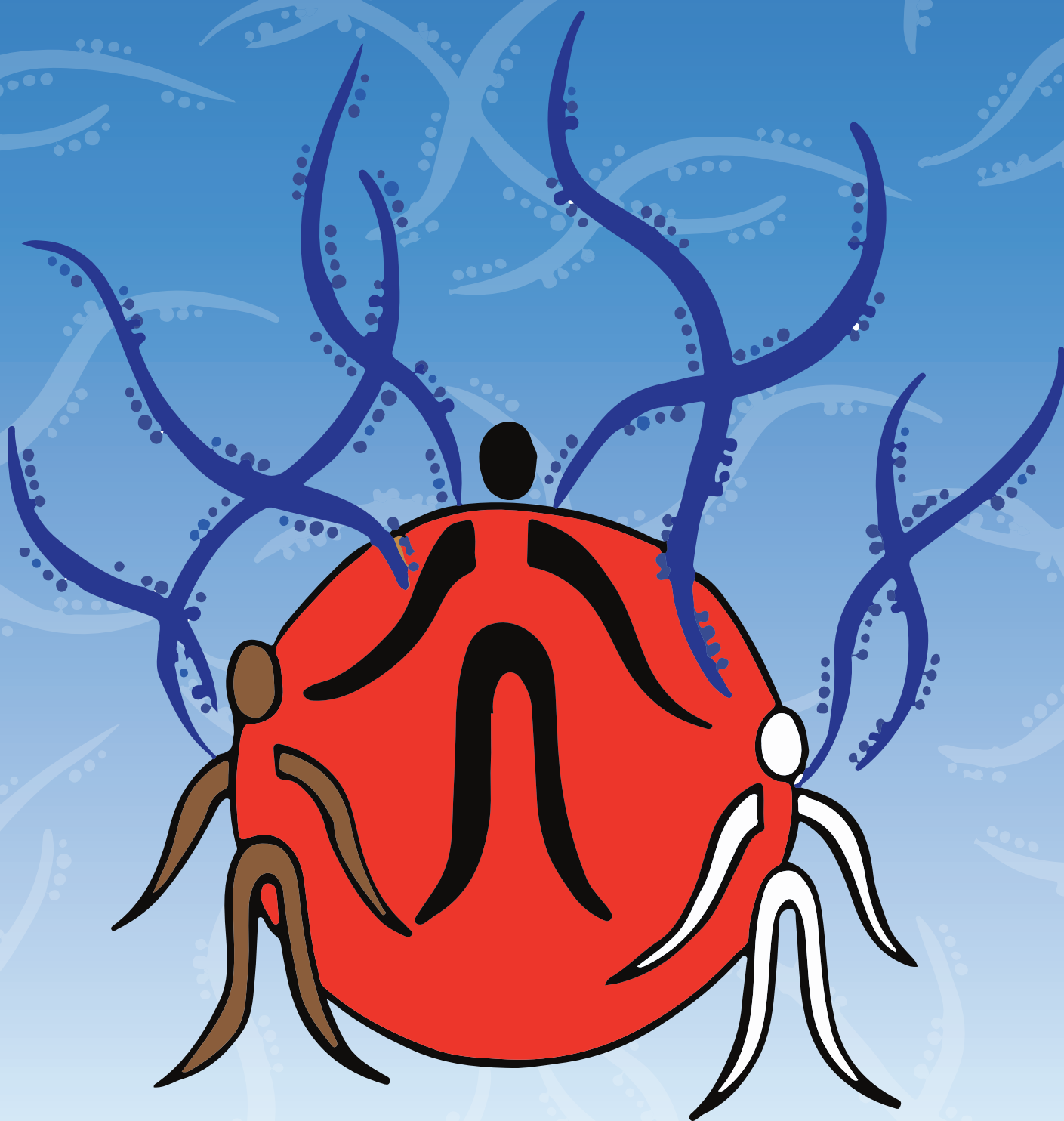


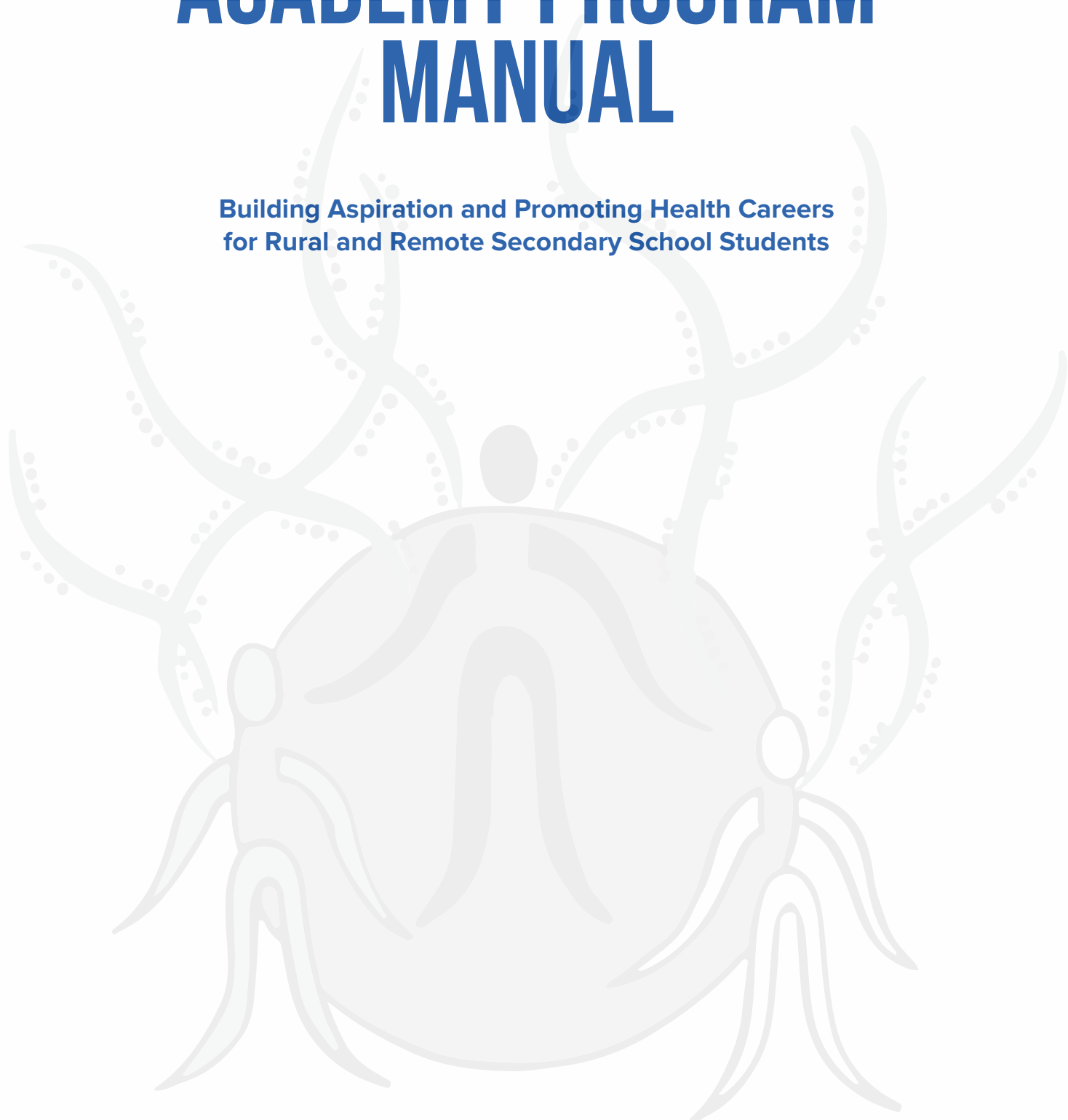
HEALTH CAREER ACADEMY PROGRAM MANUAL

Building Aspiration and Promoting Health Careers
for Rural and Remote Secondary School Students



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for Rural and Remote Secondary School Students**



**A partnership between
the Broken Hill University Department of Rural Health,
The University of Sydney,
the Far West Local Health District,
NSW Ministry of Health, Aboriginal Workforce Development Unit,
and
NSW Department of Education**

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Cover Design by: Katrina Clark, a proud Paakantji and Ngiyampaa Artist who is dedicated to her culture and heritage.

Design Description: The circle represents Community, the three figures represent inclusive participation, the blue lines represent the different pathways to educational attainment, and the dots represent the wrap around supports that may be needed in achieving health career goals.

The Health Career Academy Program is a cross-sector collaboration between education, healthcare services, industry, and community partners. Any referenced literature is for HCAP facilitators and affiliated health and education staff, and provided under the regulation of the Copyright Act 1968.

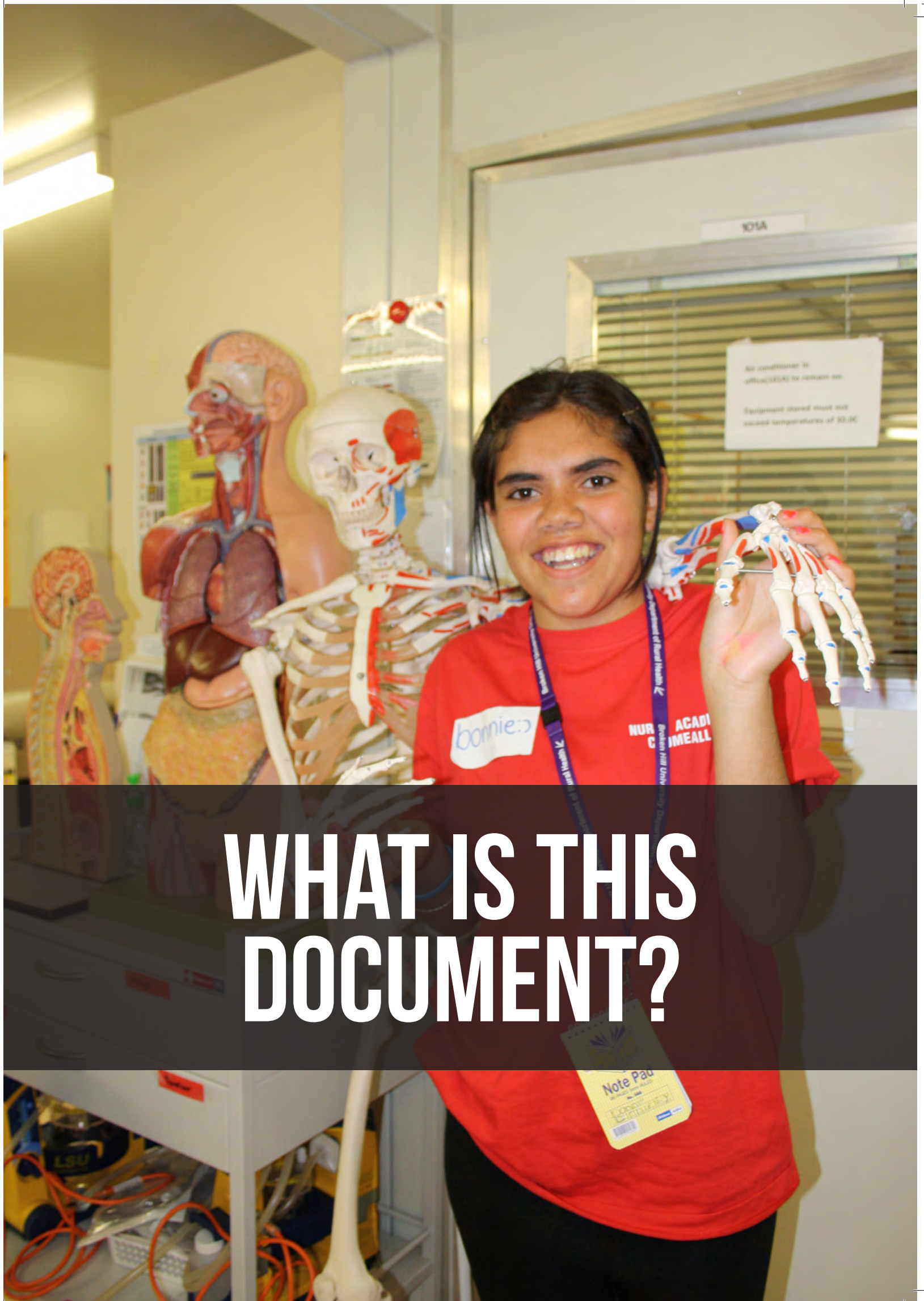
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**WHAT IS THIS
DOCUMENT?**



What is this document?

This Resource

The Health Career Academy Program (HCAP) manual has been written as a guide for health and education providers. This manual provides information to support health career attainment for school students through the delivery of health career programs within their local community or region. The HCAP may be tailored for secondary school students, people engaged in alternative education pathways, primary school children, or students of any age. It may also be adapted in response to local need and capacity or for use in other industries.

The HCAP was developed as a health workforce initiative for rural and remote communities in Far West New South Wales (NSW), Australia. The HCAP is a partnership between the Broken Hill University Department of Rural Health (BHUDRH), The University of Sydney, the Far West Local Health District; Centre for Rural and Remote Education; Aboriginal Workforce Development Unit, NSW Ministry of Health; and the NSW Department of Education.

This manual includes many of the documents associated with the development, delivery, and evaluation of the Broken Hill Regional HCAP. These documents are provided to assist the development, implementation, and evaluation of your own program.

Conditions of Use

This manual is available on the condition that authorship is acknowledged and that the user applies the following principles:

- All materials in this manual, including ideas, techniques, and recommendations for the establishment, delivery, and evaluation of the Health Career Academy Program are meant to be a guide. This is not a substitute for professional advice on career development or health workforce initiatives.
- It is envisaged that the materials in this manual and aspects of the Health Career Academy Program may be modified to address the unique locations, partnerships, available resources, and capacities of each individual community.
- Appropriate and sensitive approaches are critical in engaging Aboriginal* youth and their families in health career development initiatives. Additional resourcing, guidance, and support from Aboriginal health services, health professionals and communities can help to ensure that you are approaching Aboriginal health workforce development in a culturally responsive manner.
- Additional consideration may be necessary if you are engaging with culturally diverse communities.

*The use of the term 'Aboriginal' acknowledges the First Nations' peoples of the land of Australia and Far West NSW. In this handbook, the term will be representative of Aboriginal and Torres Strait Islander people. This term may vary internationally.



WHO ARE WE?



Who are we?

The Broken Hill University Department of Rural Health, The University of Sydney

In 1997, the Commonwealth Government of Australia established the University Departments of Rural Health Program to support the provision of education, training, and workforce development of health professionals located in rural and remote areas (Morey, 2000). The Broken Hill University Department of Rural Health (BHUDRH) was the first Department established (Urbis, 2008) and has been providing clinical fieldwork placements as well as education and learning opportunities for tertiary health science students and practising health professionals for the last 18 years.

The BHUDRH is located in the far western region of NSW, which is approximately one-third of the state landmass and home to around 45,000 people [Figure 1]. The majority of communities within the region are remote, with populations of less than 1,000 and many of these communities have a high proportion of Aboriginal residents [Table 1]. Broken Hill is the largest regional centre in the area with a population of approximately 19,000 (Australian Bureau of Statistics, 2011).

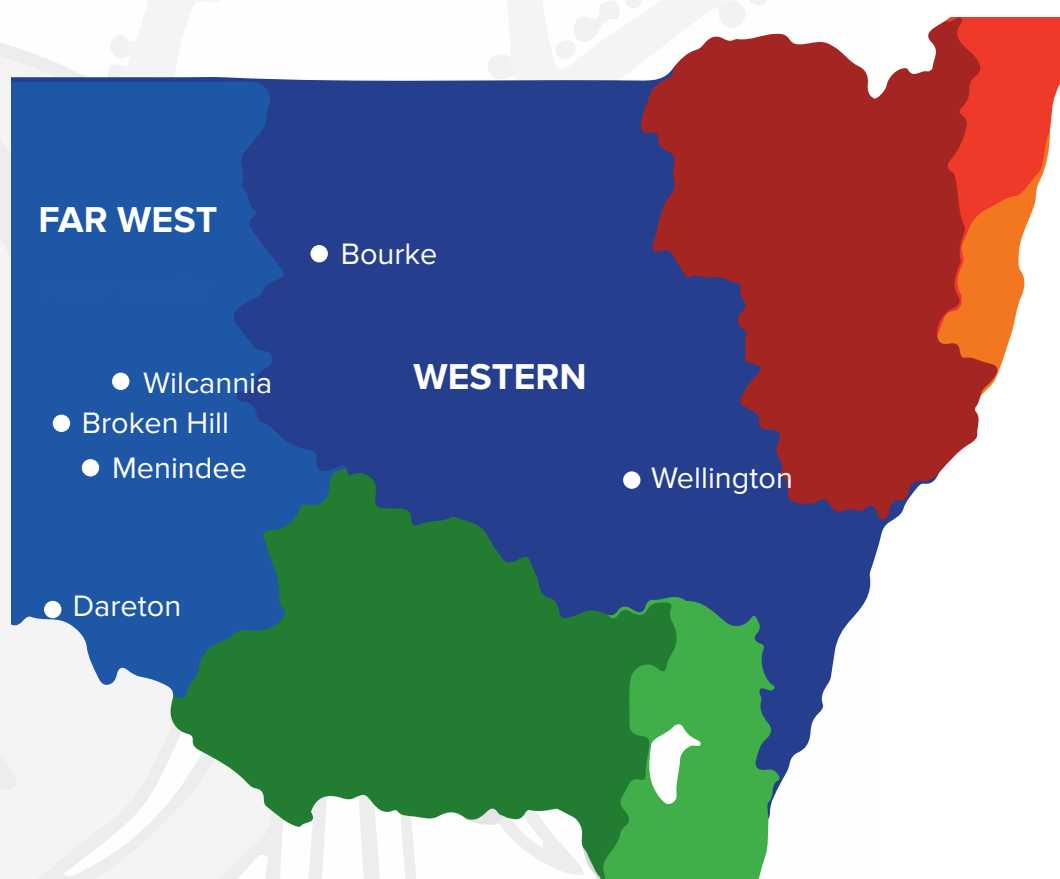


Figure 1. Map of NSW; Far West and Western NSW Local Health Districts and HCAP communities indicated.

Table 1. Far West and Western NSW Local Health District community populations where HCAP is conducted.

COMMUNITY	TOTAL POPULATION	ABORIGINAL POPULATION (%)
Far West NSW		
Broken Hill	18,777	1,405 (7.5%)
Wilcannia	826	466 (56%)
Menindee	449	179 (40%)
Dareton	516	184 (36%)
Western NSW		
Bourke	2,465	793 (32%)
Wellington	4,540	1,129 (25%)

Population figures are from the Australian Bureau of Statistics, Census data, 2011.

Core workforce activity of the BHUDRH has focused on the coordination of tertiary health science student clinical fieldwork placements and experiences in Far West NSW for medicine, nursing, and allied health disciplines (Morey, 2000). This activity has been underpinned by a regionally responsive approach that seeks to draw on the unique learning opportunities and partnerships within the region. In 2006, the BHUDRH sought to renew its approach to, and investment in, local health workforce development. This new approach sought to engage a broader range of community members with health professions using innovative school-based programs, such as the Health Career Academy Program (HCAP), to encourage secondary school student engagement with health career pathways and professions.

The HCAP began in 2007 and is now delivered in four communities across the Far West of NSW; Broken Hill, Menindee, Wilcannia, and Dareton. Program delivery has expanded to two other communities in rural and remote NSW, Bourke and Wellington [Figure 1]. In 2014, the program was piloted in Geraldton, Western Australia through the Western Australian Centre for Rural Health, another UDRH facility. It has also been adapted for use in Victoria through the Monash University, School of Rural Health.



The Broken Hill Regional HCAP

The BHUDRH first engaged with local secondary schools in Broken Hill in 2006. The initial driving force of this engagement was to encourage local Aboriginal secondary school students to complete their secondary school education by providing mentoring and support services. In 2007, the BHUDRH refined this engagement, in consultation with local secondary schools and students, to focus on health career initiatives for all secondary school students in the region.

Background

It is well documented that access to health professionals, from across a range of disciplines, decreases with increasing remoteness (Mason, 2013). There have been a number of health workforce initiatives at the federal, state, and regional levels across Australia that aim to address these health workforce shortages. Despite this investment, the maldistribution of health care professionals continues to challenge governments and directly impacts on service access for rural and remote communities (Health Workforce Australia, 2011). These challenges are amplified for Aboriginal communities in these regions. There is an imperative to provide appropriate and responsive health services and professionals if we are to address the disparity in health outcomes between urban and more remote populations (Department of Health and Ageing, 2009).

The HCAP is one part of a broader approach to health workforce development in rural and remote NSW. The approach integrates two streams of evidence-based practice; a local 'seed and grow' strategy to health workforce development and a remote placement program that exposes tertiary health science students from larger regional and metropolitan centres to rural and remote health care delivery.

The 'seed and grow' strategy to health workforce development draws on career development theory which highlights the importance of engaging secondary school students earlier in their career decision-making stages to build health career aspirations. This approach is underpinned by evidence that students from rural and remote backgrounds are more likely to return to live and work in rural and remote communities after completion of their tertiary education (Dunbabin and Levitt, 2003, Mason, 2013, Health Workforce Australia, 2013).



HCAP design

The HCAP was adapted from a similar health workforce development model being delivered through the Texas Area Health Education Centre East – Pecan Valley in the United States of America (TAHECE). This facility was delivering a nursing workforce initiative: ‘the Nurse Academy Program’. This program targeted high school students with an interest in nursing, and sought to introduce them to the degree programs that were offered locally. Students were provided the opportunity to learn about what it takes to be a nurse, from having a career aspiration to health career attainment and professional practice. The students were exposed to hands-on, interactive programs such as learning about defibrillation and how to take blood pressure, and instructors emphasised the importance of the prerequisite subjects required for entry into undergraduate nursing and good study habits (Texas AHEC (Pecan Valley), 2010).

In collaboration with staff from the TAHECE, the BHUDRH sought to adapt the Nurse Academy Program concept for delivery within the rural and remote Australian context. As part of the process of adaptation, the BHUDRH identified and explored:

- Career development theory,
- Existing health and generic career activities for secondary school students occurring within the region,
- Health services and health workforce models focused on rural and remote locations,
- Career pathway options and alternative pathways for health career attainment for rural and remote secondary school students, and
- Potential funding sources to support program development, delivery, and evaluation.

The purpose behind this process was to ensure a theoretically informed and evidence-based approach to health career development initiatives, a high level of community responsiveness, effective resource use, and integration across secondary and tertiary school education and health service sectors.

The HCAP is aimed at a long-term investment to engage and encourage secondary school students (Years 7-12) in health career aspirations. The Broken Hill Regional HCAP is intentionally inclusive of all secondary school students, ensuring that culturally appropriate activities and formats are included in every program. This approach was informed by Aboriginal secondary school students. However, programs targeting Aboriginal secondary school students can be delivered by request.

A critical component associated with the adaptation of the Nurse Academy Program to rural and remote NSW context, was to ensure relevance and responsiveness of the program for Aboriginal students and families. This component of program development sought to ensure culturally sensitive and appropriate program structure, content, and delivery.

While the HCAP is focused on health career and workforce development, the program also integrates health literacy activities to improve health knowledge and promote positive health behaviours and decision-making for secondary school students. The health literacy component of the HCAP responds to health issues that contribute to higher morbidity and mortality rates identified in the region.

List of Academies

Currently, there are six discipline-specific academies offered through the Broken Hill Regional HCAP; alternatively, a mixed academy may be offered providing any combination of health disciplines. Some academies have been allocated pseudonyms. The academies include:

1. Nursing Academy
also known as: KARING – Kids Achieving Real Insights into Nursing Gains
2. Medical Academy
MEDIK – Medical Education & Development In Kids
3. Allied Health Academy
(Physical Therapy, Speech Therapy, Occupational Therapy, Dietetics, etc)
AHOY – Allied Health Opportunities for Youth
4. Pharmacy Academy
5. Medical Imaging Academy
6. Social and Emotional Wellbeing Academy
(Mental Health Worker, Social Worker, Psychologist, etc)
MHAGIC – Mental Health Awareness Grows Incredible Careers
7. Mixed Academy
(those disciplines above as well as Dental Therapy, Podiatry, Aboriginal Health Practitioner, and more)

Success to Date

- Endorsement of the Far West NSW Integrated Health Career Pathway Model through the Centre for Remote Health (CRH).

The CRH is a working partnership between key health stakeholders in Far West NSW - the BHUDRH, the Royal Flying Doctor Service, NSW Health, Aboriginal Health Service, and the former Far West NSW Medicare Local.

- Recipient of a Judges Award in the 2009 Greater Western Area Health Service Health Expo Awards and being acknowledged as a leading health workforce initiative.
- Funding support through the Career Education Lighthouse Schools Program in 2009.
- Funding support through numerous organisations including, NSW Office for Aboriginal and Torres Strait Islander Health (OATSIH), Aboriginal Health & Medical Research Council (AH&MRC) and the Centre for Rural and Remote Education (CRRE) through the Aboriginal Workforce Development Unit (NSW Health).
- Funding support through the NSW Going Viral Grants in 2014.
- Expansion of the program to other communities and states, and to include other disciplines.
- Table 2 presents the changing nature and participation in the Broken Hill Regional HCAP.

Table 2. Number of students that have participated in the Broken Hill Regional HCAP (a sample).

	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL
Nursing	19	96	69	61	35	23	28	50	381
Medical	0	0	20	26	24	39	30	35	174
Allied Health	0	0	23	19	53	59	43	50	247
Mixed HCAP	0	0	0	0	21	0	76	54	151
TOTAL	19	96	112	106	133	121	177	189	953
Repeat Attenders	0	3	9	15	6	30	29	40	132
Proportion Aboriginal	21%	30%	29%	22%	25%	19%	27%	20%	24%



A photograph showing a woman in a medical training simulator, wearing a blue and white protective suit and a yellow neck brace. She is being secured by two healthcare professionals, a man on the left and a woman on the right, who are holding straps. The man is wearing a purple shirt and a grey jacket, and the woman is wearing a green checkered shirt. The woman in the simulator has a name tag that says "Melissa" and a logo that says "MEDICINE ACARE BROKEN".

WHAT IS THE HEALTH CAREER ACADEMY PROGRAM?



What is the Health Career Academy Program?

The HCAP was developed to introduce secondary school students to health careers and encourage health career aspirations and attainment. The idea behind the HCAP was to address health workforce shortages in the region through increased investment in local populations.

The HCAP provides an opportunity for secondary school students who have already decided on a career in health to gain valuable insights into career opportunities, professional pathways, and locations of service delivery. The HCAP also caters for students who have yet to decide on a career pathway. The program helps maintain student connectedness to health careers of choice and their communities.

Vision

To develop and sustain a Health Career Academy Program for school students that encourages aspirations for a career in health and the attainment of health professional qualifications.

Aims

The HCAP aims to:

- Introduce secondary school students to a diverse range of health career opportunities earlier in their career decision-making stages,
- Encourage secondary school students to continue onto tertiary education and health professional qualifications,
- Provide information and guidance to students and their families on the multiple pathways to attain careers in health,
- Contribute to the health literacy of secondary school students and other participants, and
- Strengthen partnerships across health, education, industry, and community sectors.

Objectives

The HCAP has eight objectives.

Objective 1:

Deliver a program that introduces Aboriginal and non-Aboriginal secondary school students to the diversity of health professions earlier in their career decision-making stages.

Strategies:

1. Develop and implement HCAPs that provide information about and exposure to the diversity of health professions. For example:
 - a. Nursing,
 - b. Medical, and
 - c. Allied Health disciplines.
2. Offer programs early in and throughout secondary school education.
3. Ensure programs incorporate culturally appropriate activities and health professional role models to enhance inclusiveness.
 - a. Engage Aboriginal health services and professionals in program development, implementation, and evaluation.
 - b. Align educational activities to identified community health priority and need.
4. Enhance accessibility of the program by:
 - a. Employing marketing and promotion strategies in schools and across communities,
 - b. Delivering the program to multiple schools and communities, for example outreach delivery to remote communities,
 - c. Allowing flexible delivery approaches to maintain secondary school student engagement,
 - d. Addressing logistical issues to enable participation, for example provision of transport, support for application processes, and access to appropriate venues and resources, and
 - e. Having an alternative or back-up plan to reduce disruptions and allow program adaptation if needed.

Rationale

Career development literature identifies the importance of early exposure for secondary school students to the different career options available to them (Gottfredson, 2005). This broadens the scope of career options and supports informed decision-making about their career of choice.

A number of reports identify the need to increase Aboriginal participation in Australia's health workforce to better address the health and wellbeing of Aboriginal people (Health Workforce Australia, 2011, Mason, 2013). Including culturally appropriate activities and role models can enhance program relevance for Aboriginal secondary school students, their families and communities (National Aboriginal and Torres Strait Islander Health Council, 2008, Weightman, 2013).

Deliberate planning and coordination can help to address any barriers that may arise when engaging secondary school students in career development activity. Ensuring program flexibility in content and site of delivery can enhance accessibility and program responsiveness to unforeseen circumstances, such as weather events, emergency situations in host sites, and facilitator availability.

Objective 2:

Work collaboratively with education, industry, and community partners to develop and implement the HCAP.

Strategies:

1. Identify and engage partners with a shared interest in health workforce development and health outcomes for communities.
 - a. Partners may include:
 - I. Secondary School Personnel/Agencies – Principals, Careers Advisors, teaching staff, Aboriginal Education Officers, and the Aboriginal Education Consultative Group (AECG),
 - II. Health workforce employers – hospitals, community health agencies, Aboriginal Health Services, private practices, aged care, and disability services,
 - III. Government agencies – local, state, federal,
 - IV. Non-Government Organisations,
 - V. Aboriginal sector – Aboriginal Community Working Party, Department of Aboriginal Affairs, and Aboriginal Health and Medical Research Council,
 - VI. Tertiary education providers – TAFE and Universities, or
 - VII. Family and wider community groups.
2. Communicate effectively with program partners.
 - a. Identify existing health career activity occurring in the community/region, impact and outcomes.
 - b. Explore how to align, integrate, or adapt the HCAP to enhance the existing programs or address gaps in health career attainment.
3. Align secondary school career development strategies and curriculum to HCAP design, implementation, and evaluation [Appendix 7].
 - a. Identify national strategy documents and secondary school curriculum requirements in areas of:
 - I. Career development,
 - II. Workplace experience, and
 - III. Health and Social Sciences – health and wellbeing.
 - b. Integrate health promotion, education, and health literacy into program development and delivery.
 - c. Identify and integrate existing career documents and/or portfolios that are used by schools into program activities and documentation.

4. Create opportunities for engaging secondary school students with tertiary health science students undertaking health science courses, new graduate health professionals, and practising professionals to promote and influence career aspiration and attainment.
 - a. Negotiate with relevant tertiary education providers to support the engagement of tertiary health science students into health career academy activity.
 - i. Link their engagement to principles of community engagement, social responsibility, and regional capacity-building to promote tertiary education provider endorsement.
 - b. Establish relationships with local/regional/state health providers to engage new graduates and practising health professionals into career development activity.
 - i. Highlight the link between the HCAP and potential rural and remote health workforce outcomes.
5. Implement programs that are:
 - a. Responsive to education, industry, and community partners,
 - b. Sensitive to existing partnerships and programs, and
 - c. Guided by stakeholders.

Rationale

Understanding what activity is already occurring locally and who the key stakeholders are will minimise risks associated with duplication, fragmentation, and resource waste (Bryson et al., 2006). Communicating with any existing career development program coordinators may identify how to align and engage the HCAP with existing activity as well as gain valuable insights into what works and what does not.

One of the key principles that can support the success of the HCAP is mutual benefit (Googins and Rochlin, 2000). Be sure to engage with the key stakeholders and discuss what the mutual benefits may be and how to align these benefits to then support partner and community needs. For instance, designing program activity to address secondary school curriculum requirements such as promoting health and wellbeing through drug and alcohol education, sexual health, mental health, and nutrition [Appendix 7].



Also, connecting the program to agencies that provide certificate and diploma training or undergraduate courses can help with the transition from secondary school to tertiary institutions or alternative employment opportunities such as, Tertiary Vocational Education and Training (TVET), School Based Apprenticeships and Traineeships (SBATs), and Cadetship (Fisher and Fraser, 2010, Murray and Wronski, 2006).

Objective 3:

Align the HCAP to regional, state, and federal health workforce initiatives.

Strategies:

1. Align with regional, state, and federal policies and statements for health workforce development and health service delivery which specifically focus on:
 - a. Rural and remote health workforce development,
 - b. Aboriginal health workforce development, and
 - c. Contemporary health service delivery approaches.
(For example, primary health care, integrated care, and closing the gap).
2. Establish a process to efficiently and effectively maintain awareness of changing health workforce policy and funding opportunities.
3. Ensure program flexibility to respond to opportunities that arise across government sectors.

Rationale

Being aware of health workforce policy and funding approaches at the regional, state and federal levels helps to position the HCAP within the Australian policy and funding landscape (Mason, 2013, Department of Health and Ageing, 2009). Greater awareness will help to identify policy and funding opportunities that align to the program. This can also help to write funding submissions that are effectively targeted at key government agencies and their strategic goals. It may be necessary to involve partner organisations to assist the development of these submissions. Remember to have letters of support from key agencies included in any submissions.



Objective 4:

Expose secondary school students to unique health services and delivery models relevant to community context.

Strategies:

1. Engage unique health service providers and locations of health service delivery in the HCAP activities. For example, visiting the Royal Flying Doctor Service, Aboriginal Health Service, or Primary Health Care Services and meeting the health professionals that work there.
2. Engage health professional role models in program development and delivery including:
 - a. Local origin health professionals,
 - b. Local Aboriginal health professionals,
 - c. Other existing health professionals, and
 - d. Tertiary health science students.

Rationale

Rural and remote communities may have a number of unique health services established to meet their health needs. Where possible, engage with these services to better promote the diversity and relevance of health careers available at the local and regional level.

Role models who are of local origin offer secondary school students familiar examples of successful attainment of a career in health. The inclusion of tertiary health science students provides a closer peer role model and offers an example of the contemporary experience to becoming a health professional.

Objective 5:

Integrate health literacy into HCAP activities.

Strategies:

1. Ensure the health information shared is appropriate for Aboriginal and non-Aboriginal secondary school students.
2. Provide hands-on experiences across a range of age and culturally appropriate activities that allow the integration of health literacy information on general and localised health and wellbeing issues.

Rationale

Health literacy is the ability to understand and use health information; it empowers people with knowledge and understanding to make informed decisions that impact upon their health and wellbeing (Australian Commission on Safety and Quality in Health Care, 2014). Engaging secondary school students and keeping them engaged in a career development and health promotion experience can be difficult. Secondary school students may become easily distracted or bored so varying the method and presentation of information can help (Australian Institute for Teaching and School Leadership, 2014). Be sure to develop a variety of ways to present relevant health literacy information and activities that will keep secondary school students engaged. Feedback from participants of the Broken Hill Regional HCAP regularly shows that the most enjoyable aspects of the day are associated with the hands-on activities which integrate and explain health terminology and health information as they relate to the clinical skills being delivered.

A strong word of caution, when integrating health activity into your program, remember that the HCAP is not a conduit for therapeutic intervention, opportunity for health screening, or health assessment.

Objective 6:

Provide contemporary information on health career pathways.

Strategies:

1. Identify contemporary health career pathways across the range of disciplines by:
 - a. Identifying providers that support local training, delivery, and career attainment; for example, TVET and SBATs,
 - b. Mapping the articulation of locally obtained qualifications to tertiary education coursework,
 - c. Supporting the selection of secondary school subjects that meet pre-requisites for entry into tertiary courses such as Biology, Science, Mathematics, and Physics,
 - d. Identifying Aboriginal specific training opportunities and career pathways, and
 - e. Identifying relevant scholarships and bursaries that provide financial support.
2. Identify the possible challenges that the secondary school students may confront in their aspiration to, and attainment of, health professions.
 - a. This may include:
 - I. economic, social, or educational disadvantage,
 - II. geographic isolation, or
 - III. separation from established support networks (families, peers, and friends) to undertake further education.
3. Provide information or assistance to minimise these challenges.
 - a. This may include:
 - I. scholarship opportunities,
 - II. support for parents and families in understanding requirements and documentation,
 - III. tutoring or mentoring support, or
 - IV. liaising with tertiary providers about scholarships and other relevant information such as accommodation and student support services.
4. Use or develop career pathway diagrams to help map individual activity toward career attainment [Figure 2].

Rationale

Secondary school students can become a health professional in a number of ways. Rural and remote students may confront a number of challenges in considering and attaining a health profession (Durey et al., 2003). Rural, remote, and Aboriginal students are under-represented in higher education coursework (Universities Australia, 2008) and early engagement strategies with students may provide opportunities to mitigate this under-representation. Partnering with secondary school careers advisors and senior teachers as well as tertiary education institution advisors can ensure that the students have access to information to help them toward health career attainment. For instance, secondary school students in Year 9 may need guidance in selecting appropriate pre-requisite subjects in Years 10-12.

Families residing in rural and remote locations may experience financial, social and logistical challenges in supporting their secondary school student through tertiary education (Durey et al., 2003). Secondary school students may need to leave their communities, families, and support networks to undertake further studies. Additional finances are required to support accommodation, transport, and living expenses. Having an understanding of the range of scholarships and bursaries that are available to support rural, remote, Aboriginal, and socio-economically disadvantaged families could provide much needed financial assistance in ensuring secondary school students have access to their career of choice.

Some secondary school students and families may also require assistance in completing course enrolments, applying for funding assistance, and identifying affordable accommodation options. The HCAP may be able to inform secondary school students about services with the capacity to assist in these areas.



The development of career pathway diagrams can assist secondary school students in mapping their activity from secondary school to career attainment. These diagrams can also identify alternative options such as post-graduate opportunities or certificate and diploma pathways (Walker and Greater Western Area Health Service, 2010). Figure 2 provides a nursing specific example.

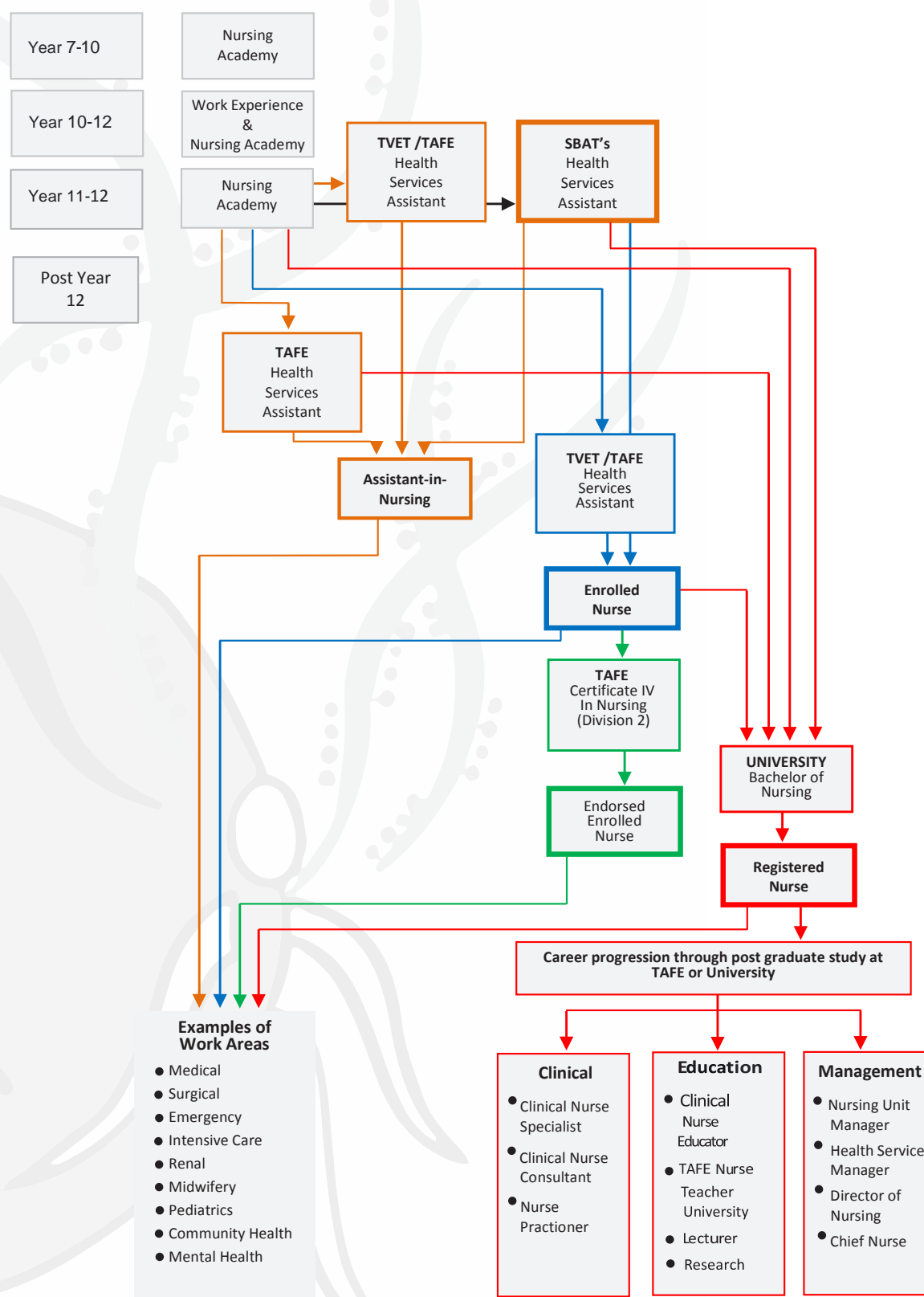


Figure 2. Example health career pathway diagram for nursing.



Objective 7:

Evaluate the impact of the HCAP.

Strategies:

1. Develop an evaluation framework in the initial planning stages using appropriate methods to capture information.
 - a. Qualitative and quantitative evaluation data can be obtained from the secondary school students, schools, tertiary education institutions, industry, and community partners.
 - b. Information for evaluation may include the:
 - I. Number of Aboriginal and non-Aboriginal participants in the program,
 - II. Impact on career aspiration and choice of the participants,
 - III. Number of participants entering TVET, SBAT, TAFE, or undergraduate courses,
 - IV. Number of participants successfully graduating from a health professional course,
 - V. Number of participants seeking work experience and clinical fieldwork placements in the region,
 - VI. Chosen health career disciplines of secondary school student participants,
 - VII. Number of participants returning to the region to practise post-graduation, or
 - VIII. Impact of participation in the program on:
 - Health career knowledge,
 - Health literacy,
 - Education, and industry pathways,
 - Parents, families, and friends, or
 - Tertiary health science students, new graduates, and practising professionals.
2. Disseminate findings through regular reporting, peer-reviewed articles, and conference presentations.
 - a. Publication of evaluation findings will require ethics approval prior to any evaluation activity.
 - b. Providing evidence on the impact of the program can help to improve the program, access and secure funding as well as influence policy associated with local health career development and workforce programs.

Rationale

Evaluating and providing evidence on the impact of the program is important. This evidence can assist with the establishment of partnerships and access funding opportunities to support program sustainability. Seek out relevant departments within partner organisations to assist with any evaluation and research activity as needed.

Objective 8:

Understand and apply career development theory and evidence-based approaches to design and develop the HCAP.

Strategies:

1. Review international and national career development literature and evidence with a specific focus on:
 - a. Rural and remote health workforce development,
 - b. Aboriginal health workforce development,
 - c. Career development, and
 - d. Career theory.
2. Explore how this can contribute to the HCAP regarding:
 - a. Approach,
 - b. Content,
 - c. Implementation,
 - d. Activities,
 - e. Attainment, and
 - f. Evaluation.

Rationale

Career development theories can assist with the development or adaptation of the HCAP for secondary school students. Theoretical understanding informs the strategies, approaches, and tools used to work with secondary school students as well as with their families, community agencies, and tertiary education institutions (McMahon and Tatham, 2008).

A range of studies have been undertaken to better understand the impact of career development programs, services, and activities on secondary school student career preparation and employment outcomes. Studies have focused on the role and impact of influences such as careers advisors and counsellors, teachers, parents, and peers (Dykeman et al., 2003, Palosa and Drobotb, 2010, Edwards and Quinter, 2011). These and other studies provide evidence for career development and contribute to policy and practice approaches (National Aboriginal and Torres Strait Islander Health Council, 2008). Using such evidence will strengthen the program.

Career Theory

Why is career theory important?

Theoretical understanding can inform the strategies, approaches, and tools used in the development, delivery, and evaluation of the HCAP. Theory supports the identification of what to use, when to use it, and how to deliver it. Having a well-constructed understanding of theory provides a good foundation from which to work with the secondary school students, their families, community agencies, health industries, and tertiary education providers.

There are a number of career theories and evidenced-based approaches associated with career development initiatives. It is recommended that anyone seeking to establish the HCAP take time to explore the theory and evidence to develop relevant and adaptable local initiatives.

Career Development Theory

Career development theories and evidence-based practices can be used to inform program activity and workforce development strategies. However, there is limited reference within the health workforce literature to the process of theory identification, integration, and translation into health workforce development practice.

Career development can be viewed from a number of theoretical perspectives including internal, external, and complex influences which can impact on the career aspirations and attainment for secondary school students.

Internal Influence

Internal career development influences are those that come from within the individual. These influences can include an individual's abilities, aptitude, interests, beliefs, values, culture, and self-concept [Figure 3] (Super et al., 1990, Krumboltz and Savickas, 1996, Holland, 1997).

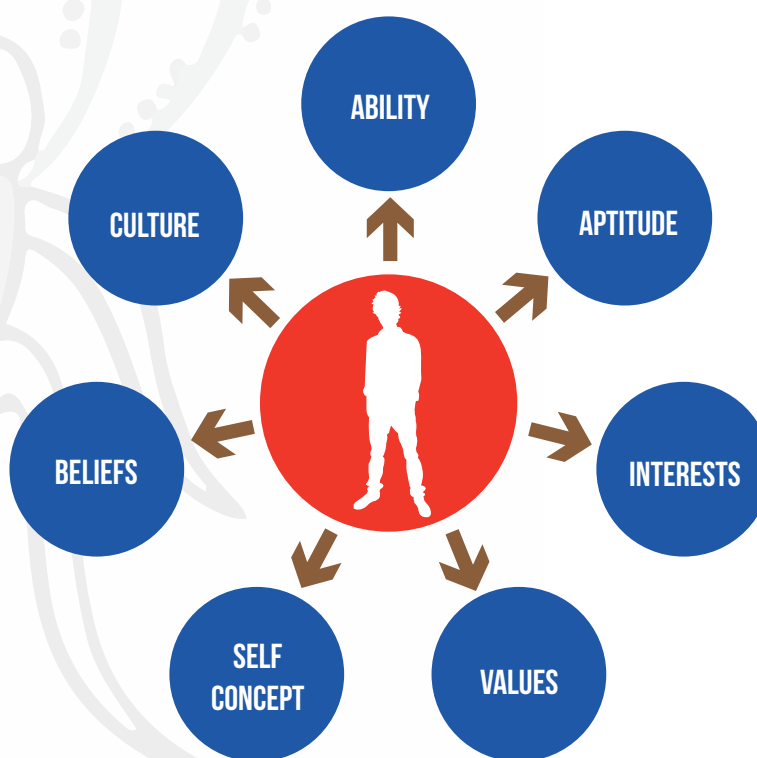


Figure 3. Internal career development influences.

To address these internal factors, your HCAP may need to focus on activities that:

- seek to build career understanding and aspirations,
- provide exposure to a range of health career options,
- support academic engagement and achievement, and
- enable secondary school students to explore opportunities and pathways that best align to their abilities and aptitude.

External Influence

External influences occur beyond the individual and may be out of their control. These can include family and life circumstances such as socio-economic disadvantage, as well as family and peer expectations or aspirations [Figure 4] (Blustein et al., 2005, Jackson et al., 2006). Exposure to health role models and health systems have been shown to positively impact on health career choice, while issues of poverty, marginalisation, and geographic isolation are external influences that can limit career aspirations and interests (Blustein et al., 2005).

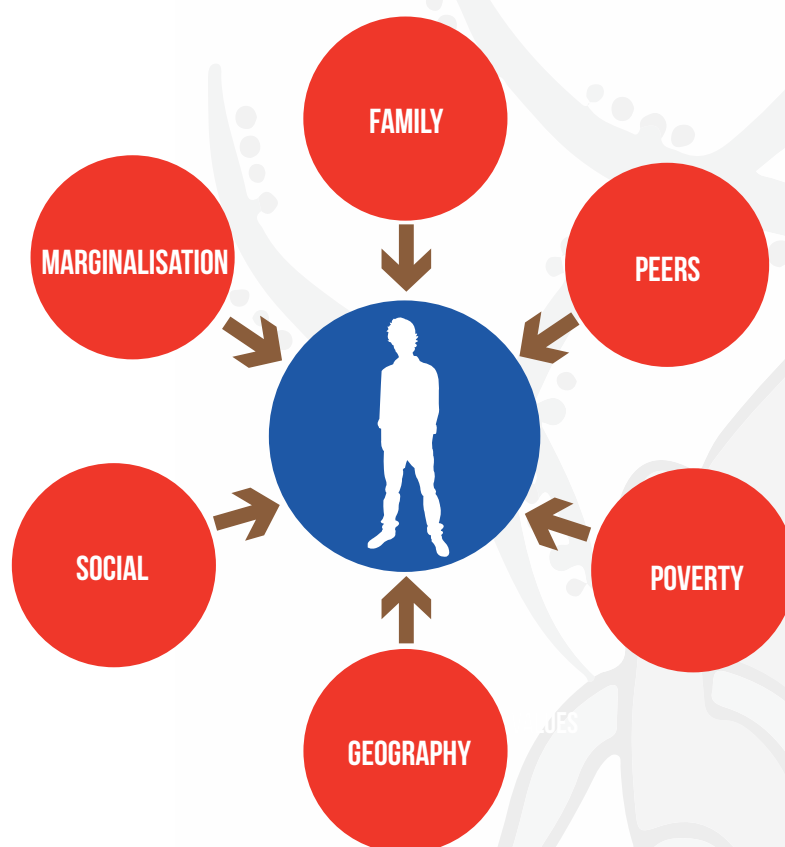


Figure 4. External career development influences.

To address these external factors, your HCAP may focus on activities that:

- provide access to scholarships and financial support services,
- explore tertiary education options,
- support relocation to larger regional or metropolitan centres,
- seek to address cultural or social marginalisation, and
- provide exposure to positive health role models at the pre-graduate and professional levels.

Complex Influences

Complexity approaches to career development recognise that internal, external, and unplanned influences can impact individuals across their lifespan and may not occur in isolation. These influences can be interconnected and have the capacity to interact with each other unpredictably [Figure 5]. For example, over time the external influence of parents and peers on career aspirations may diminish, and lack of employment opportunities or loss of income may influence the career and life trajectory of an individual (Pryor and Bright, 2003, Pryor and Bright, 2014). Complexity theorists argue that we need to take into account the dynamic nature of people and the environments in which they live.

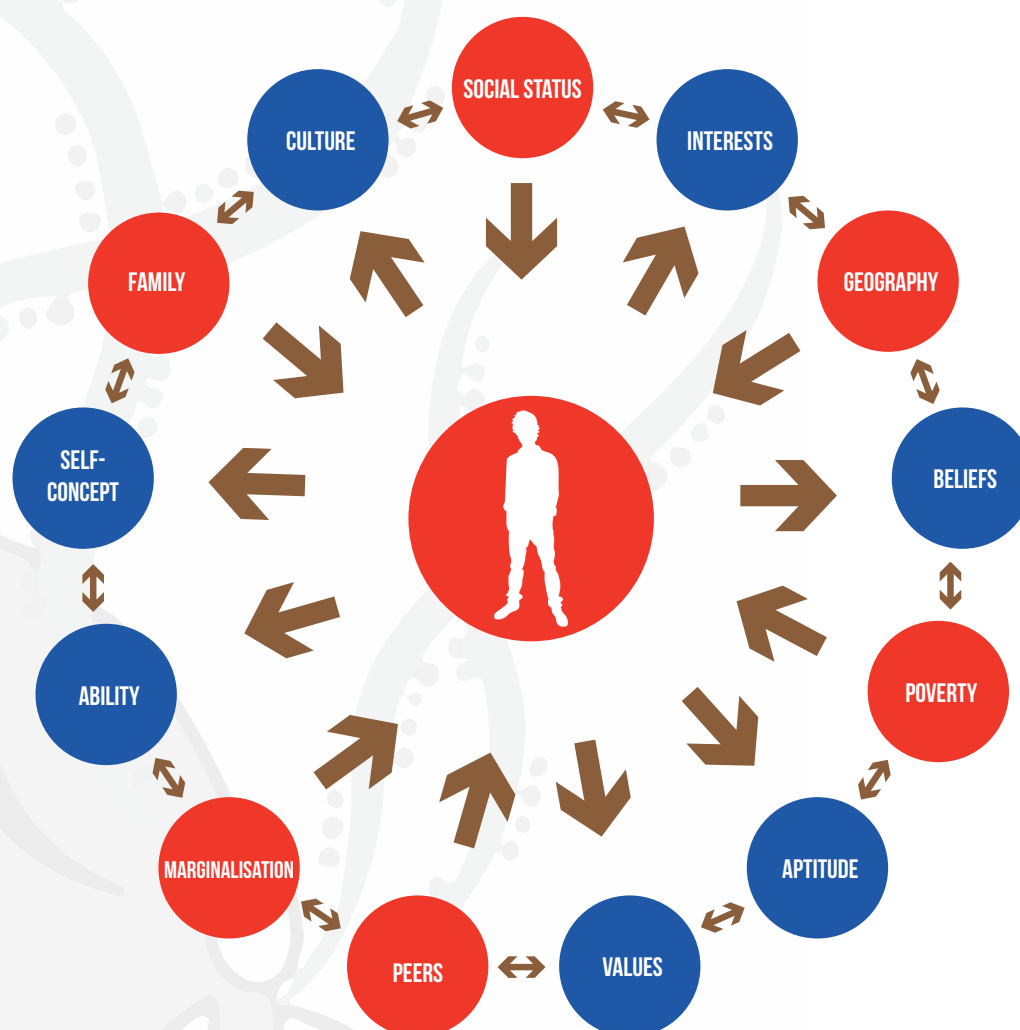


Figure 5. Complex career development influences.

Complexity theory has resonated with the staff at the BHUDRH because it takes into account diverse and complex influences, planned and unplanned life events, as well as social, educational, cultural and economic factors that can be experienced by rural and remote residents. Additional complexities may be confronted by Aboriginal secondary school students.

Your approach to health career development activity may need to be as equally complex and responsive in order to address unique local needs. Having a comprehensive understanding of your community and networks will help to identify potential barriers and opportunities which can influence program strategies and activities. To address complexities, you may want to start your program with a focused approach that has been prioritised by key stakeholders. The program can then expand to take into account additional needs or priorities over time.

Aboriginal Context

Aboriginal people make up a significant proportion of Australia's rural and remote population (Australian Bureau of Statistics, 2011). There are factors that you will need to consider to ensure program appropriateness and equity of access for Aboriginal secondary school students. There is an acknowledged gap in the education and health outcomes between Aboriginal and non-Aboriginal Australians (Humphreys et al., 2002, Anderson et al., 2006). Educational attainment is essential for all secondary school students aspiring to a health profession. If we are to ensure the provision of, and access to, culturally appropriate health care services, then a greater number of Aboriginal people need to be represented within the health workforce across the range of disciplines (Health Workforce Australia, 2011).

This representation in the health workforce can be supported by:

- enhanced secondary school outcomes and career exposure,
- promoting and improving pathways into tertiary education and health professions, and
- supporting transitions from education into employment.

Health career programs that engage Aboriginal secondary school students earlier in their career decision-making can help to build aspiration and confidence toward these professions (National Aboriginal and Torres Strait Islander Health Council, 2008). Providing a culturally safe program with relevant career information and exposure to Aboriginal health services and professionals can support this.

The National Aboriginal and Torres Strait Islander Health Council identified four priorities that need to be considered for Aboriginal secondary school students and creating pathways into the health workforce (National Aboriginal and Torres Strait Islander Health Council, 2008). The following recommendations have been aligned to these four priorities.

1. Students and their needs

Student, Parent, Family and Community Engagement

Involving students, parents, and community leaders in the development of the HCAP will enhance the local responsiveness and cultural relevance of program activities. We encourage you to work with students, families, Aboriginal community groups, leaders, health services, and professionals during the development and delivery of your program so that it is personally, culturally, and spiritually supportive.

Financial Implications

Aboriginal people experience higher levels of socio-economic disadvantage than non-Aboriginal Australians. Poor access to financial support can be a contributing factor to the under-representation of Aboriginal people in tertiary education health courses. Being able to identify and provide information about available financial support for Aboriginal secondary school students will enable you to alleviate financial constraints that may impede career aspirations and attainment.

2. The learning environment

Literacy and Numeracy

Some Aboriginal secondary school students may experience poorer literacy and numeracy outcomes. One response from tertiary education providers is the development and delivery of accelerated learning programs to increase literacy and numeracy skills. Your HCAP may provide information about pathways into such courses.

Access and Participation

Aboriginal people are under-represented in Australia's health workforce. You may want to create an implementation plan that promotes access and participation of Aboriginal secondary school students. Developing this plan in consultation with a range of Aboriginal and mainstream stakeholders will encourage cultural responsiveness and investment.

Aboriginal secondary school students who are interested in tertiary education may not have selected the pre-requisites for health courses. You may want to identify strategies to engage with local secondary schools and other education providers to assist with subject selection as well as the identification of alternative pathways to health career attainment such as TVET and SBATs.

3. The system

Cross Sector Collaboration

By working across education and health sectors to develop the program, these partners can become engaged in promoting pathways for transition from education into employment. These agencies typically have Aboriginal employment policy statements, funding opportunities, and identified health positions that can also support career attainment. These collaborations can also support funding submissions and program promotion at the regional, state, and federal levels.

Regional Variance

It is recommended that you seek guidance from the identified traditional owners, as well as being aware of other Aboriginal groups living in the community, to ensure cultural responsiveness of the HCAP.

4. Leadership

Role Models

Aboriginal secondary school students may have limited access to Aboriginal health professional role models across the range of disciplines. An effective way to influence career aspirations in secondary school students is to enable interactions through the HCAP with practising Aboriginal health professionals and Aboriginal and non-Aboriginal tertiary health science students. Listening to these role models share their educational and professional journey can inspire Aboriginal secondary school students' career aspirations and attainment.

Program Approach

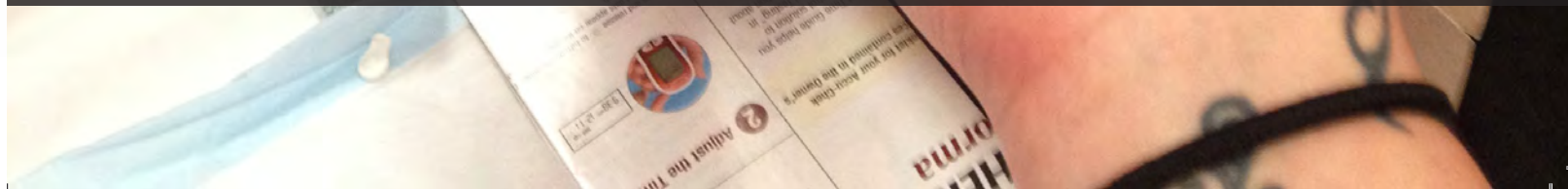
The importance of a culturally safe program can be addressed in various ways including; ensuring that the students are encouraged to have a voice, ask questions, and be listened to; having facilitators who are culturally sensitive and competent; and being in an environment where everyone can be comfortable to interact without fear or judgment. Another aspect to consider is possible ‘triggers’ that may cause a reaction, either emotional or physical, and how to appropriately respond to these. For instance, some students have had greater exposure to health systems, either personally or through family illness, and some of these experiences may have been distressing. Being vigilant and responding to individual student needs is very important.

The program should include aspects that impact upon Aboriginal health including chronic disease and social and emotional wellbeing. For example, a discussion around Type II diabetes can be conducted during hands-on activities like blood glucose testing. The program may also need to be flexible in time management and delivery such as providing an opportunity for the secondary school students to share and discuss their experiences and career aspirations in light of the day’s events and activities.





HOW TO ESTABLISH A HCAP





How to Establish a HCAP

The type, design, and delivery of the academies may vary according to local need and priority, collaborations, budget, access to facilities and resources, and secondary school student response. For instance, in a more remote community, access to disciplines may be variable – limiting the type of academies that can be offered locally, or the academies may be blended to cover a range of disciplines in one mixed academy program. The HCAP may be established with one discipline-focused academy leaving opportunity for further development or expansion in the future.

Partnerships

Before implementing the HCAP within any community, consultation should first occur with local and regional key stakeholders and community groups. Partnerships and relationships are crucial for the success of the program (Lasker et al., 2001, CCF National Resource Centre and Publow, 2010). There needs to be a shared understanding of the implications of health workforce shortages for rural and remote communities, a commitment to share responsibility in addressing these shortages, and a mutual benefit in program development, delivery, and outcomes.

Specific connections with principals, school careers advisors, teaching staff, tertiary education institutions, and health services and professionals are essential to enhance integrated career development activities that align to curriculum, individual student career aspirations, and health workforce needs. Additional community consultations should include parents, family members, and carers to enhance engagement and participation. The secondary school students themselves are also well placed to inform and influence program development and evolution.

Partnerships may take time to establish, especially when agencies may have limited existing cross-sector relationships and shared activities (Bryson et al., 2006). It is imperative that agencies seeking to develop a HCAP remain sensitive to, and aware of, the demands placed on potential partners, such as schools and health services, and the impact this can have on their ability to support program delivery. In order to manage changing commitments, the program needs to be flexible and responsive to partner organisations. This can be achieved by maintaining regular and effective communication.

The BHUDRH has a long history of working in partnership with key health and education stakeholders in Far West NSW. The partnerships established between the BHUDRH and regional central, secondary, and primary schools have had a pivotal role in the development, implementation, and sustainability of the HCAP [Table 3]. Integration across health agencies, school education, and community organisations supports the design and delivery of the HCAP. Figure 6 provides a visual interpretation of the partnership elements.

Table 3. Partners and mutual benefits of HCAP partnership.

PARTNERS	MUTUAL BENEFITS of HCAP PARTNERSHIP
Departments of Health (federal and state)	<ul style="list-style-type: none"> • Program approach aligns to health workforce evidence for rural and remote locations • Promoting professional career attainment for rural, remote, and Aboriginal populations • Cross-sector partnerships - shared and integrated activity and resources • Health literacy and health promotion • Broader community engagement strategies
Local Health District and Aboriginal Health Services	<ul style="list-style-type: none"> • Impact local/regional health workforce; <ul style="list-style-type: none"> • Promotion of Traineeship / Apprenticeship / Cadetship opportunities • Engage local health professionals as career role models, mentors, educators • Impact on health workforce • Cross-sector partnerships - shared and integrated activity and resources • Health literacy and health promotion • Broader community engagement strategies
Secondary School Education	<ul style="list-style-type: none"> • Aligns to career development curriculum and individual student career aspirations • Exposure for secondary school students to a range of health career professionals, information, and opportunities <ul style="list-style-type: none"> • Range of health disciplines • Health literacy and career pathways • Tertiary health science students • Identifying secondary school students who would be interested and eligible for SBATs and other career opportunities • Cross-sector partnerships - shared and integrated activity and resources • Broader community engagement strategies
Tertiary Institutions TAFE and University	<ul style="list-style-type: none"> • Promoting tertiary education pathways • Engagement with a broader and more prepared student population <ul style="list-style-type: none"> • Providing equitable access to education for rural, remote, and Aboriginal populations • Opportunity to integrate existing tertiary health science students into career development strategies • Cross-sector partnerships - shared and integrated activity and resources • Broader community engagement strategies
Community	<ul style="list-style-type: none"> • Local solutions - creating a local response to an identified need • Investment in the community's future health workforce <ul style="list-style-type: none"> • Supporting educational attainment and employment opportunities • Potential impact on and contribution to social and economic outcomes • Building capacity within community <ul style="list-style-type: none"> • Community leadership • Community development • Cross-sector partnerships - shared and integrated activity and resources • Broader community engagement strategies

Parents and Carers	<ul style="list-style-type: none"> • Access to information and support structures to navigate career and education opportunities <ul style="list-style-type: none"> • Health career pathways • Tertiary education centres and enrolment processes, course work prerequisites, accommodation, costs • Scholarship, cadetship, and traineeship opportunities
Secondary School Students	<ul style="list-style-type: none"> • Exposure to a range of health careers and opportunities <ul style="list-style-type: none"> • Hands-on and interactive learning • Individual student career profile development (For example, HCAP -> Work Experience -> TVET -> University) • Access to information and support <ul style="list-style-type: none"> • Scholarships, cadetships, traineeships • Health career disciplines and pathways • Health career role models, mentors, and tutors • Advocacy from HCAP coordinator to enable participation and transition opportunities

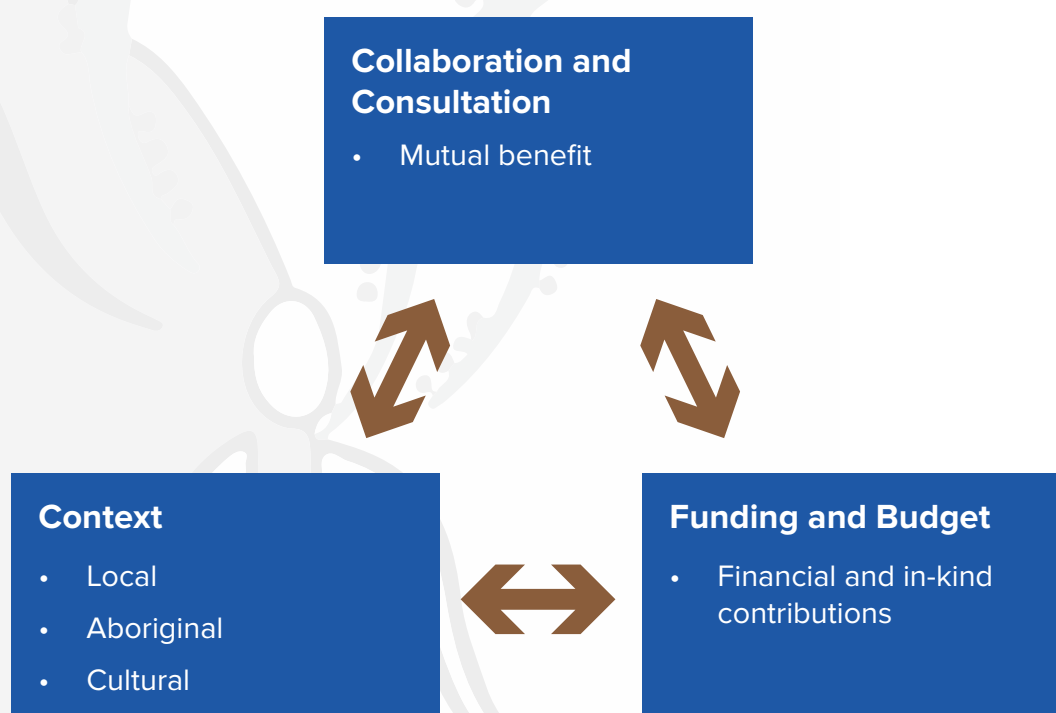


Figure 6. Partnerships Diagram.

Funding

There may be a number of sources that can be accessed to support HCAP initiatives. Cross-sector partnerships can provide additional opportunities to access funding and resources across different government and non-government agencies. Due to the interconnected approaches and activities associated with the HCAP, funding may also be sourced from agencies invested in:

- Rural health,
- Career development,
- Workforce initiatives,
- Aboriginal Health and Wellbeing,
- Health literacy, or
- Health promotion.

The source of funding and resources will determine which partner organisation is best positioned to be the lead applicant. For example, health agencies are often better placed to apply for funding through Departments of Health or Health Workforce branches, while education partners may be better positioned to apply for Department of Education funds associated with career development activity.

The list of potential funding and resource avenues are a guide to assist you in accessing funding however, you may be able to identify alternative and additional sources [Table 4].

Table 4. Possible funding sources.

FEDERAL	STATE	LOCAL / REGIONAL	OTHER
<ul style="list-style-type: none"> • Department of Health (DoH) • Aboriginal Health & Medical Research Council (AH&MRC) • Office for Aboriginal and Torres Strait Islander Health (OATSIH) • Department of Education (DoE) • Department of Employment 	<ul style="list-style-type: none"> • State / Territory DoH • State/ Territory DoE • State / Territory OATSIH 	<ul style="list-style-type: none"> • Local governments • Local health services • Local education providers • Local clubs or social organisations 	<ul style="list-style-type: none"> • Philanthropic donations • Non-government organisations

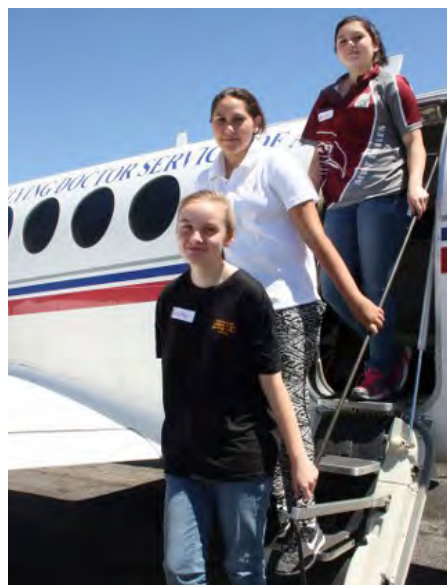
Considerations for the Budget

Different communities will structure the HCAP in different ways. The structure will influence the amount of cash resources required as well as the potential in-kind contributions needed to assist program development and delivery.

For example, the annual considerations for the Broken Hill Regional HCAP include administration, resources, in-kind contributions and other considerations [Table 5].

Table 5. Budget considerations

ADMINISTRATION	RESOURCES	POTENTIAL IN-KIND CONTRIBUTIONS	OTHER CONSIDERATIONS
<ul style="list-style-type: none"> • HCAP Coordinator (critical to program success) • Salary/wages • Travel and accommodation 	<ul style="list-style-type: none"> • Materials <ul style="list-style-type: none"> • Handouts • Surveys • Transportation to venues • Catering (healthy food) • Clinical equipment* <ul style="list-style-type: none"> • Blood pressure cuffs • Plastering material • Blood glucose monitors • Suturing material 	<ul style="list-style-type: none"> • Release of tertiary health science students on placement in region • Release of health professionals * • Secondary school teacher supervision* • Access to facilities (clinical & other) • Local Hospitals • Chemists • General Practices • Community Health Services • Aboriginal Health Services • Lifeline, etc 	<ul style="list-style-type: none"> • Publicity and media • Promotional items <ul style="list-style-type: none"> • T-Shirts • Carry bags • pens, rulers, etc • Promotional literature <ul style="list-style-type: none"> • Health literature • Career information • Scholarship information • Tertiary Programs
	<p>* This is associated with the activities scheduled, student level, and facilitator experience.</p>	<p>* This may include backfill requirements</p>	



Process

Program Design

Tailor programs to local context

This manual is only a guide providing templates to assist the development of a local HCAP. HCAPs are meant to reflect local and regional health employment opportunities, needs, and career pathways. Many rural and remote communities have unique approaches to health care delivery and a range of health providers. Where possible engage with these sectors to highlight the diversity of employment options and health careers available.

Be careful not to over commit in the early stages of program development and consider conducting a pilot phase to test the program and build a strong foundation from which to then support program consolidation or expansion. This will also allow for localised modification and adaptation of the program based on feedback and experiences.

Collaboration and Coordination

Build and maintain trust

Trusting relationships across organisations and communities will need to be established to support the development of the program if they do not already exist. Building trust takes time, be prepared to invest this time, especially in the early stages of program development. Once trusting relationships are established, monitor these relationships to ensure they remain healthy and robust (Bryson et al., 2006).

Consultation

Each program should be designed so that it is inclusive of the school and other partner organisations. What do we mean by inclusive? Inclusive means making sure that the partners have the opportunity to be involved from start to finish; conception, design, implementation, and evaluation of the program. By actively engaging the partners in program design and delivery, the mutual benefits will be easier to identify.

When starting a HCAP in any community, invitations should be sent to potential partners (i.e. school representatives, health services, AECG, Aboriginal community working party, council members, and NGOs) to attend an introductory meeting. While additional partners are important for the program, it cannot run without the support of local health and education partners. Consultations with each of the potential partners will help to identify those that are interested and committed to the program and its purpose. These consultations will also help to determine community capacity to offer and deliver discipline-specific programs and ensure that the design of the program is locally and culturally responsive. Consultation with the partners will help each agency identify what is possible, who to negotiate with, and define roles and responsibilities. For instance, communicating with the local health facilitators and education staff will help to identify a number of age-appropriate activities and clinical skills sessions as well as the resources that will be required to conduct those activities.

Consult with partners to develop a budget that identifies all relevant costs that might be incurred and in-kind contributions that partners may make to meet the cost requirements of the HCAP. Some partners may be able to provide human, infrastructure, or other resources while others may be able to allocate funds directly to the program. Be vigilant about identifying potential resources and funding opportunities; having a number of sectors engaged in the HCAP increases access to such opportunities.

Using consultation to link this initiative to the policy, funding, and reportable activity of the partners can encourage engagement and help identify mutual benefits. Working collaboratively with your partners can also identify any risks and develop strategies to mitigate them.

Promotion

Student

The timing of program promotion within the secondary schools is critical. Coordinate with the local school contact to deliver the promotional material and announce the availability of applications at the beginning of each year. The promotional material and applications should be designed specifically for each participating secondary school. In Broken Hill, they are usually delivered in the second week of Term 1 each school year. The promotional material and HCAP applications are designed and updated annually by the HCAP coordinator [Appendices 1-2].

Media

Strategies to promote the HCAP to secondary school students and their families will be dependent on available resources and may include the use of posters, flyers, or newsletters within the schools [Appendix 2]. External media sources such as newspaper, television, or radio advertisements could provide broader promotion of the program in the community. Any promotional materials should include all partner logos, but be sure to get consent for use prior to printing.

Branding

A secondary promotion strategy is to 'brand' your program with a unique logo or other identifying feature. Branding can:

- act as free advertising,
- promote the program across the community,
- act as an incentive for participation, and
- promote collegiate engagement within the HCAP group.

For example, some Broken Hill Regional HCAP have been given pseudonyms (e.g. KARING), and all HCAP participants are provided with a program T-shirt that identifies the academy attended [Appendix 3]. The use of T-shirts can also help to make participants easily identifiable in busy health settings. However, the provision of T-shirts can be a high cost item and would need to be considered in terms of financial ability.

Administration

Application

It is important to have a structured and formal application process for the HCAP. This process will determine the number of academies to be provided, participant numbers, participant demographics, and reasons for their participation. The application process also engages secondary school students with formal systems giving them responsibility

for their application and participation. The process keeps parents informed of their child's application and interest in a health career by requiring parental consent for all secondary school students. An example of the application form used in Broken Hill is available in Appendix 1. There is no fee to apply or attend the Broken Hill Regional HCAP.

Be sure to negotiate a closing date for the applications with the secondary school contact. In Broken Hill, this is usually 4-6 weeks after the delivery of the posters and application packs. It is important to follow-up with the secondary school contact 1-2 weeks before the agreed closing date and to collect the applications promptly after the closing date; extensions may be arranged if required.

Each student also signs a Confidentiality Statement and Photo Consent Form as part of their application. The Confidentiality Statement responds to any personal sharing during academy activities, but extends to the respect for patients or other persons and environments that they are introduced to during the academy. Confidentiality as part of the professional code of conduct for health professionals is also discussed. The Photo Consent Form allows for the use of any photographs taken during the day for future promotional materials. Any medical information is usually maintained by the secondary school and relevant information is shared as necessary, such as allergies.

HCAP Schedule

After the applications are collected and processed, the HCAP coordinator can plan the HCAP schedule for the year, determining how many, and what types of academies will be run [Appendix 4]. The HCAP schedule will be dependent upon the capacity within the community, the number of completed applications, the type of academy, and the number of each academy that can be provided. The HCAP coordinator will need to liaise with each secondary school and the appropriate local health facilitators to confirm their availability to arrange the HCAP dates for the year. This allows time for the school to undertake any required risk assessments and provide appropriate excursion notices for parent/guardian consent.

Selection Process

Local resources and systems to maintain connection with interested secondary school students may inform or direct the selection process. In Broken Hill, all secondary school students are welcome to apply and all those who apply will be invited to participate in the HCAP unless they do not receive parental/guardian consent. The type and number of academies to be provided will be based on the information from the application forms. A notice of acceptance is sent to the secondary school students after the schedule has been confirmed [Appendix 1].

The number of academies provided and the number of secondary school students invited to each academy will be determined by the school year, activities planned, and the ability to transport or divide the secondary school students into smaller groups [Appendix 4]. In Broken Hill, each academy tends to have around 10 participants, though they may have more.

Because the Broken Hill Regional HCAP is able to offer a number of different academy types, each secondary school student may attend their first and second choice academy type each year. This exposes secondary school students to greater opportunities and career options. This is also intended to help students understand their subject choices, opportunities, and requirements that could help them to achieve a health career.

Operational

Structure of the Day

The structure of the day includes the Welcome, Introductions, Overview of the day, and Expectations as well as Tours, Information, and Clinical Skills Sessions.

It is important to have clear expectations for the academy that all participants are aware of and agree to. Some examples of expectations include:

- Participation in the academy activities is encouraged but is ultimately voluntary. For instance, during the clinical skills activity, such as blood glucose testing, there is no requirement for the student to have their blood glucose level (BGL) tested if they are not comfortable to do so.
- The concept of two-way respect and professionalism is discussed. This is the concept of confidentiality as well as cooperation, working as a team, listening, and treating others respectfully in order to be treated in turn as a responsible person.
- The need for secondary school students to recognise and inform a supervisor of their feelings; particularly if they are feeling sick, faint, or sad.
- Basic house rules are discussed with secondary school students such as how to exit the building in an emergency, where the toilets are located, being sure to notify a supervisor if they need to be excused, and having all mobiles turned off. Other house rules include limiting eating to morning tea and lunch times.

In the appendices section, there are example agendas to help guide the structure of the day for the academy and operational checklists to help ensure all is prepared for the HCAP [Appendix 4]. Once the number and type of academy has been established, the agenda and day's itinerary can be completed in greater detail. Be sure to have a 'plan B' for unexpected events such as if your facilitator is suddenly unavailable or your activity location is no longer accessible. By having alternative activities and locations, the chance of having to cancel or reschedule the HCAP will be reduced.

Site Visits and Clinical Skills

It is important to plan for age-appropriate health site visits and clinical skills activities. General tours of health care facilities and basic clinical skills are better suited to younger participants with more specific sites and advanced skills being provided for older students. These activities will also be influenced by the number and type of health sites available to you and the clinical capacity of the facilitators. Site visits are an opportunity for a site representative such as a Nurse Unit Manager from a hospital ward to talk with the secondary school students about their job and role in health care.

Clinical Skills Sessions

Clinical skills sessions are an opportunity to share health information and expose secondary school students to health terminology in an informal setting as well as to discuss health behaviours and lifestyle choices and their impact on health. These sessions are often identified to be the 'best' part of the day by participants.

The clinical skills will need to be carefully chosen for each HCAP; taking into account the school year, age, and maturity of the secondary school students. Again, communicating with the facilitators will help to identify appropriate clinical skills. For

example, clinical skills for junior secondary school students may focus on hand washing, blood glucose levels, or blood pressures while senior students may be introduced to suturing, plastering, or cannulation skills. Safety in all activities is a priority; be sure to have an appropriate facilitator:student ratio. Clinical skills sessions are often delivered after the lunch break in the Broken Hill Regional HCAP with a rotation between three different clinical skills stations.

Facilitators

Facilitators may include local health professionals, educators, and other trained partners. It is a requirement to ensure that all facilitators have their child safety check clearances prior to commencing the program. Other facilitators may include a program coordinator and tertiary health science students on placement in the local community. Facilitators instruct the clinical skills sessions and also speak to the secondary school students about their career journey and their role in health care.

A school representative attends each academy delivered in Broken Hill, fulfilling supervisory and duty of care roles for secondary school student participants on the day. Parents may also attend as supervisors or they may be enlisted to facilitate non-clinical skills sessions as appropriate. Also, a parent and community Aboriginal elder may be invited to share or present information about traditional healers, bush medicines, or food. The HCAP coordinator also has a supervisory role, though they may also facilitate an activity if they have the appropriate clinical skills and qualifications.

NSW DoE excursion policies and the structure of the academy will help to determine appropriate facilitator:student ratios for the academies and planned activities (Department of Education, 2009). Detailed or complex activities may require more facilitators. For example, in Broken Hill the facilitator:student ratio for blood glucose testing is usually 1:3. This activity has a low ratio because of safety associated with the use of sharp implements.

Transport

It may be necessary to arrange transport to and from the school and the different activity locations. Transportation arrangements need to be negotiated between the HCAP coordinator and the secondary school contact. Some facilities may be within walking distance, so activities need to be planned and organised with transport requirements in mind.

Breaks

It is important to schedule and supply morning tea and a healthy lunch. Some schools will have their students bring their own lunches.

Flexibility

It has already been mentioned, but it is important for the HCAP coordinator to have a 'plan B'. This may be necessary in the event of facilitators being unavailable on the day of the academy, needing to shift between activities to maintain attention and interest, or deciding that a location is no longer accessible due to unplanned events. It is also important that the coordinator and facilitators are aware of the safety aspects of the different locations and academy activities.

Other aspects of flexibility include being aware of any disruptive or ‘chatty’ students that may need to be monitored, either with a watchful eye or having someone to ‘buddy’ the students and work side-by-side with them.

Additional considerations

It is important to be aware of who the facilitators are and if they are culturally sensitive, appropriate, and safe; especially when running an Aboriginal specific or culturally diverse academy.

Sensitivity to previous health and wellbeing experiences of secondary school students and their families may also be required. The high morbidity and mortality rates experienced by rural, remote, and Aboriginal populations may mean that academy participants have had personal and potentially stressful experiences with the health care system, staff, and facilities. Keep this in mind if you find a participant withdrawing or becoming upset as they engage in site visits or clinical skills. If a secondary school student becomes distressed, then provide support and involve the school supervisor in determining how best to respond; this may require a short break.

Lastly, activities **MUST** be fun, engaging, and interactive as well as providing information. This is important because the academy is about providing the secondary school students with a ‘taste’ of health professions and gives them an experience to help them decide on their career pathway.

Evaluation and Reporting

Creating an evidence base on program development, implementation, and outcomes is critical. Dissemination of routine reports on program activity and outcomes is one approach to ensuring all partners are briefed on program activity and impact. This approach will enable adaptation of the program, enhance participant and partner outcomes, and possibly influence policy and funding streams. It is recommended that regular program reviews and critiques be a part of the HCAP design to ensure the program is still effectively and efficiently achieving goals and meeting program objectives. This may also help to modify the program as appropriate.

Evaluation

The BHUDRH uses a pre and post program survey with each secondary school student on the day of the academy as a quality improvement initiative [Appendix 6]. The pre-survey asks about individual aims and general knowledge about the health discipline. The post-survey reviews the general knowledge questions from the pre-survey as well as the activity of the day, it asks about future interest in health careers, and provides a space for general feedback. These surveys help to inform the development of the HCAP as well as give feedback to the partners about secondary school student interest in, and knowledge about health disciplines and career pathways.

Evaluation of the program maybe conducted to examine impact and outcome which will require ethical approval and may influence the continuing development of the HCAP. It can also provide an evidence base to influence health workforce policy and associated funding allocations to support the sustainability of such programs. The specific evaluation methods used may vary depending on the purpose of the study and local skill and capacity.

It is recommended that a formal data collection and review process be designed and applied along with the implementation of the HCAP to provide evidence on the effect of the program; this includes identifying reportable Key Performance Indicators. This evidence can help to further develop the program for effectiveness and efficiency as well as with submissions for additional and future funding to continue the program.

Reporting

Reporting must be met according to the structure of the requirements of the partner organisations; often activity reports are required quarterly. Reporting may also be required as per the responsibilities and requirements associated with any funding received. This is determined in the funding agreements and contracts.

Regular feedback should be provided to partner organisations regarding HCAP activity. This helps to strengthen and encourage continued partnership. Reporting may also help to direct modifications to the HCAP; such as responding to any changes in secondary school curriculum requirements.

Figure 7 provides a visual guide through the 'how to' of establishing a HCAP.

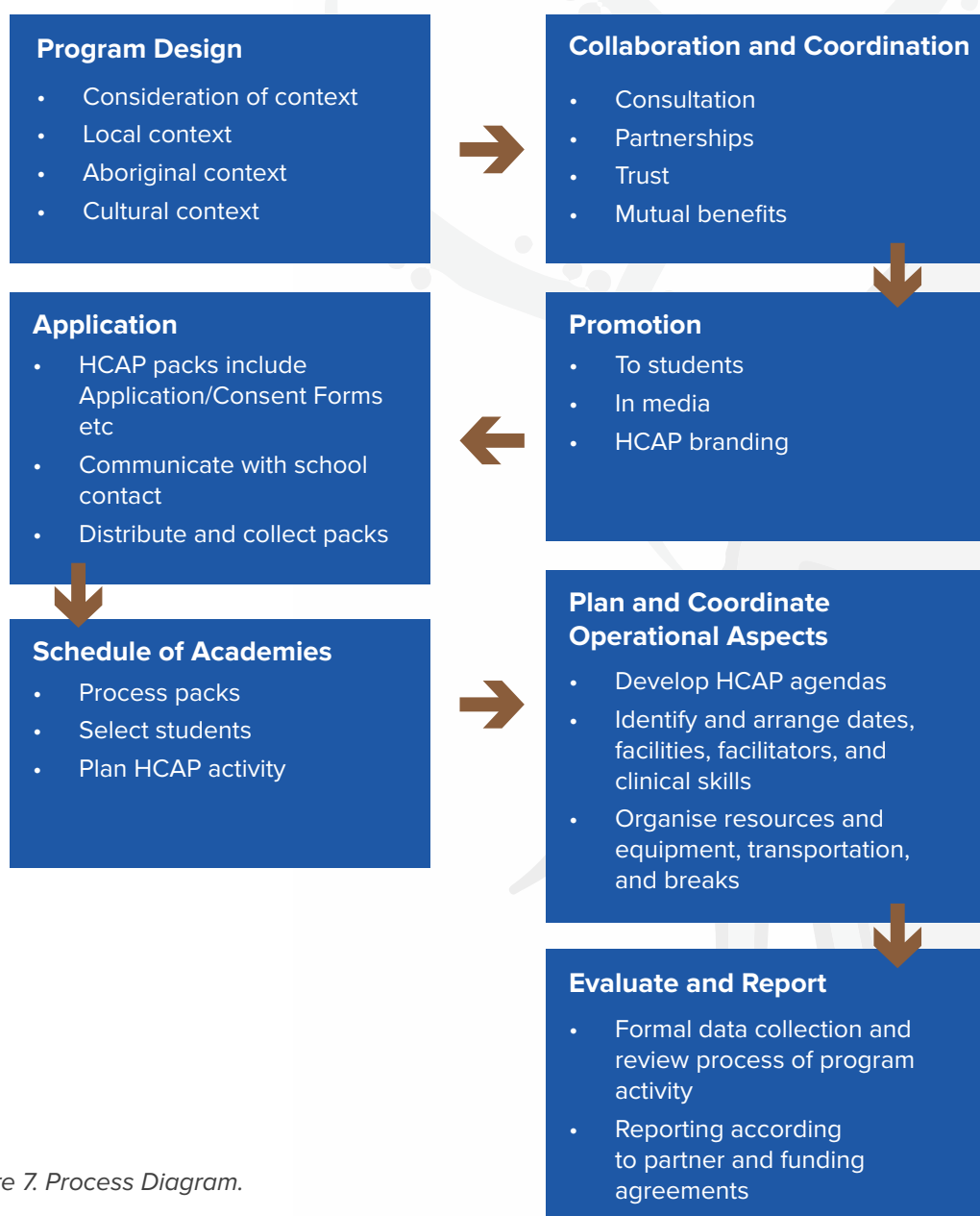


Figure 7. Process Diagram.

Roles and Responsibilities

It is important to have an identified partner or individual that is willing to take a leadership and coordination role for the program; it could be a designated program coordinator, a health professional engaged in health workforce development, a careers advisor or teacher, or representative from a Non-Government Organisation or the community sector. The identified partner or individual is someone to coordinate and manage the HCAP from the beginning to end.

Table 6 identifies roles and responsibilities for the Broken Hill Regional HCAP and is a guide to identify who and what may be needed to support the delivery of a program locally. The local roles and responsibilities may be divided differently or include other personnel; the persons may undertake additional responsibilities as required.

Table 6. HCAP roles and responsibilities

ROLE	RESPONSIBILITIES
HCAP Coordinator	<p>Collaboration and Coordination</p> <p>Facilitate collaboration and coordination processes across organisations</p> <p>Obtain permissions from appropriate managers to facilitate HCAP, arrange resource availability, or book appropriate facilities</p> <p>Plan and prepare agendas for each HCAP with relevant partner organisations (identifying facilitators and site visits to health services such as a visit to the RFDS or other community partner organisations)</p> <p>Promotion</p> <p>Prepare and disseminate promotional material; posters, flyers, newsletters etc</p> <p>Promote facilitator role for health professionals and tertiary health science students, and engagement with relevant institutions</p> <p>Administration</p> <p>Seek out appropriate and up-to-date handouts and health resources for the secondary school students that will be attending the HCAP</p> <p>Prepare HCAP posters, applications, confidentiality and photo consent forms, and deliver them to the school for distribution</p> <p>Follow-up with school contact (i.e. Careers Advisor) and collect all completed application forms</p> <p>Collate all forms to identify the interests for each academy to determine how many HCAP's are needed for the year and the discipline focus</p> <p>Tentatively book appropriate facilities e.g. clinical skills laboratory, meeting rooms, and organise any required resources for the HCAP</p> <p>Negotiate appropriate dates with the school and appropriate health providers and other partners (once the dates are set, the bookings can be confirmed)</p> <p>Prepare and give students their Notice of Acceptance letter to attend the HCAP</p> <p>If using t-shirts, order t-shirts at least 2-3 weeks before HCAP (the first printing may take longer due to template design requirements so ensure you order early)</p> <p>Ensure all participants are registered on the participant list</p> <p>Organise/Prepare HCAP Certificates of Attendance</p>

Operational

Negotiate transport

Set up venue, resources, and clinical skills space on the morning of the HCAP. Make sure you leave each venue tidy.

Assume supervisory role and facilitate activities as required

Organise morning tea and lunch for HCAP in advance for delivery on the day (it may be negotiated that the students provide their own lunch on the day)

Evaluation and Reporting

Prepare Pre and Post HCAP Survey Questionnaires to be completed on the day

Interpret findings from questionnaires and disseminate to partners and funding agencies through reports

Secondary School
Contact

Collaboration and Coordination

Liaise with HCAP Coordinator and negotiate dates for the programs

Promotion

Advertise and promote HCAP within the school; assemblies, newsletters, flyers

Administration

Coordinate HCAP applications, consent forms and follow-up with interested students

Collect and return all completed student forms to HCAP Coordinator

Check HCAP students School Health Records to identify allergies and special dietary needs. Notify the HCAP Coordinator of any special requirements

Conduct the appropriate risk assessment and inform parents of the HCAP student excursion (school permission note)

Operational

Negotiate transport

Provide Teachers/Supervisors to attend the HCAP (these staff members have a supervisory and duty of care role)

Evaluation and Reporting

Contribute to program evaluation and improvement processes through the provision of feedback to the HCAP Coordinator

Contribute to the preparation of reports for key stakeholders and funding agencies

Health Professional
Facilitators

Collaboration and Coordination

Liaise with HCAP Coordinator on provision of clinical skills sessions that are age-appropriate

Support and assist the coordination of program delivery with health partners

Promotion

Promote program to colleagues and ensure sites are aware of student visits

Administration

Support the identification of, and access to, contemporary health career pathway information for dissemination to participants

Operational

Prepare, set up, and facilitate delivery of the HCAP clinical sessions on the day; this includes the integration of health promotion and health literacy elements into clinical skills sessions (i.e. Diabetes and Blood Glucose Levels)

Share professional journey/career pathway into health as an example to the secondary school students of career attainment pathways (where available engage local residents who have obtained health qualifications to reinforce achievable attainment)

Provide a supervisory role for any tertiary health science student facilitators as required

Evaluation and Reporting

Contribute to program evaluation and improvement processes through the provision of feedback to the HCAP Coordinator

**Tertiary Health Science
Student Facilitators**
Collaboration and Coordination

Liaise with HCAP Coordinator on provision of clinical skills sessions that are age-appropriate

Support and assist the coordination of the program delivery with health partners

Promotion

Promote health careers and attainment pathways for secondary school students

Promote tertiary education pathways

Administration

Obtain permissions from the home University and local health placement supervisor to help facilitate the HCAP

Operational

Prepare, set up, and facilitate delivery of the HCAP clinical sessions on the day, this includes the integration of health promotion and health literacy elements into clinical skills sessions (i.e. Diabetes and Blood Glucose Levels)

Share their personal journey/education pathway into health as an example to the secondary school students

Evaluation and Reporting

Contribute to program evaluation and improvement processes through the provision of feedback to the HCAP Coordinator

**Other Professional
Partners****Collaboration and Coordination**

Liaise with HCAP Coordinator on provision of clinical skills sessions that are age-appropriate

Support and assist the coordination of the program delivery with health partners

Provide access to their services and facilities (this may include local health services, RFDS, Community Health, Lifeline, etc.)

Promotion

Promote participation with the HCAP within their respective agencies

Administration

Obtain permissions from appropriate managers to facilitate HCAP, arrange resource availability, or book appropriate facilities

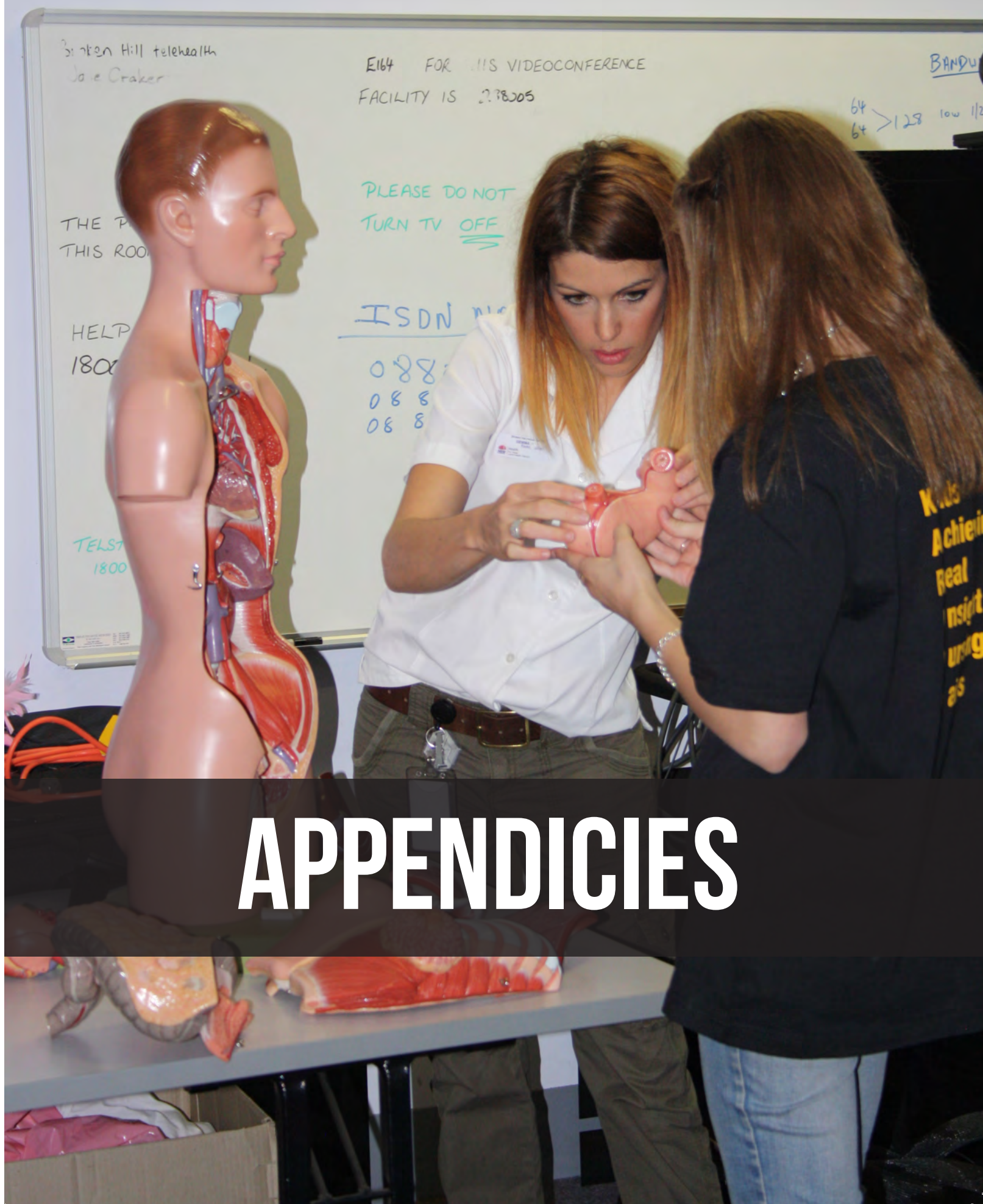
Operational

Facilitate the activity in and visit to their service

Provide appropriate information regarding their service and employment opportunities

Evaluation and Reporting

Contribute to program evaluation and improvement processes through the provision of feedback to the HCAP Coordinator



APPENDICIES

Appendices

The following appendices are available here as examples for local adaptation.

Appendix 1. Health Career Academy Program Pack

- Invitation
- Information Form
- Application Form
- Medical Form
(maintained in the school record)
- Confidentiality Form
- Photo Consent Form
- Notice of Acceptance
- Certificate of Participation

Appendix 2. Advertising Posters

- 2008
- 2009
- 2013
- 2015

Appendix 3. T-shirt Designs

Appendix 4. Scheduling and Selection Assist Form

Appendix 5. HCAP Agendas and Operational Checklists

- Nursing Academy (KARING)
- Medicine Academy (MEDIK)
- Allied Health Academy (AHOY)
- Mixed Academy
- Attendance Sheet
- Operational Checklist

Appendix 6. Pre/Post HCAP Surveys

Appendix 7. Curriculum Alignment

Appendix 1.

(Insert all Logos)

(Insert Year) HEALTH CAREER ACADEMY PROGRAM

Years 7-12

Explore A Career in Nursing, Medicine or Allied Health!

(e.g. Occupational Therapy, Physiotherapy, Dietetics, Pharmacy,
Aboriginal PHC Worker, Social & Emotional Wellbeing,
Speech Pathology, Medical Imaging, Dental Therapy)



(Insert your own
Photos)



Application Closing Date: (Insert Date)

(Insert all Logos)

INTERESTED IN A HEALTH CAREER?

You can learn about a number of health career opportunities and what you can do to help you on your pathway to a health profession by participating in the Health Career Academy Program.



Your involvement will provide you with the opportunity to learn exciting clinical skills through hands on experience in a supported environment.

You will have opportunities to meet Health Professionals at different stages in their careers, and hear how they achieved their ultimate goal of becoming a Health Professional.

If you plan to pursue a Health Career, there are several pathways that you can consider.

You may need to travel away to University,
or there is TAFE-delivered vocational education and training
and school based apprenticeships & traineeships.

If you think that a Health Career is for you, then don't miss this day...

The goals of our Health Career Academies are to:

- Introduce you to a diverse range of health career opportunities much earlier.
- Encourage you to continue onto tertiary education and health professions.
- Provide you and your family with information and guidance on the multiple pathways to contemporary health career attainment.
- Provide you with hands-on, fun, interactive sessions as you learn about these pathways, as well as improve your health literacy.
- Promote health workforce opportunities.

You are able to apply for the Health Career Academy Program if you:

- Attend school at (Insert School Names) or are currently doing Home-schooling.
- Have a commitment to learning.
- Are willing to attend the full day of the Health Career Academy Program.
- Have an interest or real desire to pursue a health profession or explore Health Career options.

The Health Career Academy Program is FREE; however space is limited so make sure you get your application in as soon as possible.

You can pick-up an application form from your school contact; (Insert Name) today!

Submit your application by (Insert Date)

****Remember - ALL forms MUST be signed by you and a parent/guardian to apply****

Submit your application forms to
(Insert Name of school contact)
before the closing date.

You will be notified of your acceptance
status ASAP.

If you have any questions or need additional information please phone
(Insert Coordinator Name)

Alternatively, you can submit your application by mail to:

Attention:

(Insert Coordinator Name and Contact Details)

You will receive additional information for the Health Career Academy Program
once your application has been processed. Thank you.

(Insert all Logos)

Health Career Academy Program
Student Application Form - (Insert School)

Please print clearly:

Name: _____ Date of Birth: _____

Please Circle: Aboriginal or Torres Strait Islander Yes / No Male / Female

Home Address: _____

City _____ State _____ Postcode _____

Home Telephone: (____) _____ Mobile: _____

Email Address: _____

Grade: _____ T-Shirt Size: _____

Emergency Contact Information:

Parent/Caregiver's Name

1. _____ Day Telephone: (____) _____

2. _____ Day Telephone: (____) _____

Did you attend a Health Career Academy Program before? Yes / No

If yes, in which year(s) did you attend (please circle) 2008 / 09 / 10 / 11 / 12 / 13 / 14

Health Interest(s)

In the space below, please write about what you would like to know and why you are interested in attending the Health Career Academy Program?

 _____**Please select and number your choice of health career in order of priority;** (No.1 being first choice)

..... Nursing Occupational Therapy Speech Pathology Pharmacy Medical Imaging
 Dietetics Aboriginal Health Worker Exercise Science Medicine Physiotherapy
 Social & Emotional Wellbeing (includes Mental Health and Drug & Alcohol work) Other

Education:

What would you like to do after you leave high school?

Have you thought about what you need to do to make this happen? Yes / No

If yes, can you tell us what you are planning to do?

Signature of Student: _____ Date: _____

Signature of Parent/Caregiver: _____ Date: _____

If you have any questions, please contact:

(Insert Coordinator Name and Contact)

(Insert all Logos)

HEALTH CAREER ACADEMY PROGRAM

STUDENT CONFIDENTIALITY STATEMENT

As a participant in the **HEALTH CAREER ACADEMY PROGRAM**, you may be involved with confidential client and/or patient information, or come into contact with patients when you are in health care facilities. Be aware, you have the responsibility to safeguard the privacy of all clients and/or patients and people you come in contact with throughout the day.

CLIENT AND/OR PATIENT INFORMATION IS STRICTLY CONFIDENTIAL BY LAW IN AUSTRALIA. NO INFORMATION, RECORD, OR MATERIAL CONCERNING CLIENTS AND/OR PATIENTS MAY BE USED, RELEASED, OR DISCUSSED WITH ANYONE OUTSIDE THESE FACILITIES OR WITH OTHER COMMUNITY MEMBERS AND/OR MEDICAL EMPLOYEES WITHOUT PROPER AUTHORISATION.

"I understand a client and/or patient's right to privacy is protected by Australian Law. Failure to respect the confidentiality of client and/or patient's information can result in immediate removal from the program."

Signature of Student

Date

Signature of Parent / Caregiver

Date

(Insert all Logos)

HEALTH CAREER ACADEMY PROGRAM

CONSENT TO USE PHOTOGRAPHS

Background

The (Insert your Agency Name and School) from time to time run public awareness campaigns for the purpose of:

- familiarising target audiences with the role and structure of the Department(s);
- publicize rural health, education, and art programs;
- encourage students and health professionals to consider rural health placements or jobs; and
- disseminate knowledge about rural health issues.

Such campaigns may include production and distribution of material through media such as:

- brochures and posters;
- display boards;
- publications such as newspapers and magazines;
- television and radio advertisements or segments;
- internet and intranet sites; and
- films or DVDs.

For the purposes of the Privacy Act 1988, these are classified as generally available publications.

The (Insert your Agency Name and School) seeks your permission to use photographs of yourself in such campaigns.

The (Insert your Agency Name) will hold copyright to use the photographs of yourself and all images will be filed on the department's HCAP database.

If you have any restrictions you wish to apply to the use of these photographs these should be listed below.

ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I

- have read the content of this form;
- have been given a copy of the form;
- am over 18 years of age; (if not, parental permission is required) and
- consent to the use of photographs of myself by the (Insert your Agency Name and School).

I prefer to be identified in the photographs: Yes ☐ No ☐ (indicate preference)

PRINT STUDENT'S NAME: _____ STUDENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____ DATE: _____

ADDRESS: _____

Restrictions (if any):

(Insert all Logos)

Insert name of ACADEMY PROGRAM

NOTICE OF ACCEPTANCE

Thank you for your application to attend the
(Insert name of Academy) PROGRAM.

Your application **has been accepted** and we look forward to providing you with a full day of health career knowledge!

The (Insert name of Academy) PROGRAM aims to provide you with interactive, hands-on experiences while exposing you to the wide variety of career choices which exist within the (Insert name of health career) profession.

The (Insert name of Academy) is made possible through partnerships between (Insert program partners e.g. school, health service etc.).

Your day will begin promptly at (Insert Time) on (Insert Date) at the (Insert Location); and the day will end at approximately (Insert Time).

Transport will be provided to and from the Academy and (Insert School).

If you have any concerns or queries, please speak to your school contact (Insert Name) or (Insert your Coordinator's contact details).

- ❖ Morning Tea and Lunch will be provided.
- ❖ You MUST wear long pants or jeans, warm shirt and closed-toed shoes. Shorts, T-shirts with inappropriate slogans or advertisements, mid-riff tops, flip-flops or sandal type shoes are **NOT** permitted.
- ❖ Mobile phones will be turned **OFF** while in sessions.

If for any reason, you are unable to attend the (Insert name of Academy) PROGRAM please notify your school contact, (Insert Name) or (Insert your Agency contact details) ASAP.



Our goal is to provide you with a fun, enriching and educational experience within the (Insert name of health career discipline) community!



We look forward to meeting you on the (Insert Date) at (Insert Time)!



THE UNIVERSITY OF
SYDNEY



Broken Hill University
Department of Rural Health

Health Career Academy Program Certificate

(Insert students name)

for participating in the

Secondary Schools Nursing Academy Program & Clinical Skills Workshop

(date of Academy)

(Signature of HCAP Coordinator or Head of Lead Organisation)




Education &
Communities




Health
Far West
Local Health District


Appendix 2.




The University of Sydney
Faculty of Medicine

Broken Hill University
Department of Rural Health






Kids Achieving Real Insight into Nursing Gains




"It was GREAT! It was good getting more knowledge, very useful and interesting"




"Just a big thank you! Was highly recommended!"

If you are a High School Student in years 7–12 and interested in a Health Career then come to our


2008 NURSING ACADEMY Broken Hill





"It was great, hope to do it next year especially the maternity ward"



"Thank you for letting us experience today, I have learnt heaps about nursing and the Careers that involve nursing"








If you would like to know more about the Nursing Academy then please contact:
Kathie Naden
Community Development Officer Indigenous Education
Broken Hill Department of Rural Health
Ph: (08) 8080 1245 or 0439 622 882 (M)
Email: knaden@gwahs.health.nsw.gov.au

If you are interested in attending the Nursing Academy then please contact:
Careers Advisor
Broken Hill High School Ph: (08) 8088 1522
Tracey Hicks
Willyama High School Ph: (08) 8088 1055

GREATER WESTERN
AREA HEALTH SERVICE | **NSW HEALTH**

Directorate of Nursing & Midwifery



MAARI MA HEALTH Aboriginal Corporation

The Health Career Academy Program Manual

2013 Health Career Academy Program

Are you a High School Student in Years 7 - 12 and think you may be interested in a health career



Would you like to know more

Contact Denise Hampton at the Broken Hill
University Department of Rural Health

Phone: 08 80801200

or
contact your Careers Advisor or
Aboriginal Education Officer

This Program is supported by:



2015 Health Career Academy Program

Are you a High School Student in Years 7 - 12
and think you may be interested in a health career



Would you like to know more

Contact : Kathie Naden or Denise Hampton
The Broken Hill University Department of Rural Health
Phone: 08 8080 1200
or your
School Contact, Careers Advisor or
Aboriginal Education Officer

This Program is support by:



Education &
Communities

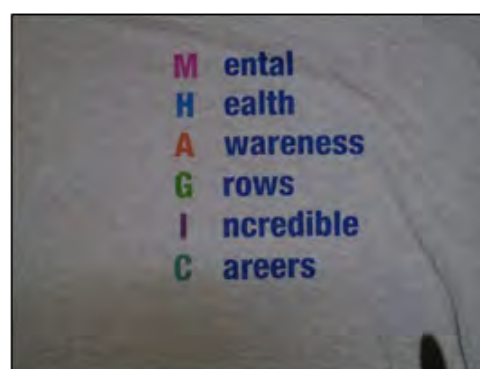
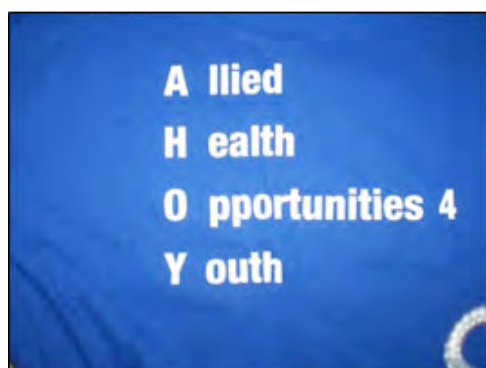


Health
Far West
Local Health District



Broken Hill University Department
of Rural Health

Appendix 3.



HCAP Scheduling and Selection Assist Form (an example)

Appendix 4.

	Name of Student	Grade	1 st Choice	2 nd Choice	Aboriginal (Y/N)	Returners (year previous)	T-Shirt (size)
1	A	8	Nursing	AHW *			14
2	B	8	Nursing	Medical Imaging			14
3	C	8	Nursing	Medicine			16/18
4	D	8	Nursing	Medical Imaging			14
5	E	8	Medicine	Physiotherapy			14
6	F	9	Physiotherapy	Dietetics		2014	M
7	G	9	Physiotherapy	SEWB*			XL
8	H	9	Nursing	Dietetics		2014	M
9	I	9	Physiotherapy	Nursing			W6
10	J	9	Exercise Science	Physiotherapy		2014	16
11	K	9	SEWB	Occupational Therapy		2014	M
12	L	9	Medical Imaging	Occupational Therapy		2014	W10
13	M	9	Physiotherapy	Dietetics		2014	M
14	N	10	Medicine	SEWB		2012,13,14	8/10
15	O	10	Nursing	Occupational Therapy		2014	L/16
16	P	10	Physiotherapy	SEWB		2014	12
17	Q	12	SEWB	Nursing			10
18							
19							
20							
21							
22							
23							
24							
25							

*SEWB=Social and Emotion Wellbeing

*AHW=Aboriginal Health Worker

Appendix 5.

Example Schedule for a Nursing Academy

(Insert School and Grade)

(Insert DATE)

AGENDA

Time	Activity	Facilitator	Equipment	Venue
Arrive (Insert Location) (Transport if needed)				
0915 – 0945	Introduction, Welcome and Expectations	(Insert HCAP Facilitator's Name)	Questionnaire & Handouts	(Insert Venue, Room)
0945 - 1015	Careers Information & Scholarships (Yarning Circle)	(Insert HCAP Facilitator's Name)		(Insert Venue, Room)
1015 - 1030	Morning Tea (provided)			
1030 – 1145	Hospital Tour of facility	(Insert HCAP Facilitator's Name)		(Insert Location)
1145 – 1245	Asthma (Emergency Response & Management)	(Insert HCAP Facilitator's Name)		(Insert Venue, Room)
1245 – 1315	Lunch (provided)			Lunchroom
1315 – 1445	Clinical Skills Session 3 Stations: <ul style="list-style-type: none"> • BP's • BGL's • Hand-washing 	(Insert HCAP Facilitator's Names)	Clinical Station Equipment	(Insert Venue, Room e.g. Clinical Skills Lab)
1445 – 1500	Evaluations, future directions & close	(Insert HCAP Facilitator's Name)	Questionnaire	(Insert Venue, Room)
Depart (Insert Location) (Transport back to school, if needed)				

Example Schedule for a Medical Academy

(Insert School and Grades)

(Insert Date)

Agenda

Time	Activity	Facilitator	Equipment	Venue
Arrive (Insert Location) (Transport can be provided, if needed)				
0915 – 0945	Introduction and Welcome	(Insert HCAP Facilitator's Names)	Pre-Questionnaire & Handouts	(Insert Venue & Room)
0945 – 1030	“Love Your Liver”	(Insert HCAP Facilitator's Names)	Upper Torso Hep C Resources	(Insert Venue & Room)
1030 – 1045	Morning Tea	(provided)	Lunchroom	
1045 – 1100	Transport	(Insert HCAP Bus Driver's Name)	(Insert HCAP Mode of Transport)	RFDS base
1100 - 1200	Visit Royal Flying Doctor Service	(Insert HCAP Facilitator's Name)	Tour of RFDS Facility	RFDS base
1200 – 1215	Transport	(Insert HCAP Bus Driver's Name)	(Insert HCAP Mode of Transport)	(Insert Location)
1215 – 1245	Lunch	(provided)	Lunchroom	
1245 – 1315	Career Information, Scholarships & University	Medical Students	(Yarning Circle)	(Insert Venue & Room)
1315 – 1445	Clinical Skills Session 3 Stations: <ul style="list-style-type: none"> • Airway Trainer (Anatomy...) • Suturing • Simm Mum (Birthing...) 	(Insert HCAP Facilitator's Names)	Clinical Stations Equipment	(Insert Venue & Room)
1445 – 1500	Evaluations, future directions & close	(Insert HCAP Facilitator's Names)	Post-Questionnaire	(Insert Venue & Room)
Depart (Insert Location) (Transport can be provided to school, if needed)				

Example Schedule for an Allied Health Academy

(Insert School and Grades)

(Insert Date)

Agenda

Time	Activity	Facilitator	Equipment	Venue
Arrive (Insert Location)				
0905 – 0945	Introduction, Welcome & Expectations	(Insert HCAP Facilitator's Name)	Pre Questionnaire & Handouts	(Insert Venue & Room)
0945 – 1015	Social Work	(Insert HCAP Facilitator's Name)		(Insert Venue & Room)
1015 – 1045	Physiotherapy	(Insert HCAP Facilitator's Name)		(Insert Venue & Room)
1045 – 1100	Morning Tea	(provided by ... Insert...)		(Insert Location)
1100 – 1130	Occupational Therapy	(Insert HCAP Facilitator's Name)		(Insert Venue & Room)
1130 – 1200	Dietetics	(Insert HCAP Facilitator's Name)		(Insert Venue & Room)
1200 – 1230	Podiatry	(Insert HCAP Facilitator's Name)		(Insert Venue & Room)
1230 – 1300	Speech Pathology	(Insert HCAP Facilitator's Name)		(Insert Venue & Room)
1300 – 1330	Lunch	(provided by ... Insert ...)		(Insert Location)
1330 – 1450	Aboriginal Primary Health Care Practitioner	(Insert HCAP Facilitator's Name)		(Insert Venue & Room)
1450 – 1510	Evaluations, future directions & close	(Insert HCAP Facilitator's Name)	Post Questionnaire	(Insert Venue & Room)
Depart (Insert Location)				

Example Schedule for a Mixed Academy
(Insert School and Grades)
(Insert date)

Agenda

Arrive (Insert Location) (Transport will be provided by (... Insert ...))				
Time	Activity	Facilitator	Equipment	Venue
0900 – 0945	Introduction and Welcome Careers & Scholarships	(Insert HCAP Facilitator's Name & Title)	Pre Questionnaire & Handouts	(Insert Venue)
0945 - 1015	Snake Bite Scenario	(Insert HCAP Facilitator's Name & Title)	-	(Insert Venue)
1015 – 1030	Morning Tea (provided by ... Insert ...)			
1030 – 1035	Group 1. Transport			
1035 – 1140	Group 1. Visit to Aged Care Facility	(Insert HCAP Facilitator's Name & Title)	-	(Insert Venue)
1140 – 1145	Group 1. Transport			
1145 – 1230	Group 1. Visit Aboriginal Health Service	(Insert HCAP Facilitator's Name & Title)	Wellbeing Activities	(Insert Venue)
1030 – 1120	Group 2. Occupational Therapy	(Insert HCAP Facilitator's Name & Title)	-	(Insert Venue)
1120 – 1130	Group 2. Transport			
1130 – 1215	Group 2. Nursing & IPHCW Clinical Skills Session Stations: (3 x15 minutes) • BP's • BGL's • Handwashing	(Insert HCAP Facilitator's Name & Title)	Clinical Station boxes	(Insert Venue)
1215 - 1245	Group 2. Dietician / Exercise Science	(Insert HCAP Facilitator's Name & Title)	-	(Insert Venue)
1245 – 1320	LUNCH (provided by ... Insert ...)			
1320 – 1345	Group 2. Hospital Tour	(Insert HCAP Facilitator's Name & Title)	-	(Insert Venue)
1345 – 1500	Group 2. Physiotherapist	(Insert HCAP Facilitator's Name & Title)	Plastering & Exercise	(Insert Venue)
1500 – 1510	Group 2. Transport (pick up Group 1 & 2, travel back to ... Insert ...)			
1330 – 1450	Group 1. Clinical Skills Sessions / Workshop Healthy for Life Team & Medical Students	(Insert HCAP Facilitator's Name & Title)	Clinical Station boxes	(Insert Venue)
1500 - 1510	Group 1. Transport (pick up Group 1 & 2, travel back to ... Insert ...)			
1450 -1500	Evaluations, future directions & close	(Insert HCAP Facilitator's Name & Title)	Questionnaire (To be completed by students)	(Insert Venue)
Return (Insert Location) (Transport will be provided by (... Insert ...))				

This colourful template is an example of the daily itinerary that is given to the secondary school students on the day of the academy.

(Insert Name of Academy Program) – (Insert Date)

(To be completed by all participants – Students, Facilitators, and Guests)

Name (Please Print Clearly)	Grade	School/Workplace/University	Signature	Contact/Address/Email

Operational Checklist (Preparation)**To Do****Structure of the HCAP**

1. Welcome/Acknowledgement of Country – A Welcome to Country is to be officiated by an Aboriginal Traditional Owner; otherwise, you can do an Acknowledgement of Country. ☐
2. Identify those who will be present – Facilitators, Students, School Staff, and others. ☐
3. Attendance sheet – Prepared and printed. ☐
4. Overview of day (Agenda, expectations and house rules) – Prepared and printed. ☐
5. Promotional literature and items (health literature, career information, handouts, pens etc) – Gather resources and information. ☐
6. Evaluation surveys – Prepared and printed. ☐
7. Certificate of Participation – Prepared and printed. ☐
8. T-shirt ordering – Prepare and place order 3-4 weeks ahead of HCAP. ☐

Site Visits

1. Identify site location, facility or venue and confirm date, availability, and appropriateness. ☐
2. Determine age-appropriateness of sessions and confirm with facilitators and school contact as appropriate. ☐
3. Confirm contact details of site facilitators and representatives. ☐
4. Determine site supervision and student:facilitator ratios. ☐
5. Determine and finalise transport requirements (travel time to and from site and drivers). ☐

Clinical Skills Sessions

1. Identify required and appropriate facilitators' skills according to activity and confirm their availability. ☐
2. Determine age-appropriateness of activities, information, and clinical skills sessions. ☐
3. Arrange supervision in accord with appropriate student:facilitator ratios. ☐
4. Identify and acquire necessary resources for clinical skills sessions. ☐

Breaks

1. Plan and organise Morning tea. ☐
2. Plan and organise Lunch (some schools may prefer students to bring their own). ☐
3. Unplanned (ensure capacity to respond to unplanned breaks e.g. sickness, sadness etc.). ☐

Additional Considerations

- Activities should be fun, engaging, and interactive.
- Plan B – when access to your facilitator or facility is no longer available.
- Local, Aboriginal, and Cultural context to inform the day.
- Accounting for evaluation and reporting requirements.
- Working with children check (child safety check clearances) for all.

Operational Checklist (on-the-day)**To Do****Structure of the Day**

- Prepare Clinical Skills Lab (space) and HCAP Venue (Set up equipment, chairs & room). ☐
- Provide transport and pick students up from the school (if needed). ☐
- Handout T-shirts as the secondary school students arrive, and have them change into them. ☐
- Attendance sheet – to be completed by everyone. ☐
- Welcome/Acknowledgement of Country – A Welcome to Country is to be officiated by an Aboriginal Traditional Owner; otherwise you can do an Acknowledgement of Country. ☐
- Introductions – Facilitators, Students, School Staff, and others present. ☐
- Overview of the day & handouts ☐
 - Pre-Survey Questionnaire Evaluation form. ☐
 - Promotional items and careers information. ☐
 - HCAP Agenda. ☐
 - Expectations and house rules. ☐
- Deliver Health Career Academy Program. ☐
- At the end of the day (before the students leave). ☐
- Post-Survey Questionnaire Evaluation form. ☐
- HCAP Certificates of Participation. ☐
- Provide transport and deliver students back to the school (if needed). ☐
- Clean-up. ☐

Site Visits and Activities

- Keeping to time is really important (especially if you have several site visits). ☐
- Have key contact name and details on hand, just in case you are delayed or early. ☐

Clinical Skills Sessions

- Prepare and set up clinical skills equipment and work stations. ☐
- Clean up clinical skills equipment and work stations. ☐

Breaks

- Deliver morning tea. ☐
- Deliver lunch (some schools may prefer students to bring their own). ☐
- Encourage facilitators and students to mix during their breaks to discuss career pathways and share.

Additional Considerations

- Keep on time.
- Flexibility in program delivery –for schools or facilitators who may arrive late.
- Keep students interacting and busy.
- You may wish to shadow students who appear to be unsettled or distracted.

Appendix 6.

(Insert all Logos)

Health Career Academy Program Pre Survey

Unique Identifier: _____ Date: _____

1. What year at school are you in? (Please circle)

7 8 9 10 11 12

Other: (Please list) _____

2. Are you of Aboriginal or Torres Strait Islander origin?

(Please circle)

Yes

No

3. Gender: (Please circle)

Male

Female

4. Have you attended the Health Career Academy Program previously?

(Please circle which year)

Yes (2007/ 08 / 09 / 10 / 11 / 12 / 13 / 14)

No

5. How did you hear about the Health Career Academy Program?

(Please circle)

At School Friends Adults (Parents / family members)

Careers Advisor Other: (Please list) _____

6. Are you interested in a health career?

(Please circle)

Yes

No

Not Sure

If yes, what health career(s) interest you? (Please number in order of priority)

..... Nursing

..... Dietetics

..... Sports Medicine

..... Medicine

..... Mental Health

..... Social Work

..... Medical Imaging

..... Aged Care

..... Pharmacy

..... Occupational Therapy

..... Physiotherapy

..... Speech Pathology

..... Aboriginal Primary Health Care Practitioner

Other: (Please list) _____

If no, what career are you interested in? (Please list)

7. Do you know what is required to aspire to and obtain your chosen career?

(Please circle)

Yes

No

8. Has anyone or anything helped you decide on this career?

(Please circle)

Yes

No

If yes, please list?

9. Do your parents/carers know how to help you gain your chosen career?

(Please circle)

Yes

No

If no, would you like further information and/or support?

(Please circle)

Yes

No

Health Career Academy Program Questionnaire

1. Please identify 3 pathways into a health profession?

a)

b)

c)

2. What is the role of a health professional?

3. In what areas do health professionals work?

4. Do you feel confident about participating today?

(Please circle)

Yes

No

5. What do you want to get out of today, why are you here?

Thank You

(Insert all Logos)

Health Career Academy Program Post Survey

Unique Identifier: _____ Date: _____

Health Career Academy Program Questionnaire

1. Please identify 3 pathways into a health profession?

- a) _____
b) _____
c) _____

2. What is the role of a health professional?

3. In what areas do health professionals work?

4. Would you consider a health profession as a career?

(Please circle)

Yes

No

If yes, please list what health profession?

5. Did you learn something today? (Please circle)

Yes

No

If yes, please list?

If not, please explain why?

6. How can we make it better?

Thank You

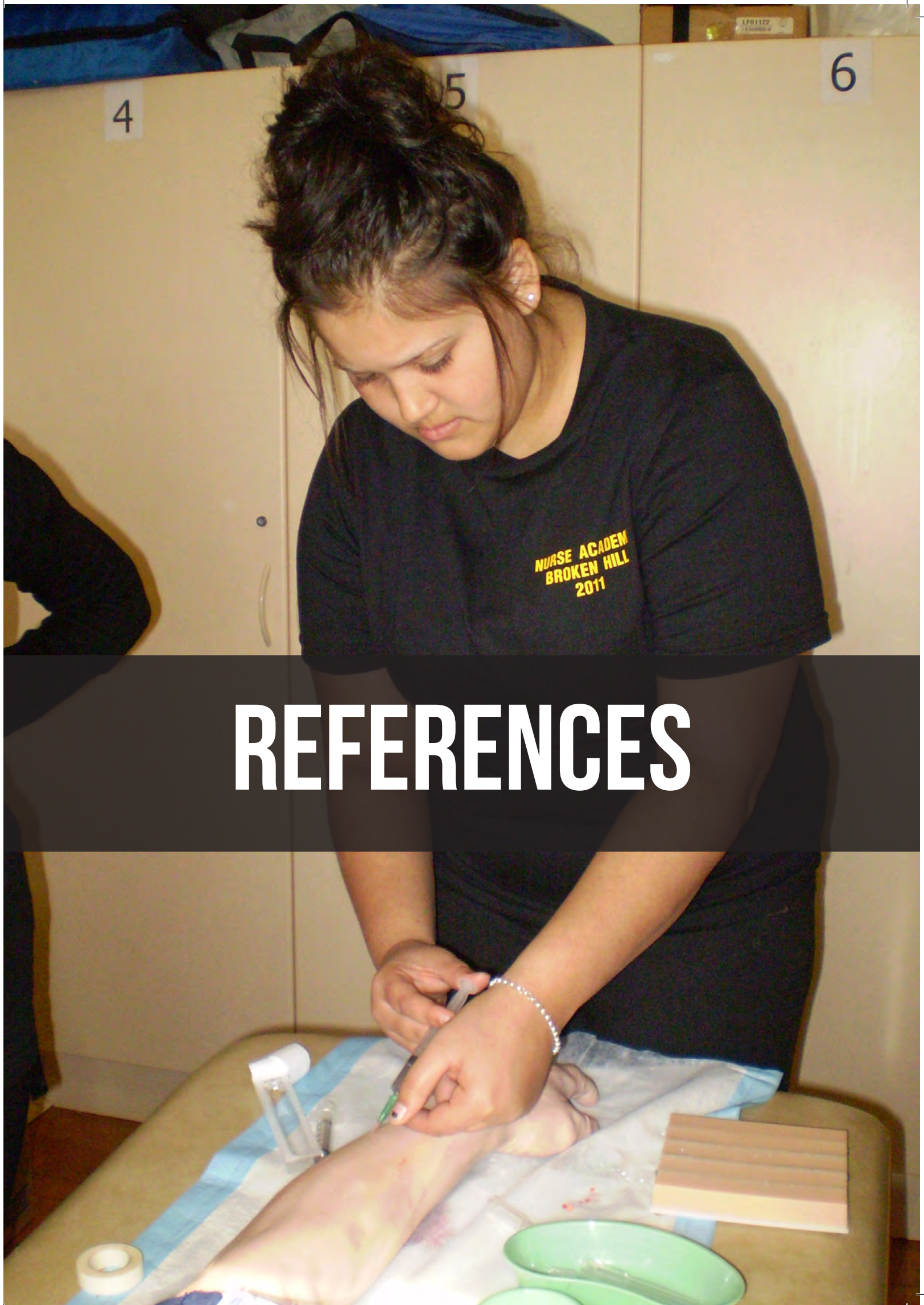
Appendix 7.

Table 7 provides examples on how the program can align to secondary school career development curriculum requirements. This alignment enables local secondary school partners to identify how the program activities and principles address part of their core work. Additional suggestions on how to align the HCAP can be found in the Australian Blueprint for Career

Table 7. HCAP and curriculum alignment (a sample).

CURRICULUM REQUIREMENT	HEALTH CAREER ACTIVITY	STUDENT ACQUISITION	STUDENT APPLICATION	PERSONALISATION	ACTIVATION
Incorporating realism into career decision-making	Provide students with opportunities that reflect authentic work tasks and service locations	Provide students with a range of exposure to health care settings and health skills.	Actively engage students in understanding the diverse range of health care settings and roles of health professionals.	Support careers advisors and students in the development of career portfolios that identify participation in health career development activity.	Acknowledge pathway attainments when successfully achieved.
				Provide clarity on the range of pathways to career attainment.	Identify barriers to pathway attainment and strategies to address these.
					Seek alternative pathways when necessary.
	Develop connections between health career activity and work experience opportunities	Support students with an interest in health professions to access work experience opportunities.	Provide reflection opportunities for students on work experience to support the transition of personal and school interpretation of career to practice and experience of 'real work'.	Engage with students across the career development activity and work place experience.	Support students in progressing career aspiration through alignment and exposure to tertiary education pathways.
		Work with schools to clarify pathways from health career activities to work experience opportunities.		Identify if career aspiration has altered based on experience.	
				Explore career alternatives.	This may include support with enrolment processes and advocacy for students with limited external support.
		Ensure students are aware of health service requirements.			

CURRICULUM REQUIREMENT	HEALTH CAREER ACTIVITY	STUDENT ACQUISITION	STUDENT APPLICATION	PERSONALISATION	ACTIVATION
Address gender bias and stereotypes in career activities	Explicitly seek a mix of gender role models to engage in health career activity	Explore student, teacher, career advisor perceptions of gender and association to health professions.	Support students who may feel as if they are challenging traditional gender stereotypes based on their career aspiration.	Personalise approaches when challenging gender bias with specific focus on career choice.	Acknowledge career activation activities and successes.
		Challenge gender bias through role model exposure where it exists. (Perceptions of female and male dominated health professional may act as a deterrent and limit scope of opportunity).	Engage same gender role models to act as mentors and provide guidance on career roles and attainment.	Acknowledge concerns and seek out strategies to address these.	Maintain linkages with gender role models across career transitions.
	Actively engage culturally diverse role models in career development activity with a specific focus on Aboriginal role models where Aboriginal students will be engaging in career activity	Explore cultural stereotyping perceptions especially those associated with Aboriginal health workforce development and roles.	Support students who may feel excluded or marginalized in career aspiration and attainment based on cultural identity and stereotypes.	Personalise approaches when challenging stereotypes.	Acknowledge career activation activities and successes.
		Challenge stereotypes through exposure to Aboriginal health professionals from across a range of health disciplines.	Engage cultural role models to act as mentors and provide guidance on career roles and attainment.	Acknowledge diversity of cultures and be sensitive to these. Acknowledge concerns and seek out strategies to address these.	Maintain linkages with cultural role models across career transitions.



REFERENCES



References

ANDERSON, I., CRENGLE, S., KAMAKA, M. L., CHEN, T., PALAFOX, N. & JACKSON-PULVER, L. 2006. Indigenous health in Australia, New Zealand, and the Pacific. *The Lancet* [Online], 367. Available: www.thelancet.com.

AUSTRALIAN BUREAU OF STATISTICS. 2011. Australian Demographic Statistics-3101.0 [Online]. Canberra: ABS. Available: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/81C5AE743DDCF8F0CA257A850013DF4C?opendocument>.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE. 2014. National Statement on health literacy: Taking action to improve safety and quality. ACSQHC, Sydney, Australia.

AUSTRALIAN INSTITUTE FOR TEACHING AND SCHOOL LEADERSHIP. 2014. Engagement in Australian Schools [Online]. Available: http://www.aitsl.edu.au/docs/default-source/learning-frontiers-resources/engagement_in_australian_schools-background_paper-pdf.pdf.

BLUSTEIN, D. L., MCWHIRTER, E. H. & PERRY, J. 2005. An Emancipatory Communitarian Approach to Vocational Development Theory, Research, and Practice. *THE COUNSELING PSYCHOLOGIST*, 33, 141-179.

BRYSON, J., CROSBY, B. & STONE, M. 2006. The Design and Implementation of Cross-Sector Collaborations: Propositions from the Literature. *Public Administration Review*, 44-55.

CCF NATIONAL RESOURCE CENTRE & PUBLOW, M. 2010. Partnerships: Framework for Working Together guidebook? [Online]. Available: <http://strengtheningnonprofits.org/resources/guidebooks/Partnerships.pdf>.

DEPARTMENT OF EDUCATION. 2009. Excursions Policy. NSWDoE. Available: http://www.det.nsw.edu.au/policies/student_admin/excursions/excursion_pol/PD20040010.shtml?query=policy.

DEPARTMENT OF HEALTH AND AGEING. 2009. Building a 21st Century Primary Health Care System [Online]. Available: http://www.mmgn.org.au/media/download_gallery/COAG%202011%20Communique%20re%20Health%20Reform.pdf.

DUNBABIN, J. & LEVITT, L. 2003. Rural origin and rural medical exposure: their impact on the rural and remote medical workforce in Australia. *Rural and Remote Health* [Online], 3. Available: <http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=212>.

DUREY, A., MCNAMARA, B. & LARSON, A. 2003. Towards a health career for rural and remote students: cultural and structural barriers influencing choices. *Australian Journal of Rural Health*, Volume 11, 145–150.

DYKEMAN, C., WOOD, C., INGRAM, M. A., PEHRSSON, D., MANDSAGER, N. & HERR, E. L. 2003. The Structure of School Career Development Interventions: Implications for School Counselors. *Professional School Counselling*, 6, 272-278.

EDWARDS, K. & QUINTER, M. 2011. Factors Influencing Students Career Choices among Secondary School students in Kisumu Municipality, Kenya. *Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS)*, 2, 7.

FISHER, K. A. & FRASER, J. D. 2010. Rural health career pathways: research themes in recruitment and retention. *Australian Health Review*, 34, 292-296.

GOOGINS, B. & ROCHLIN, S. 2000. Creating the partnership society: Understanding the rhetoric and reality of cross-sectoral partnerships. *Business and Society Review*, 105, 127-144.

GOTTFREDSON, L. 2005. Applying circumscription and compromise theory in career guidance and counseling. In: BROWN, S. & LENT, R. (eds.) *Career Development and Counselling: Putting Theory and Practice to Work*. Hoboken NJ: Wiley and Sons.

HEALTH WORKFORCE AUSTRALIA. 2011. Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report. Adelaide. [Online]. Available: <http://www.hwa.gov.au/sites/uploads/a-tsi-hwa-final-report-201208.pdf>.

HEALTH WORKFORCE AUSTRALIA. 2013. National Rural and Remote Health Workforce Innovation and Reform Strategy. HWA, Adelaide, Australia.

HOLLAND, J. 1997. Making vocational choices: A theory of vocational personalities and work environments. *Psychological Assessment Resources*. 3rd ed. USA.

HUMPHREYS, J., HEGNEY, D., LIPSCOMBE, J., GREGORY, G. & CHATER, B. 2002. Whither rural health? Reviewing a decade of progress in rural health. *Australian Journal Rural Health*, 10, 2-14.

JACKSON, M. A., KACANSKI, J. M., RUST, J. P. & BECK, S. E. 2006. Constructively Challenging Diverse Inner-City Youth's Beliefs About Educational and Career Barriers and Supports. *Journal of Career Development*, 32 203-218.

KRUMBOLTZ, J. & SAVICKAS, M. 1996. A learning theory of career counseling. *Handbook of career counseling theory and practice*. California: Davies-Black Publishing.

LASKER, R., WEISS, E. & MILLER, R. 2001. Partnerships Synergy: A practical framework for studying and strengthening the collaborative advantage. *The Milbank Quarterly*, 79, 179-205.

MASON, J. 2013. Review of Australian Government Health Workforce Programs [Online]. Canberra: DoHA. Available: <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-health-workforce-program-review>.

MCMAHON, M. & TATHAM, P. 2008. Career- More than just a job [Online]. Dulwich SA: education.au limited. Available: <http://www.myfuture.edu.au/tools-and-resources/developing-your-career/the-changing-world-of-work>.

MINISTERIAL COUNCIL ON EDUCATION EMPLOYMENT TRAINING AND YOUTH AFFAIRS 2010. Australian Blueprint for Career Development. In: DEPARTMENT OF EDUCATION EMPLOYMENT AND WORKPLACE RELATIONS (ed.). Canberra: Commonwealth of Australia.

MOREY, S. 2000. Establishment of the University Departments of Rural Health Program. Final report to the Australian Government Department of Health and Ageing. Canberra.

MURRAY, R. B. & WRONSKI, I. 2006. When the Tide Goes Out: Health Workforce in Rural, Remote and Indigenous Communities. *Medical Journal Australia*, 185, 37-38.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH COUNCIL. 2008. A blueprint for action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people [Online]. Canberra. Available: <http://www.limenetwork.net.au/files/lime/Blueprint%20for%20action.pdf>.

PALOSA, R. & DROBOTB, L. 2010. The impact of family influence on the career choice of adolescents. *Procedia - Social and Behavioral Sciences*, 2, 3407–3411.

PRYOR, R. G. & BRIGHT, J. 2003. The Chaos Theory of Careers. *Australian Journal of Career Development* 12, 12-20.

PRYOR, R. G. & BRIGHT, J. E. 2014. The Chaos Theory of Careers (CTC): Ten years on and only just begun. *Australian Journal of Career Development*, 23, 4–12.

SUPER, D., BROWN, D. & BROOKS, L. 1990. A life-span life-space approach to career development. *Career choice development: Applying contemporary theories to practice*. San Francisco, CA: Jossey-Bass.

TEXAS AHEC (PECAN VALLEY). 2010. The Nurse Academy [Online]. Available: http://www.pvahec-org.iahec.com/index.php?option=com_content&task=view&id=12&Itemid=29.

UNIVERSITIES AUSTRALIA. 2008. Participation and equity: a review of the participation in higher education of people from low socioeconomic backgrounds and Indigenous people [Online]. University of Melbourne. Available: https://www.universitiesaustralia.edu.au/news/commissioned-studies/Participation-and-equity-in-higher-education#.VRSDs_yUeul.

URBIS. 2008. Evaluation of the University Departments of Rural Health Program and the Rural Clinical Schools Program [Online]. Canberra. Available: <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-eval-udrh>.

WALKER, R. & GREATER WESTERN AREA HEALTH SERVICE 2010. Pathways to Nursing Careers. Broken Hill: Far West Local Health District.

WEIGHTMAN, M. 2013. The role of Aboriginal community controlled health services in Indigenous health. Australian Medical Student Journal, 4.

Additional References

DURY, A., HAIGH, M., KATZENELLENBOGEN, J.M. 2015. What role can the rural pipeline play in the recruitment and retention of rural allied health professionals? Rural and Remote Health, 15:3438, online.

GORTON, S.M., 2015. Who paints the picture? Images of health professions in rural and remote student resources. Rural and Remote Health, 15:3423, online.

JONES, A. & HARRIS-ROXAS, B. 2009. The impact of school retention and educational outcomes on the health and wellbeing of Indigenous students. In: CENTRE FOR PRIMARY HEALTH CARE AND EQUITY (ed.). Sydney: University of NSW.

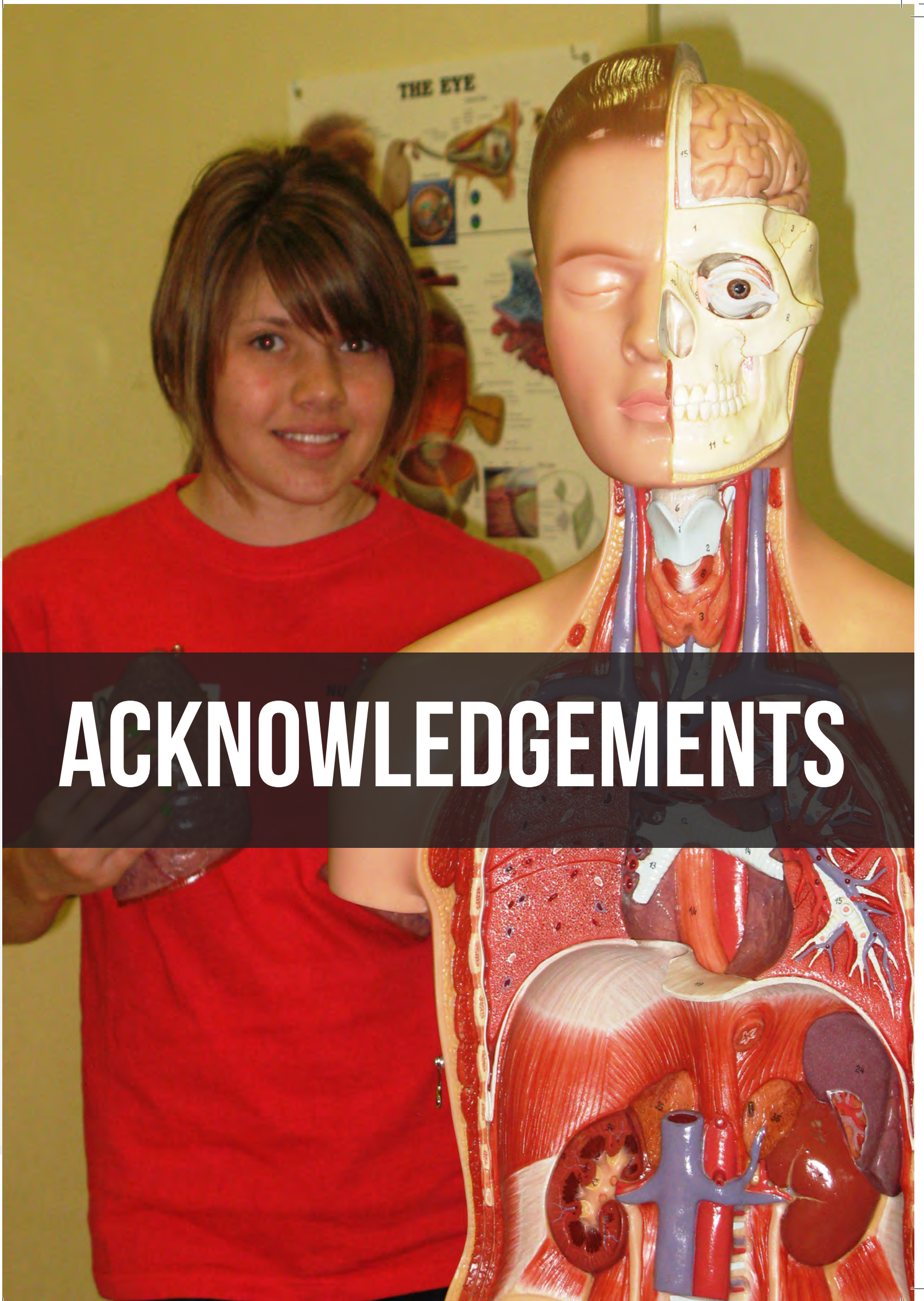
KUMAR, K., JONES, D., NADEN, K., ROBERTS, C., 2015. Rural and remote young peoples' health career decision making within a health workforce program: a qualitative exploration. Rural and Remote Health, in print

NUTBEAM, D. & BAUMAN, A. 2006. Evaluation in a Nutshell. A practical guide to the evaluation of health promotion programs, Sydney, McGraw-Hill.

ROSE, D., ROSE, M., FARRINGTON, S. & PAGE, S. 2008. Scaffolding academic literacy with Indigenous health sciences students: An evaluative study. Journal of English for Academic Purposes, 7, 165-179.

SHAW, I., GREENE, J. & MARK, M. (eds.) 2006. The Sage Handbook of Evaluation, London: Sage Publications Ltd.

SPIERS, M. & HARRIS, M. 2015. Challenges to student transition in allied health undergraduate education in the Australian rural and remote context: a synthesis of barriers and enablers. Rural and Remote Health, 15, online.





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