

Allied Health New Recruits Orientation Workshop

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INTRODUCTION

It has been well documented that recruitment and retention of Allied Health Professionals (AHPs), provides many challenges in rural and remote Australia.^{1,2} Many of these challenges can be addressed through appropriate education, training and support programs. Queensland Health's current strategic direction articulated in its Action Plan³ commits to renewal of its services, systems and structures, including initiatives to support the workforce. The orientation of rural allied health staff to their positions has been identified within Queensland Health as needing improvement. This paper will present the development, implementation, and evaluation to date of an innovative orientation workshop designed to meet both the needs of new staff and the organisation.

Background

In 2001 Director Generals Recruitment and Retention Taskforce Report identified inconsistent or ineffective orientation and induction processes as an issue requiring attention.⁹ The National Rural Health Alliance⁵ stated that "current systems for training and preparation, recruitment and retention, and professional support of rural and remote allied health professionals are unsatisfactory" Orientation of employees is an integral part of recruitment and retention. The Queensland Health Industrial Relations Manual (IRM) states in relation to Induction and Orientation 3.7-12⁴ that "induction and orientation are an important part of the recruitment process and creates a framework for new employees" and is essential for staff to become effective members of Queensland Health. The IRM also states that "Effective induction and orientation programs have been proven to reduce staff turnover and absenteeism, increase staff motivation, increase productivity, facilitate learning and development, reduce disputes, increase job satisfaction and ensure competency."

Janet Struber in her paper relating to physiotherapy graduates commented

Despite fulfilling demanding and stressful academic requirements, on entering the workforce new graduates report they feel unprepared for the realities of their jobs. Graduates identify important gaps between the knowledge and skills gained as a result of their university education and those required in the workplace. In particular, current curriculums lack:

- coping strategies such as time management, stress control, flexibility and interpersonal skills;
- knowledge of the health industry, bureaucracy and politics; and
- caseload and workplace management skills.⁶

Battye and McTaggart⁷ discuss the poor retention of Allied Health Professionals in rural areas being due to management issues such as inappropriate line supervision, lack of clinical and professional support, difficulties in accessing professional development, lack of information technology access; lack of orientation; unrealistic expectations and

pressure on AHPs for large caseloads. They conclude “The main issues impacting on the AHPs were professional isolation, lack of clinical support within their discipline, and lack of orientation to the communities they are working with.” Orientation to rural service delivery is also a requirement of effective orientation.

Information regarding the characteristics of the next generation of employees and the needs of Generation Y (or nexters) is also relevant to the design of this orientation. “Technology has shaped the way this digital generation learns and the way they process information.” and this generation “will be curious not only about your culture, mission and goals; products, services and customers; compensation and benefits, but also about the technology you use to support them”.⁸ Martin goes on to discuss this generation’s desire for responsibility and the flexibility to do things their own way.

Orientation then needs to consider not only the context of rural and remote services but also the organisational requirements and the needs of the next generation of employees. In January 2004 the Allied Health Program, Yangulla Centre, Central Area Rural Health Training Unit revised their Allied Health Orientation Guide.¹⁰ This provided a resource for a face to face workshop that directs allied health to finding the orientation information required. In response to the current level of preparedness for rural practice and the identified need for improving orientation the Allied Health Program Area, Cunningham Centre has updated the Yangulla Centre’s Orientation Guide and developed a two day workshop incorporating:

- current information addressing the identified needs of new graduates;
- current information regarding Queensland Health;
- development of a CD ROM of easily accessed resources; and
- specific information about the rural communities involved and rural service delivery in general.

In an attempt to accommodate the needs of this next generation of employees, in addition to the traditional manual and power point handouts of material, participants were provided with a CD Rom of documents and links to information available on or from Queensland Health’s intranet site. This allowed large amounts of information for different disciplines to be easily accessible in a technologically acceptable manner allowing individual employees responsibility for a flexible orientation process. It also allowed for employees to access what they particularly required as they required it, rather than attempting to remember huge volumes of information or provide quickly dated hard copies of resources.

In January 2006, the Allied Health Program team facilitated the first of two orientation workshops. Participating Allied Health Professionals include all Allied Health Professionals new to Queensland Health and working in a rural or remote health service in the Southern Area. Evaluation of both the workshop and resources was conducted.

Objectives

Objectives of the New Recruits Orientation Workshop are to provide the participants with:

- Knowledge of the structure of Queensland Health;
- An awareness of sources of support and resources;
- An enhanced knowledge and be provided with tools related to demand management issues;
- Knowledge of Queensland Health Human Resource Policies; and
- An awareness of the nature of rural practice and some ways to manage/prevent stress and burnout.

The planned outcomes include:

- A better understanding of rural practice and rural living;
- Skills and knowledge to prioritise and manage a workload;
- The development and maintenance of networks;
- Improved service delivery due to demand management training; and
- Improved retention of Allied Health Professionals in Queensland Health.

PROGRAM OVERVIEW

The Allied Health Program Area at the Cunningham Centre and Michelle Forrest, Occupational Therapist with significant rural experience, worked collaboratively in:

- The development of workshop content;
- Marketing of the workshop;
- Ensuring evaluation of the workshop.

The content of the workshop was put together based on the orientation handbook developed by the Yangulla Centre, Central Area Rural Health Training Unit and the collective experiences and knowledge of the Allied Health Program team members as well as input from practicing rural clinicians. The handbook developed by the Yangulla Centre provided a good basis for the workshop and handbook that was eventually developed for the rural clinicians in the Southern Area.

The workshop program, (see attachment 1), aims to encompass all the information that someone new to Queensland Health, practicing as a rural clinician, would possibly need to know.

The workshop was and will continue to be targeted at newly recruited Queensland Health Allied Health Professionals working in rural or remote health services in Southern Queensland.

Workshop evaluation was conducted on at the end of each day program in order to ensure that the information provided regarding both the workshop itself as well as the content and resources developed were relevant and useful.

PROGRAM EVALUATION

Data collection

Data was collected on a number of factors including:

Number of participants: remote, rural, provincial;

Number of participants: sole practitioners, new graduates

Disciplines participating in workshop;

Location of workplace.

Table 1 indicates the participant's Health Service District & Health Service within Queensland Health and their geographical classification.

Table 1: Geographical Classification of Health Service District and Health Service

<u>Health Service District</u>	<u>Health Service</u>	<u>Classification</u>
Northern Downs	Dalby	Rural
	Chinchilla	Rural
Roma	Roma	Rural
South Burnett	Kingaroy	Rural
Southern Downs	Warwick	Rural

Evaluation tools

The New Recruits Orientation Workshop consists of an immediate post evaluation and a 6 month post with regards to the workshop as a whole and a 6 month evaluation of the workshop resources provided to the participants.

Table 2 & 3 provide a summary of the immediate post evaluation results for the first workshop.

Table 2: Evaluation results indicating impact.

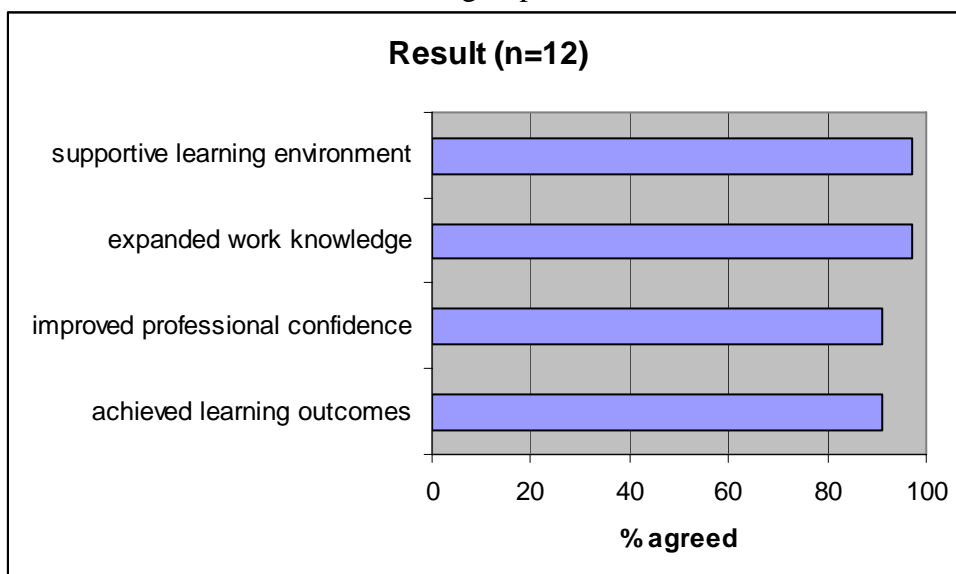


Table 3: Evaluation results indicating process.

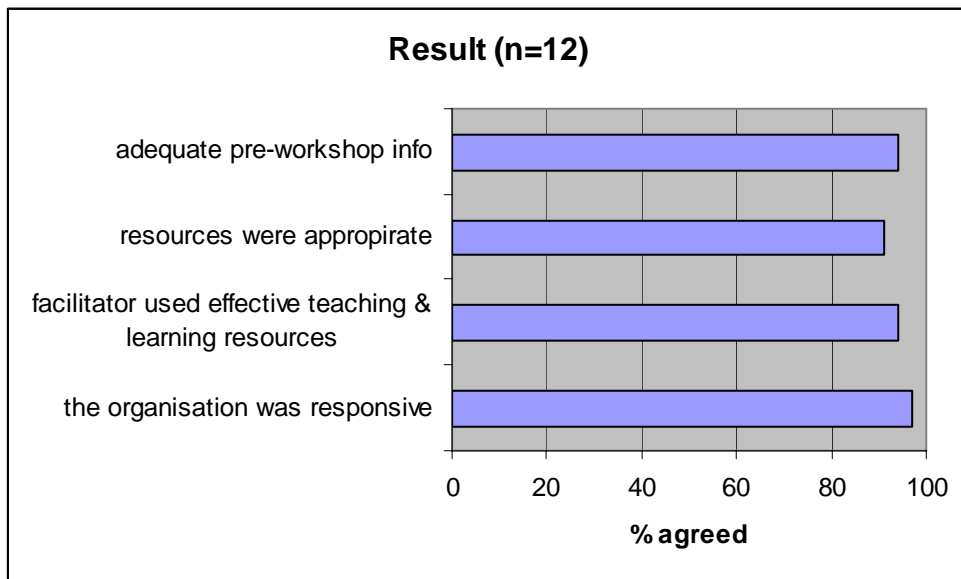


Table 4 & 5 provide a summary of the immediate post evaluation results for the second workshop.

Table 4: Evaluation results indicating impact.

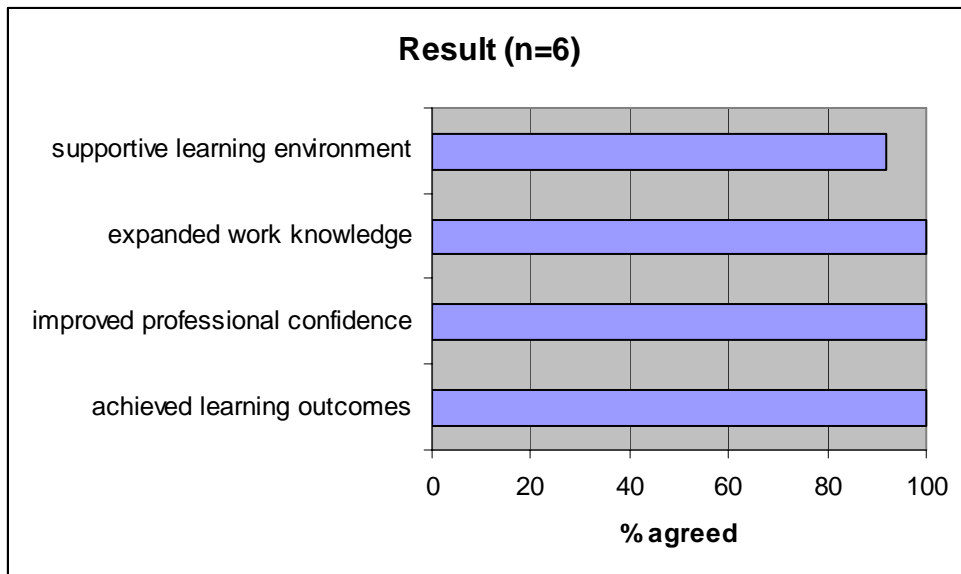
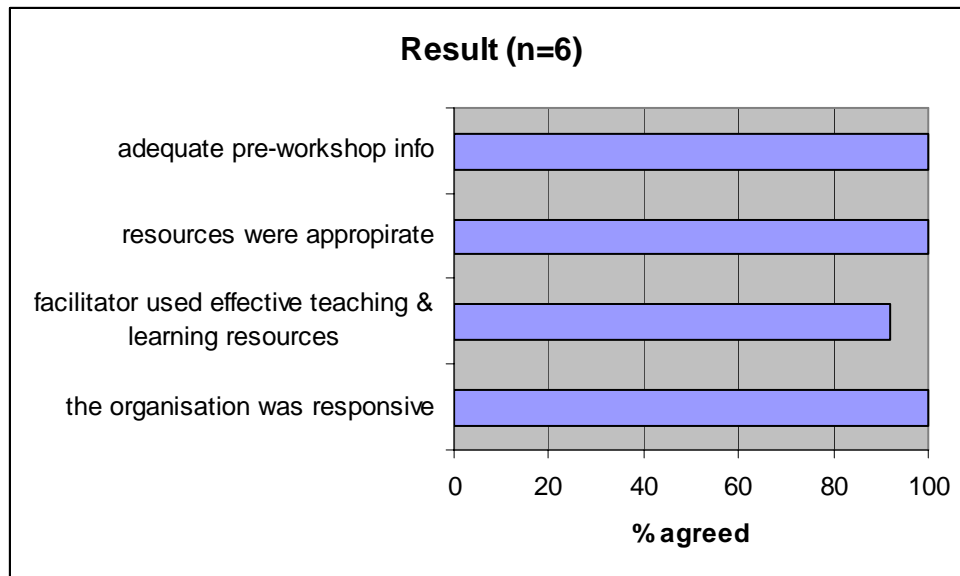


Table 5: Evaluation results indicating process.



Evaluation Results

The program has been successful in meeting its objectives, demonstrated through evaluation by participants.

These participants reported that the best things about the workshop were:

- Practical examples;
- Demand management strategies;
- Working through flow chart;
- Photos;
- Real life case examples;
- Demand Management tool kit; and
- Avenue for clinical and non-clinical help.

Table 6 & 7 provide a summary of the immediate post evaluation results for the first workshop.

Table 6: Evaluation results indicating impact.

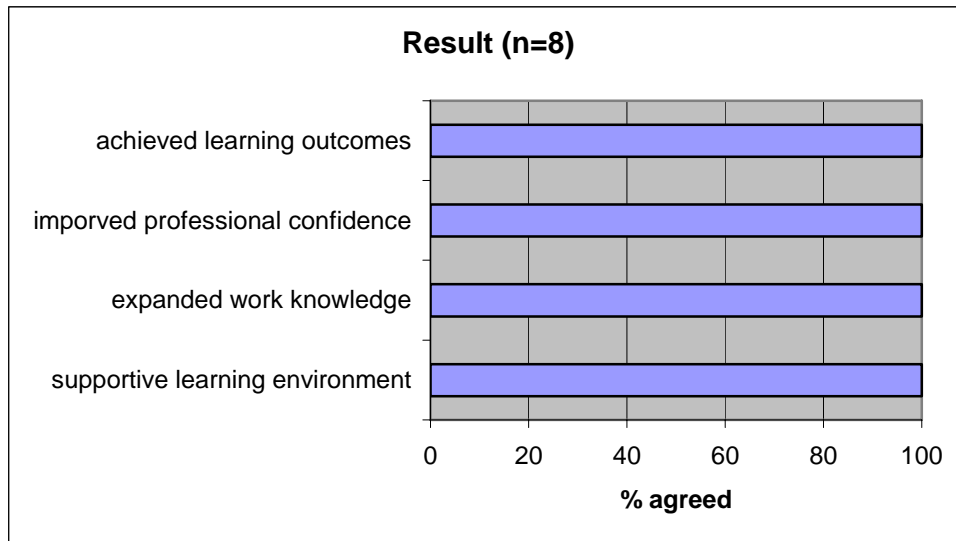
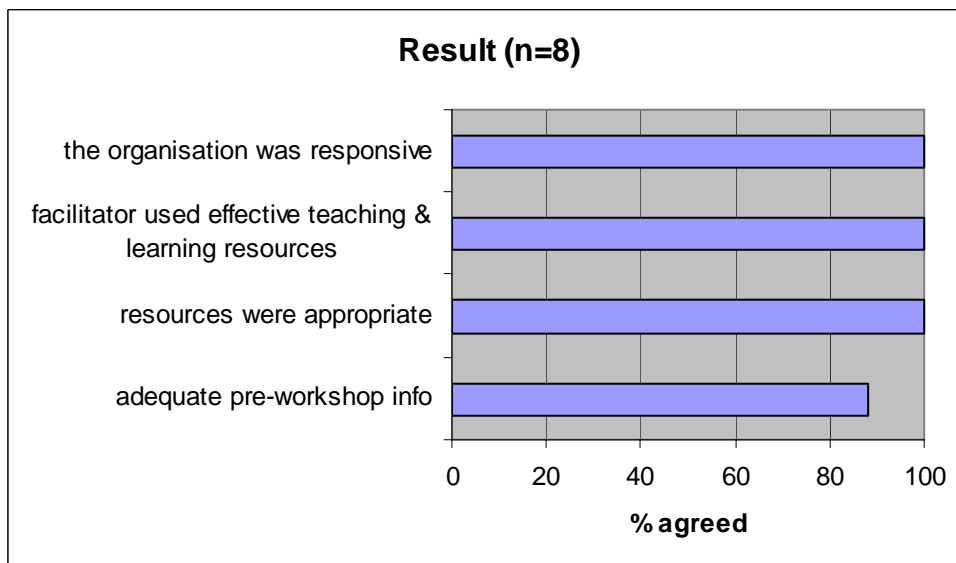


Table 7: Evaluation results indicating process.



Evaluation Results

Once again, the results of the 6 month post evaluation of the program demonstrate that the workshop has been successful in meeting its objectives.

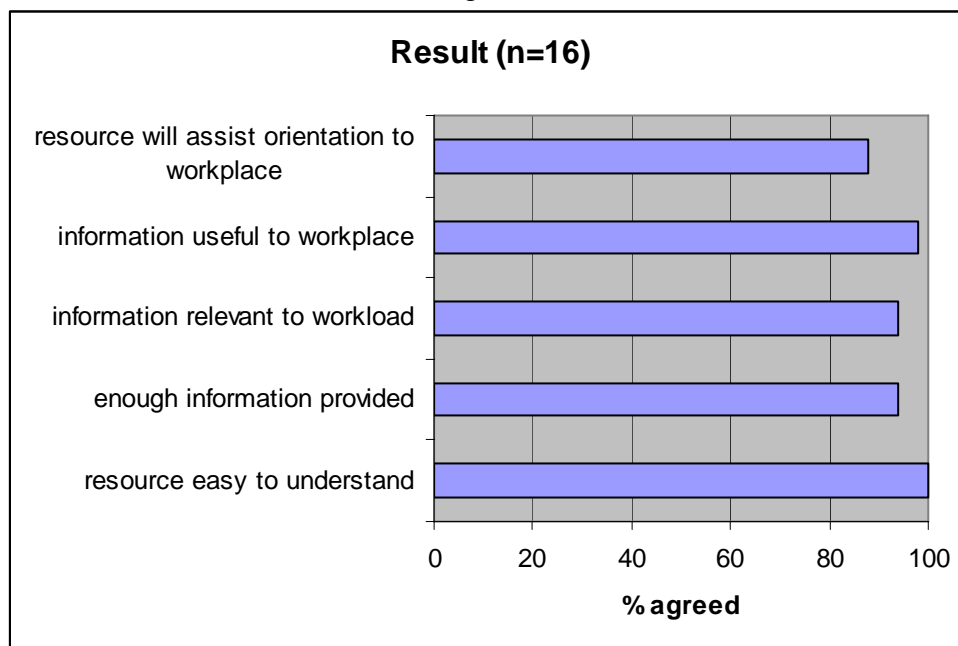
These participants reported that the best things about the workshop were:

- Hands on computer stuff;
- Videoconference training, working in a rural environment info;
- Demand Management Toolkit;

- Living & working in rural areas;
- The relaxed nature that the ladies presented in as most of us were starting our first jobs it was good not to be overwhelmed or frightened; and
- Meeting staff from Cunningham Centre.

Table 8 provides a summary of the post evaluation results for the workshop resources.

Table 8: Evaluation results indicating relevance of resources.



Additional comments provided by participants included:

- I think it will be very useful for new staff especially if sole therapist;
- Great, computer resource handout;
- I have been working with Qld Health for over 12 months and this resource has given me insight into computer resources that I didn't know existed or where to find;
- I had already worked for Qld Health for one year before receiving the resource. However, I think it would have been invaluable for my first year. It is such a good idea to have information in one place that is easy to locate; and
- Would not have been told this information anywhere else or by anyone else.

CHALLENGES/RECOMMENDATIONS

The challenges and recommendations that have emerged from the implementation and evaluation of workshop include the need to:

- Review and refine the course content and evaluation tools;
- Use evaluation data to continuously improve the responsiveness of the workshop;
- Follow some content areas with further training, for example, Demand Management;
- Develop a graduate year program for rural Allied Health staff encompassing orientation, professional supervision and support and clinical education; and

- The New Recruits Orientation Workshop to be run on an as needs basis through the Cunningham Centre.

CONCLUSION

Recruitment and retention of Allied Health staff in general and of rural and remote staff in particular will continue to be challenge for those organisations attempting to provide a sustainable and competent service. This challenge will intensify with current workforce pressures and those employers who do not provide staff with sufficient support will find they have no staff at all.

Current data demonstrates that the workshops have provided the participants with a very valuable and appropriate orientation to rural practice and working for Queensland Health. Additionally, the workshops have allowed the participants to establish and maintain networks with others clinicians working in similar settings.

Continued marketing, development and evaluation of the New Recruits Orientation Workshop will ensure the content and resources meet and support the needs of allied health professionals newly recruited to Queensland Health. Long term evaluation is required to demonstrate the impact that this workshop may have on recruitment and retention.

REFERENCES

1. Ashworth E, Battye K, Symons J. Applying the evidence – recruiting and retaining Allied Health Professionals in a remote area. The National SARRAH Conference Proceedings. 2004
http://www.sarrah.org.au/sarrah/Papers/Ashworth_Symons.pdf viewed 14 August 2006.
2. Next Challenge Consultancy. Final Report Benchmarking allied health services for sites with a population of less than 5000. Unpublished Document
3. Queensland Health. Action Plan – Building a Better Health Service for Queensland. Queensland Government
http://www.health.qld.gov.au/publications/corporate/action_plan.asp 2005
viewed 14 August 2006.
4. Queensland Health. Industrial Relations Manual Induction and Orientation 3.7-12 2006 Queensland Government
http://www.health.qld.gov.au/industrial_relations/section_3.asp viewed 14 August 2006.
5. National Rural Health Alliance. Under Pressure and Under-valued: Allied Health Professionals in Rural and Remote Areas. Position Paper, 2004,
<http://www.ruralhealth.org.au/nrhpublic/PublicDocs/PositionPapers/Allied%20health%20Final%20November%202004.pdf> viewed 14 August 2006
6. Struber J. What future physiotherapy? The National SARRAH Conference Proceedings, 2004. <http://www.sarrah.org.au/sarrah/Papers/Struber.pdf>. viewed 15 August 2006
7. Martin CA. From high maintenance to high productivity: What managers need to know about Generation Y Industrial and Commercial Training 2005 37 (1) 39-44,
<http://www.emeraldinsight.com/Insight/ViewContentServlet?Filename=Published/EmeraldFullTextArticle/Articles/0370370107.html> viewed 14 August 2006
8. Battye KM, McTaggart K. Development of a model for sustainable delivery of outreach allied health services to remote north-west Queensland, Australia. Rural and Remote Health 2003 (online) 194 <http://rrh.deakin.edu.au> Viewed 14 August 2006
9. Queensland Health Director Generals Recruitment and Retention Taskforce Report Queensland Government 2001
<http://qheps.health.qld.gov.au/odb/hau/allied/pdf/Taskforce/14736.pdf> viewed 14 August 2006
10. Allied Health Orientation Guide. Allied Health Program, Yangulla Centre, Central Area Rural Health Training Unit, 2004. Unpublished Document

Workshop Program

Day One

- 8.30 Welcome and Introductions**
- Ice Breaker
 - Introduction to the Cunningham Centre
 - AHPEP
 - Rural Connect
- 10.00 Morning Tea**
- 10.30 Videoconferencing and Telehealth**
- equipment
 - clinical consultations
 - accessing/delivering education
- 12.30 Lunch**
- 13.15 Queensland Health as an Organisation –**
- Structure as a whole
 - Southern Area
 - Districts
- 14.00 Employee Information Session**
- 14.45 Afternoon tea**
- 15.15 Introduction to rural practice**
- Living and working in a rural community
 - Rural service delivery
 - Rural caseloads
 - Personal safety
 - Stress management
- 16.30 End of day 1**

Day Two

- 8.30 Reflective practice and problem solving strategies**
- Clinical & non-clinical
 - Support structures
- 10.30 Morning Tea**
- 11.00 Demand Management Toolkit**
- Defining core business and priorities
 - Use of evidence to deliver service
 - Demand management tools
- 12.15 Lunch**
- 13.30 Demand Management Toolkit (continued)**
- 15.00 Afternoon Tea**
- 15.15 Computer based resources**
- GroupWise
 - QHEPS
 - CKN
 - EBP
 - District resources
- 14.30 Close**