

Mapping Allied Health clinical education delivery across the spectrum

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Background: In the current healthcare climate, funding for Allied Health education is limited yet it is unclear where our resources are invested and where deficits exist. The aim of this study was to define the current model of clinical education for Allied Health across the spectrum from student to professional at a multi-site health service. **Methods:** A 43-point, electronic survey was designed in collaboration with key organisational stakeholders and administered May-June 2015 via the Allied Health Clinical Education Committee representing 9 disciplines at a large tertiary, university-affiliated hospital. **Results:** 6 disciplines responded (Occupational Therapy, Social Work, Dietetics, Physiotherapy, Neuropsychology, Speech Pathology). Two of the 6 disciplines had some EFT dedicated to student education but no EFT dedicated to student-related administration. The majority reported education as an integrated part of their role for students and staff with a 1:2 educator to student ratio most commonly used. Electronic learning and simulation were the most under-utilised methods of education for both staff and students while 83% of respondents 'always use' bed-side teaching as the most common method. Performance review, surveys and prior experience were the most common methods respondents used to identify the educational needs of their staff at all grade levels. The majority of respondents wanted interprofessional education with 100% of respondents specifying a need for education in research and quality assurance skills. **Discussion:** Despite the diversity of Allied Health, there are shared commonalities between educational models and methods of teaching for both students and staff. Approaches to student education are formalised and structured whereas less structure surrounds education for Allied Health professionals. Areas for development include the adoption of innovative and streamlined educational modalities including simulation and electronic learning. These results highlight a willingness from Allied Health to engage in interprofessional education and collaboration which can only further increase efficiencies and create a positive educational culture.