



The Well Athlete Program

A community-based IP clinical placement

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Background

- Increasing demand for clinical placements
- Health students need to be prepared for new models of care
 - Multidisciplinary teams
 - Community-based care
 - Network models

Rural health

- Regional, rural and remote populations are at greater risk of poor health than those living in metropolitan areas
- Disparities are related to geographical isolation, socioeconomic disadvantage, shortages of health care providers, reduced accessibility to services and greater risk of injury
- Health care must meet the needs of local communities (including strategies for health promotion)
- Most effective approaches are multisectoral

(Nancarrow et al., (2013). Rural Health in NSW: A Rapid Review, Sax Institute)

Northern United Football Club

Challenges for club

- Health checks for players
- Coaching and exercise advice
- Lack of facilities



Method

The Well Athlete Project

A collaboration:

- Northern United Football Club
- GP Lismore Super Clinic
- School of Health and Human Sciences, SCU



GP Lismore
superclinic



Method

- Health checks
 - 3 pre-season health checks over a 3 month period
 - Exercise physiology, nursing and osteopathy students
- Case discussions
 - Clinical educators and students (IP groups)
 - To make recommendations for ongoing health care
 - To recommend exercises (injury prevention & rehabilitation) and to provide coaching advice

Method

Interprofessional learning

- Readiness for Interprofessional Learning Scale (RIPLS)
- Series of semi-structured interviews and focus groups – clinical educators, administration staff and students

Method

Interprofessional learning

- Survey results entered into SPSS and analysed using descriptive statistic
- Transcriptions from interviews and focus groups were analysed using thematic analysis
- Ethics approval from SCU's Human Research Ethics Committee

Results: Health checks

- 32 players, coaches, managers
- Many issues identified including:
 - High blood glucose readings coupled with high blood pressure
 - Eye problems
 - Poor nutrition and lack of knowledge about good nutrition
 - Musculoskeletal: restricted joint mobility, idiopathic scoliosis, muscle injuries that were not receiving treatment
 - Literacy: difficulty completing forms and reading information

Health outcomes

- Referrals to GPs, to student clinics in SCU Health Clinic
- Changes to training programs for individual players
- Nutrition education was highlighted

Results

Community Engagement

- Northern United on the ball with Indigenous health - ABC Coffs Coast - Australian Broadcasting Corporation

CLINIC MANAGER: Players are coming through and they're going first of all to go to the exercise physiologist and they'll do a complete assessment of their strength and stamina etc.

From there they'll either have bloods and urine and once all of this information is gathered, then they'll go on to the GP for a final assessment and recommendation.

From there they'll go to the osteopath and they will then look at their musculoskeletal conditioning and from there they'll go to the nurse and that will then take place as far as a full assessment of all the things that have been discovered up until then.



INTERVIEWER: Obviously there are certain diseases that are seen in higher rates in indigenous people. How important do you think this is in improving health among indigenous Australians in the local community?

CLINIC MANAGER: How this first started was that they did these health assessments on some of the indigenous players and in the first year they technically took some of the players straight from the health checks to the hospital. For those very reasons - they had huge over the top blood glucose and some very serious



conditions were discovered. And this is why it has been an ongoing thing that has developed over the years and now we're involved to look after the players' fitness as well as their health.

Say for example, especially with obesity, overweight, you can have high blood glucose levels so therefore they'll look at and investigate why somebody may have a high blood glucose level – there are things like their fitness, their weight, their nutrition.

They may have some sort of muscular condition that could be aggravated with a lot of exercise so therefore they identify these things and they might give them exercises or teach them then how to take care of themselves so they head off at the pass any acute condition before it arises.



INTERVIEWER: These health checks are mandatory for all players. Can you tell me why that is so important?

CLUB SECRETARY: We've had a history of indigenous males accessing health services – it has always been one of apprehension I suppose. They are reluctant to go and seek and get a health check unless they really need it, unless it's something that's a crisis where they need to go and see someone urgently. We've had many players over the years that have run off the footy field and have been unwell and didn't know it. There have been many stories among the Koori rugby league circles - you know, players



dropping dead after games and suffering heart attacks, and young men at that as well. As a club as a whole, it scares us to think that we could have players running around on the field that are unhealthy or could be in those situations.

This is part of our way of trying to minimise that and make sure that all of our players are healthy and they can spread that on to their families and communities . Our club takes in a massive cross-section of the area. We've got players here from Tabulam, Muli Muli, Coraki, Ballina, Maclean, Casino.

By us doing these health checks we can get the message out to the communities a lot easier than the mainstream services.

INTERVIEWER: So it's not only about your players but it's about making that a more regular thing for their families and friends as well.

CLUB SECRETARY: If they see a lot of these players are role models in their communities by their deeds on the footy field - you know, the young blokes see these men accessing and getting health checks - they'll be less reluctant to do it themselves when they get a bit older.



PLAYER: I had an osteopath check over my body and see my bone structure.

INTERVIEWER: How did that go for you?

PLAYER: It wasn't too bad. A bit freaky. You've got to take all your clothes off but it wasn't too bad. It makes you be aware of what you need to fix, you know - what I'm lagging in with my health. I've got asthma. They help me be more aware of what I need to fix. You've got to try to last throughout the whole season. You need to be fit. The more information and help you get to fix your injuries the better.



PLAYER: Hi. My name is RB. I play for Northern United - five-eighth, full back. Since we've started this program, I think this is the third year we've actually done it, since then I've noticed all the boys are watching what they eat and taking everything the doctor is saying on board.

Before that I don't think they really took much notice of their health but now they have really taken it on board. I'm right out there with my health and I'll go and get checked out. But speaking on behalf of most other boys, I don't think most of

them have been to the doctor more in their entire lives as they have in the last three years. But I think that's a good thing. Prevention is better than cure.





Results: Interprofessional learning



Responses to the RIPLS

Total health students (n = 26)



- Nursing (n = 8)
 - Osteopathy (n = 16)
 - Exercise Physiology (n = 2)
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Readiness for Interprofessional Learning Scale


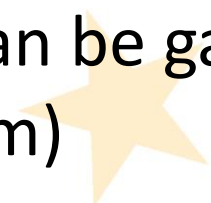
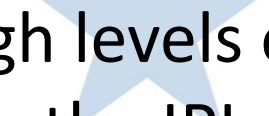



Subscales of the RIPLS questionnaire (Highest possible score)	Range of Scores	Mean score	% of highest possible score
Teamwork and Collaboration (45)	35 - 45	42.04	93%
Negative Personal Identity (15)	3 - 9	4.65	31%
Positive Professional Identity (20)	9 - 20	17.35	87%
Roles and Responsibilities (15)	6 - 12	8.88	59%

Interprofessional learning



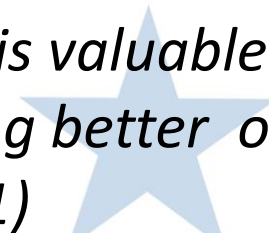
Key themes

- Such projects require high levels of preparation and organisation to maximise the IPL that can be gained (e.g. development of IP assessment form)
- Students and supervisors had a better understanding of their own and other professions contributions to a wellness program


Interprofessional learning




Important knowledge was gained about the roles and functions of the other disciplines. This is valuable for nurses for the referral process and achieving better outcomes for their patients. (Clinical educator 1)



Not only could students recognise the differences in roles but also the similarities. (Clinical educator 4)



I teamed student nurses with student osteopaths, who then worked together performing their individual assessments. Both disciplines reported how much they learned about the other discipline. (Clinical educator 2)



Interprofessional learning

- Better health outcomes for patients through interprofessional care

More 'eyes' provide for more useful perspectives on what will work best for the patient. It provides more options for the patient to choose and benefit from. (Student 11)

With the non-compliance issues we discussed for indigenous people, it was a great advantage to have so many aspects of care able to be assessed at the one time. (Clinical educator 6)

Interprofessional learning

- Things to improve:
Working alongside, not collaborating

Interdisciplinary suggests interaction but there wasn't really much of that. We were all in our offices and there was no emphasis on group process and interaction, communication and collaboration. It was more like a conveyor belt with little interaction or even much chance to look at what the others had done with each client. (Osteopathy student 5)

Interprofessional learning

- Things to improve:
Scope of practice

Nurses felt they had more to offer. General health and wellness seemed pushed aside. I felt that patients could have been given more encouragement to meet health goals. The nursing discipline is very flexible and can work in any environment to achieve best outcomes for the client, however, nurses want it to be known that their work is not unimportant. We needed more information sharing before the health checks. For example, what is the beep test? (Clinical educator 1)

Results: Community engagement



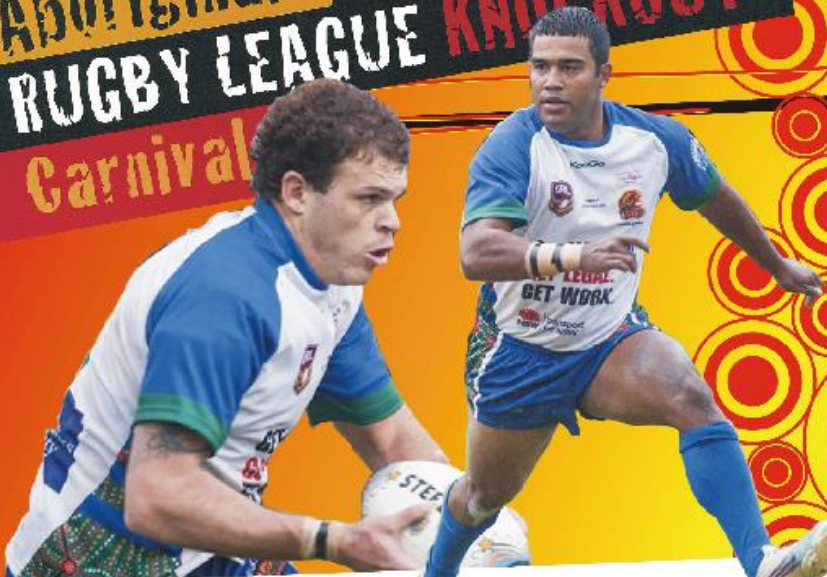
THE BEST DEFENCE IS KNOWLEDGE

Koori Mail

21st & 22nd September 2013
Grozler Oval Lismore

Aboriginal RUGBY LEAGUE KNOCKOUT

Carnival



Southern Cross University | Health Clinic

Meridian Health
PAT HWAY TO HEALING

NORTHERN UNITED

Southern Cross University's School of Health & Human Sciences, unites with Northern United against sugar

Type 2 Diabetes is Australia's fastest growing chronic disease, but its also one of the most preventable.
Older people are most at risk of Type 2 Diabetes
THAT IS WHY WE ARE OFFERING ANYONE OVER 45 A FREE HEALTH CHECK FOR SUGAR, WE WILL EVEN SPONSOR YOUR ENTRY FEE! Come and see the SCU Sim Truck in action

IF YOU ARE 45YRS & OVER & PARTICIPATE IN A DIABETES HELTH CHECK ON THE DAY YOU WILL RECEIVE A FREE PASS INTO THE CARNIVAL

Community engagement

