. Grade Descriptors are presented overleaf to assist with making a holistic judgment of each element of capability. Provide specific comments & examples of observed strengths and areas for improvement to guide the student's learning.

The student **MUST** complete a self assessment using this form. The coordinator/facilitator also completes the assessment and then meets with the student to discuss their assessment, including key strengths and areas for improvement. Students are required to develop an "Action Plan" with strategies to improve any element of capability that has been rated below the students' current course level. For example, a student in Year 2 of their course who is rated as *Novice* in any of the three capability domains must complete an action plan to address how they will work towards the *Intermediate* level by the end of the placement. The coordinator/facilitator should inform the relevant university staff member of any student needing to write an "Action Plan".

To **PASS** the **placement**, the coordinator/facilitator(s) must grade the student at their current course level in **all three capability elements**.

GRADE DESCRIPTORS	Novice	Intermediate	Entry	Above Entry
<b>Client-Centred Service/Care</b>	Acknowledges the need to be client-centred in planning safe, high quality service/care. Actively listens to the client. Communicates in a respectful manner that promotes positive interactions.	Communicates with the client in a respectful manner. Initiates positive interactions. Actively listens to the clients & caregivers. Describes key aspects of client-centred service/care.	Communicates with client, caregivers & other team members in a manner that promotes understanding & positive interaction. Ensures informed consent. Works in partnership with client & other team members to plan & implement services/care. Facilitates client participation in decision making & self-management. In partnership with client & other team members recommends appropriate improvements in policies & procedures.	Develops an effective therapeutic partnership with client, caregivers & other team members to collaboratively plan, implement & evaluate service/care. Effectively exchanges information with all those involved to facilitate and enable client self-management, encourage client interaction, ensure client participation in decision making, & obtain informed consent. Maintains therapeutic partnership throughout provision of service.
<b>Client Safety &amp; Quality</b>	Behaves in a professional manner at all times. Maintains client confidentiality. Complies with basic policies, procedures & standards of practice. Identifies key factors that impact on the safety & quality of service/care for clients.	Behaves in a professional manner at all times. Maintains client confidentiality. Complies with important policies, procedures & standards of practice. Practices are evidence based. Discusses own professional perspective on client safety & quality & seeks others input on this. Critically evaluates research on client safety. Describes benefits of understanding the role, responsibilities & competence of other professions to improving service/care.	Consistently behaves in a professional manner. Adheres to policies & procedures, including national & international standards. Practices are evidence based with sound reasoning. Delivers safe & acceptable quality service/care. Undertakes critical evaluations. Reflects on own competence & constraints of own profession. Contributes to the evaluation of client safety & quality outcomes.	Demonstrates a very high level of professional behaviour at all times. Complies with all policies, procedures or standards of practice. Practices are evidence based with detailed clinical reasoning. Delivers safe, high quality care consistently. Undertakes in depth critical evaluations without support. Facilitates team ethics & professional behaviour. Initiates evaluation of client safety & quality.

<p><b>Collaborative Practice</b></p>	<p>Demonstrates developing effective listening, oral &amp; written communication skills. Requires significant support with formal communication e.g. client report, referral letter. Effectively communicates own point of view to others. Demonstrates respect for others roles, views, values &amp; ideas. Demonstrates a basic knowledge of own &amp; other professions. Participates in the exchange of professional knowledge &amp; collaborative decision making. Demonstrates effective teamwork including a non-blaming approach with others. Seeks others input into service/care planning. Describes common situations where conflict might arise in interprofessional teams &amp; strategies that could be employed to address this. Reflects on learning, own contribution to the team &amp; progress in developing interprofessional capabilities.</p>	<p>Demonstrates effective communication with a range of people. Checks understanding of others to ensure effective communication. Requires some support with formal communication e.g. client report, referral letter. Clearly explains the role &amp; responsibilities of own profession in relevant practice context. Effectively participates in &amp; contributes to teamwork &amp; team discussions. Demonstrates emerging initiative &amp; independence. Participates in resolution of conflict that arises &amp; reflects on learning that results. Seeks feedback from others to strengthen teamwork skills &amp; collaborative relationships. Participates in reflection on team outcomes. Develops a plan to address knowledge, skills, attitudes &amp; values that will enhance collaborative practice</p>	<p>Communication is clear, comprehensive, culturally appropriate &amp; respectful. Communicates in a manner that encourages effective working relationships with a wide range of people. Formal communication is completed independently. Consistently establishes effective, collaborative working relationships. Demonstrates a clear understanding of the role &amp; responsibilities of own profession. Contributes positively to the knowledge of others. Initiates the exchange of professional knowledge &amp; shared decision making. Facilitates others to engage in team activities &amp; to contribution of professional knowledge. Responds to &amp; synthesises information from others, incorporating their contribution into service/care plans. Refers clients to other professions/services appropriately. Demonstrates enthusiasm, confidence &amp; proactivity. Demonstrates independence in familiar contexts. Provides leadership with encouragement. Evaluates/reflects on own collaborative practice capabilities. Resolves conflicts with little support.</p>	<p>Highly developed communication skills which are adapted to a wide range of audiences &amp; contexts. Communication skills facilitate effective working relationships with all relevant parties, within &amp; between organisations. Formal communication is of a high standard and completed independently. Demonstrates a consistently high level of collaborative practice skills &amp; critically evaluates these independently. Level of confidence &amp; independence are high but appropriate. Independently refers clients to other relevant professions &amp; agencies. Consistently enthusiastic &amp; proactive. Frequently facilitates others to engage in team activities &amp; to contribute professional knowledge. Engages in collaborative leadership. Initiates &amp; effectively manages conflict resolution.</p>
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<b>CLIENT-CENTRED SERVICE/CARE</b>	<b>MID PLACEMENT RATING</b> Entry <input type="text"/>
<b><i>Indicative examples of what is required</i></b>	<b>Comments &amp; examples</b>
Works in partnership with the client & caregivers to plan, implement & evaluate service/care	
Facilitates client's engagement in self-management of health	
Shares information with the client in a way that encourages interaction, ensures informed consent, & enhances their participation in choice & decision making	
<b>CLIENT SAFETY &amp; QUALITY</b>	<b>MID PLACEMENT RATING</b> Entry <input type="text"/>
<b><i>Indicative examples of what is required</i></b>	<b>Comments &amp; examples</b>
Maintains professional behaviour at all times	
Adheres to policies & procedures that ensure client safety & quality	
Demonstrates practice that meet ethical standards	
Demonstrates practice that adheres to current evidence & to relevant standards	
Critically evaluates policies & procedures.	
Critically evaluates client safety & quality outcomes, recommending changes to service/care as required	
<b>COLLABORATIVE PRACTICE</b>	<b>MID PLACEMENT RATING</b> Entry <input type="text"/>
<b><i>Indicative examples of what is required</i></b>	<b>Comments &amp; examples</b>
Collaborates with team members & others within & across organisations to ensure safe, high quality service/care, referring on as appropriate	
Respects values, beliefs & culture of all relevant parties	
Verbal, nonverbal & written communication is clear, comprehensive & culturally appropriate	
Actively listens to knowledge & opinions of the client, team members & colleagues	

Effectively communicates role, knowledge & opinions to team members in a way that promotes positive collaboration

Recognises & respects the roles, responsibilities & competence of all team members	
Contributes to the knowledge of others in the team	
Responds to & synthesises information from others & incorporates this into the service/care plan for clients	
Uses information & communication systems effectively to exchange information with relevant parties within & between teams & organisations	
Respects team ethics including confidentiality, resource & workload allocation.	
Demonstrates appropriate level of enthusiasm & proactivity	
Demonstrates appropriate level of independence & responsibility	
Facilitates effective interprofessional team interactions & provides leadership when appropriate	
Critically evaluates own knowledge, skills, attitudes & values, & the impact of these on services/care.	
Critically evaluates own collaborative practice capabilities	
Reflects on team structure & function & own contribution to these	
Participates actively in the resolution of conflict to ensure effective collaborative practice	

<b>CLIENT-CENTRED SERVICE/CARE</b>	<b>END PLACEMENT RATING</b>	Entry <input type="text"/>
<i>Indicative examples of what is required</i>	<b>Comments &amp; examples</b>	
Works in partnership with the client & caregivers to plan, implement & evaluate service/care		
Facilitates client's engagement in self-management of health		
Shares information with the client in a way that encourages interaction, ensures informed consent, & enhances their participation in choice & decision making		
<b>CLIENT SAFETY &amp; QUALITY</b>	<b>END PLACEMENT RATING</b>	Entry <input type="text"/>
<i>Indicative examples of what is required</i>	<b>Comments &amp; examples</b>	
Maintains professional behaviour at all times		
Adheres to policies & procedures that ensure client safety & quality		
Demonstrates practice that meet ethical standards		
Demonstrates practice that adheres to current evidence & to relevant standards		
Critically evaluates policies & procedures.		
Critically evaluates client safety & quality outcomes, recommending changes to service/care as required		
<b>COLLABORATIVE PRACTICE</b>	<b>END PLACEMENT RATING</b>	Entry <input type="text"/>
<i>Indicative examples of what is required</i>	<b>Comments &amp; examples</b>	
Collaborates with team members & others within & across organisations to ensure safe, high quality service/care, referring on as appropriate		
Respects values, beliefs & culture of all relevant parties		
Verbal, nonverbal & written communication is clear, comprehensive & culturally appropriate		
Actively listens to knowledge & opinions of the client, team members & colleagues		
Effectively communicates role, knowledge & opinions to team members in a way that promotes positive collaboration		

Recognises & respects the roles, responsibilities & competence of all team members	
Contributes to the knowledge of others in the team	
Responds to & synthesises information from others & incorporates this into the service/care plan for clients	
Uses information & communication systems effectively to exchange information with relevant parties within & between teams & organisations	
Respects team ethics including confidentiality, resource & workload allocation.	
Demonstrates appropriate level of enthusiasm & proactivity	
Demonstrates appropriate level of independence & responsibility	
Facilitates effective interprofessional team interactions & provides leadership when appropriate	
Critically evaluates own knowledge, skills, attitudes & values, & the impact of these on services/care.	
Critically evaluates own collaborative practice capabilities	
Reflects on team structure & function & own contribution to these	
Participates actively in the resolution of conflict to ensure effective collaborative practice	



**MID-PLACEMENT SUMMARY COMMENTS** – overall strengths and areas for improvement

Date:

NOTE: If the student's capabilities are below their current course level (novice/intermediate/entry) please discuss ways they can progress forward and attach action plan.

**END-PLACEMENT SUMMARY COMMENTS** – overall strengths and areas for improvement

Date:

NOTE: If the student's capabilities are below their current course level (novice/intermediate/entry) please discuss ways they can progress forward and attach action plan.

This assessment has been discussed with the student.

FACILITATOR \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT \_\_\_\_\_ DATE \_\_\_\_\_



# **Appendix 3: Guide To Completing Curtin University's Interprofessional Capability Assessment Tool (ICAT)**



## GUIDE TO COMPLETING CURTIN UNIVERSITY'S INTERPROFESSIONAL CAPABILITY ASSESSMENT TOOL (ICAT)

### Background

The Interprofessional Capability Assessment Tool is the evaluation tool used for all interprofessional placements for students in the Faculty of Health Sciences at Curtin University. Developed in 2009 by an interprofessional team of staff, the tool has been modified in recent years based on feedback particularly from the tool users: academic and industry staff and students.

### Key tool features

- It assesses key capabilities organised into three interdependent domains or “elements” required for effective interprofessional collaborative practice
- It is both a self-assessment (student) and staff assessment (Coordinators or fieldwork educator/s)
- It provides both **formative** (mid placement) and **summative** (end of placement) feedback to guide the student’s development of the interprofessional capabilities for the future
- The form is completed by the student and staff separately. A meeting is then held to discuss and finalise ratings.

### Completing the ICAT form

The ICAT form can be completed electronically (interactive form) or in hard copy. The interactive form can be typed directly into. The following instructions will guide you in completing the ICAT correctly:

**Step 1.** As stated above, the student will complete the form and, separate to this, the Coordinator (staff member) will complete the form. To do this electronically, open the ICAT in PDF reader and fill in the relevant details. Click in the shaded area after each title ensuring that all fields are completed (as in the picture below). For the hard copy just write this in the space provided.

Interprofessional Capability Assessment Tool (ICAT)	
Student:	Profession:
Course Level: NOVICE [UG First Year] / INTERMEDIATE [UG Middle Year(s), GEM Year 1] / ENTRY [UG & GEM Final Year]	
Placement site:	
Dates of placement:	
Coordinator/Facilitator completing form:	
For each student, this assessment form needs to be completed by each of the following persons (please tick)	
<input type="checkbox"/>	COORDINATOR/FACILITATOR - assessment will be based on feedback from all relevant staff & student peers
<input type="checkbox"/>	STUDENT - self assessment of performance

**Step 2.** Read the examples of the capabilities required within each domain. Reflect on your / the student’s performance of these capabilities at that point in time. When describing their capabilities include evidence of the behaviours demonstrated during the placement. This reflection will take the form of comments and examples such as:

*“Jack has communicated well with his peers and also with the more senior students. He is able to give a basic description of the role of his professions and explain how they can contribute to care with familiar client groups with support. He has worked well as a member of the interprofessional team but needs to be more proactive in contributing to team discussions....” – Coordinator*

*“I understand and can describe key aspects of client-centred service/care and have developed my actively listening skills with the clients & caregivers – this is demonstrated by my ability to explain, question, listen and probe during case history with X and his mother Y”. I am an engaged member of the interprofessional team – demonstrated by my collaborative team planning and leading the debrief session for the Grasshoppers program. I am able to effectively exchange information to enable client management e.g. contribution to group discussion X’s client Y where I suggested some questioning and instructional techniques that would reduce the language load on the client during gross motor activities. – Student*

In the electronic form these comments & examples are typed straight into the box provided. In the hard copy they are written in the box.

CLIENT-CENTRED SERVICE/CARE	MID PLACEMENT RATING
Indicative examples of what is required	Entry
Works in partnership with the client & caregivers to plan, implement & evaluate service/care	Comments & examples
Facilitates client engagement in self-management of health	
Shares information with the client in a way that encourages interaction, ensures informed consent, & enhances their participation in choice & decision making	
CLIENT SAFETY & QUALITY	MID PLACEMENT RATING
Indicative examples of what is required	Entry
Maintains professional behaviour at all times	Comments & examples
Adheres to policies & procedures that ensure client safety & quality	
Demonstrates practice that meet ethical standards	
Demonstrates practice that adheres to current evidence & to relevant standards	
Critically evaluates policies & procedures	
Critically evaluates client safety & quality outcomes, recommending changes to service/care as required	

**Step 3.** On the basis of your comments and examples, using the rubric (grade descriptors) on page 2 of the form, decide at what level you / the student has demonstrated the capabilities – *Novice, Intermediate, Entry* or *Above Entry* level. In the interactive form you need to click on the drop down menu and select the level. In the hard copy just write the level - *Novice, Intermediate, Entry* or *Above Entry*.

Grade Descriptors	Novice	Intermediate	Entry	Above Entry
<b>Client-Centred Service/Care</b>	Acknowledges the need to be client-centred in working with high quality service/care. Actively listens to the client. Communicates in a respectful manner that promotes positive interactions.	Communicates with the client in a respectful manner. Initiates shared interactions. Actively listens to the clients & caregivers. Considers key aspects of client-centred service/care.	Communicates with client, caregivers & other team members in a manner that promotes understanding & positive interaction. Ensures informed consent. Works in partnership with client & other team members to plan & implement service/care. Facilitates client participation in decision making & self-management in partnership with client. Team members recommend appropriate interventions to policies & procedures.	Develops an effective therapeutic partnership with client, caregivers & other team members to collaboratively plan, implement & evaluate service/care. Effectively exchanges information with all those involved to facilitate and enable client self-management, encourage client interaction, ensure client participation in decision making & others informed consent. Maintains the therapeutic partnership throughout provision of service.
<b>Client Safety &amp; Quality</b>	Believes in professional practice at all times. Maintains client confidentiality. Complies with basic practice, procedures & standards of practice. Identifies key factors that impact on the safety & quality of service/care for clients.	Believes in professional practice at all times. Maintains client confidentiality. Complies with important practice, procedures & standards of practice. Practice are evidence based. Considers own professional perspective on client safety & quality & seeks others input on this. Critically evaluates research on client safety. Describes benefits of understanding the role, responsibilities & competence of other professionals to improving service/care.	Consistently believes in professional practice. Adheres to policies & procedures, including national & international standards. Practices are evidence based with sound reasoning. Undertakes critical evaluations. Reflects on own competence & capability of own profession. Contributes to the evaluation of client safety & quality outcomes.	Demonstrates a very high level of professional behaviour at all times. Complies with all policies, procedures & standards of practice. Practices are evidence based with sound clinical reasoning. Undertakes in depth critical evaluations without support. Facilitates team ethics & professional behaviour. Initiates evaluation of client safety & quality.
<b>Collaborative Practice</b>	Demonstrates developing effective listening, oral & written communication skills. Requests significant support with formal communication e.g. client report, referral letter. Effectively communicates own point of view to others. Demonstrates a basic knowledge of own & other professions. Participates in the exchange of professional knowledge & skills. Demonstrates effective teamwork including a non-assertive approach with others. Seeks others input into service/care planning. Discusses common situations where conflict might arise in interprofessional teams & strategies that could be employed to address this. Reflects on learning, own contribution to the team & progress in developing interprofessional capabilities.	Demonstrates effective communication with a range of people. Checks understanding of others to ensure effective communication. Requests some support with formal communication e.g. client report, referral letter. Clearly explains the role & responsibilities of own profession in relevant practice context. Effectively participates in & contributes to teamwork & team discussions. Demonstrates emerging initiative & independence in participation in resolution of conflict that seeks to address the needs of all. Participates in reflection on team outcomes. Checks a plan to address knowledge, skills, attitudes & values that will enhance collaborative practice.	Communicates to other, competent, culturally appropriate & respectful. Communicates in a manner that encourages effective working relationships with a wide range of people. Formal communication is completed independently. Consistently demonstrates effective, collaborative working relationships. Demonstrates a clear understanding of the role & responsibilities of own profession. Contributes positively to the knowledge of others, including the exchange of professional knowledge & skills. Facilitates others to engage in team activities. Is a contributor of professional knowledge. Responsible to & synthesises information from others, incorporating their contribution into service/care plans. Refers clients to other professionals where appropriate. Demonstrates autonomy, confidence in practice. Demonstrates independence in formal contacts. Provides leadership with encouragement. Evaluates/reflects on own collaborative practice capabilities. Requests conflict resolution support.	Highly developed communication skills which are adapted to a wide range of audiences & contexts. Consistently demonstrates effective working relationships with all relevant parties, within a common professional & formal communication is of a high standard and completed independently. Demonstrates a consistently high level of collaborative practice skills & critically evaluates those independently. Level of confidence & independence are high but appropriate. Consistently refers clients to other relevant professionals & agencies. Consistently autonomous & proactive. Frequently facilitates others to engage in team activities & to contribute professional knowledge. Engages in collaborative leadership. Initiates & effectively manages conflict resolution.

Please note that although you are encouraged to rate each capability separately within each element these capabilities should not be viewed as a comprehensive list but instead as examples of what you might expect for a student at their stage in their professional preparation. The capabilities should also not be viewed as independent items as they are closely linked to each other. Please use the comments and examples section to indicate any additional capabilities you have observed the student demonstrate during the placement.

**Step 4.** A meeting is then held between the Coordinator (staff member) who completed the

form and the student to discuss the assessment. The focus of this discussion is on any significant differences between the Coordinator and student's ratings. Where differences occur the student should be invited to provide evidence for their ratings. At this meeting the Coordinator may change their ratings if they feel the student has provided a convincing argument for this but the final rating is decided by the Coordinator. On the final page the overall strengths and areas for improvement should be recorded. The form is then signed and dated by the Coordinator and the student.

**Step 5.** If the student's performance is below the expected level i.e. any capability element is below the student's current course level then the student is required to prepare an action plan to address the most significant areas for improvement.

**Step 6.** Each school within Curtin has their own process for how the ICATs are submitted to their staff. The students should be aware of these requirements and ensure that they follow these. Note: The student should keep a copy of both their own and the Coordinator's final form for their own records.

**Note:** An iPad version of this tool is available on request.

If you have any questions about this assessment tool please email [HlthSci-IPE@curtin.edu.au](mailto:HlthSci-IPE@curtin.edu.au) and a member of the team will respond to your query.