Welcome to the Wodonga campus of Albury Wodonga Health, it is also referred to as the Wodonga Hospital. It’s a great place to work so we hope you enjoy your placement with us!

The Allied Health department of Wodonga Hospital is located in Vermont St.

Allied Health Reception: (02) 60517400  Allied Health Fax Number: 60 517 430

Free parking is available at the football ground at the bottom of Vermont St.

**Click here for maps of the AWH Albury and Wodonga campuses**

On your first day report to the Allied Health front desk (just inside the door of the building below). Please introduce yourself and let the receptionist know who you are meeting so they can be informed. The front door is swipe card access only until 8.30am so if you come a little early you will need to wait for someone to swipe you in.

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Wodonga Allied Health
Wodonga Allied Health works in multi-disciplinary programs or teams.

Although you will be here on placement related to your discipline, you will be working within a team (e.g. Physiotherapist in the Community Rehabilitation Team). There is more information about the teams in Wodonga on page 6 if you are interested.

Please read the information below and then return to the generic package in survey monkey to complete the orientation package.

Podiatry Placements (Wodonga Campus)
Podiatry at Albury Wodonga Health is funded through Community Health and the Rural Allied Health Team (HACC) with a total of 1.2 EFT (Wodonga campus only). Clinics are held in the Community Rehabilitation Centre on the Wodonga campus, Upper Murray Health & Community Services (Corryong), Tallangatta Health Service and Walwa Bush Nursing Centre.

To be able to access the outpatient service the client must meet the following eligibility criteria:

<table>
<thead>
<tr>
<th>Podiatry Eligibility Criteria</th>
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<tbody>
<tr>
<td>Eligible</td>
</tr>
<tr>
<td>• High risk foot</td>
</tr>
<tr>
<td>• Intermediate risk:</td>
</tr>
<tr>
<td>- Not eligible for *GPMP/TCA and have a health care card</td>
</tr>
<tr>
<td>*GPMP - GP Management Plan Medicare Item 721 and TCA - Team Care Arrangements Medicare Item 723</td>
</tr>
</tbody>
</table>

Low risk – people with no risk factors and no previous history of foot ulcer/amputation.

Intermediate risk – people with one risk factor (neuropathy, peripheral arterial disease or foot deformity) and no previous history of foot ulcer/amputation.

High risk – people with an active wound or, two or more risk factor (neuropathy, peripheral arterial disease or foot deformity) and/or a previous history of foot ulcer/amputation.

(National Evidence-Based Guideline: *Prevention, Identification and Management of Foot Complications in Diabetes, 2011*).

Risk factors are defined as:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous history of foot ulcer/amputation</td>
<td></td>
</tr>
<tr>
<td>Neuropathy</td>
<td>10 g monofilament</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
</tr>
<tr>
<td>- Testing of 4 sites on each foot (plantar aspect of great toe and plantar aspect of 1st, 3rd and 5th metatarsal head). <strong>Loss of protective sensation = absent of sensation at one of more sites on retesting.</strong></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Peripheral arterial disease</th>
<th>Palpation of peripheral pulses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Absent foot pulses = neither dorsalis pedis or posterior tibial artery can be palpated in a single foot.</td>
<td></td>
</tr>
<tr>
<td>Ankle-brachial pressure index (ABPI)</td>
<td></td>
</tr>
<tr>
<td>- &lt;0.9 = suggests PAD</td>
<td></td>
</tr>
<tr>
<td>- 1.3 &gt; = calcification, warrants further investigation</td>
<td></td>
</tr>
<tr>
<td>Absolute Toe pressure</td>
<td></td>
</tr>
<tr>
<td>- &lt;55mmHg = suggests PAD</td>
<td></td>
</tr>
<tr>
<td>Toe brachial index</td>
<td></td>
</tr>
<tr>
<td>- &lt;0.7 = suggests PAD</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Foot deformity</th>
<th>Foot deformity score</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 point scale (1 point for each characteristic)</td>
<td></td>
</tr>
<tr>
<td>- Small muscle wasting</td>
<td></td>
</tr>
<tr>
<td>- Charcot foot deformity</td>
<td></td>
</tr>
<tr>
<td>- Bony prominence</td>
<td></td>
</tr>
<tr>
<td>- Prominent metatarsal heads</td>
<td></td>
</tr>
<tr>
<td>- Hammer or claw toes</td>
<td></td>
</tr>
<tr>
<td>- Limited joint mobility</td>
<td></td>
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<tr>
<td>Score of 3 or above indicates foot deformity</td>
<td></td>
</tr>
</tbody>
</table>

The podiatrists work closely with the diabetes educators, dietitain, district nurses, occupational therapists and other health professionals. Podiatry students are encouraged to spend time with other disciplines to gain a multidisciplinary approach to their clinical practice.

**Assessments:**

A 4th year podiatry student should be competent in the following assessments prior to their placement:

- Neurological
- Vascular
- Dermatological
- Biomechanical
- Gait
- Footwear
Generic information

Supervisors

For each placement you will be allocated a primary supervisor, who will be co-located with you at your placement site. This is the person who coordinates your placement and is responsible for your mid placement and final evaluation. During your placement you are likely to work with a range of other health professionals both within and outside your discipline, with a range of professional experiences.

It is important to remember that your supervisor(s) continue to carry a full workload during your placement, and you will need to be sensitive to his/her other responsibilities. This will also mean that you may be required to work more autonomously and independently during your placement.
Throughout your placement you will receive a mix of direct and indirect supervision. A range of facts such as the complexity of the activity/roles you are undertaking and your level of skills and knowledge determine the degree of supervision. Discuss with your supervisor early the types of supervision that will be provided, considering both the capacity of your supervisor and your own supervision requirements.

Weekly student sessions (IPL)

Each week a student interprofessional learning (IPL) session is offered at each campus. These are offered to allied health and nursing students and it is strongly suggested you attend. The sessions range from simulation to case studies to topics of interest designed to help you get to know the other students and their disciplines. The sessions are great fun and hope you can come along!

Please let Anna Sullivan (Allied Health Student Coordinator) know if you are not able to attend.

Wodonga IPL – Thursday 1-2pm in Vermont Court Room 7.

Computer access:

Generic access to the intranet will be provided for access to your discipline drive, student drive and other useful applications. Internet access is restricted to certain members of staff. If you require the internet for patient care purposes ask your supervisor to log you on. For personal use out of hours or at lunch time, computer with unrestricted internet can be found in the CRC tea room and the main hospital cafeteria.

Swipe Card:

Your will be provided with a temporary swipe card to access parts of the hospital for Staff only. This should be worn at all times. Please return to front desk on your last day.

Lockers:

There are 4 student lockers available in the staff room, please ask during orientation. As you may need to share a locker please leave the key in the key box at reception.

Photocopying:

The photocopier is located outside reception in the alcove near the pigeon holes. Your supervisor will provide you with a code (codes also on green card above photocopier)
Meal breaks

Most people don’t take a morning tea/afternoon tea break however Friday morning tea is the highlight of the week, 10.30am in the staff room – come along!

Lunch is usually 12.30-1pm. Join us for lunch – either in the staff room, CRC courtyard or the grass area near dialysis

Questions/ queries:

If you have any concerns or questions during your placement please do not hesitate to ask one of us (if we don’t know, we can’t help!).

Paging:

Some acute staff wear a pager with the following numbers

- Acute Dietician 406
- Acute OT 412
- Acute Speech 431
- Acute B/AGEM Physio 420
- Acute A/HDU/ED Physio 402
- Social Work 426
- Obstetric Social work 242

To page dial 88, enter the pager number (eg 406 for Dietician), wait for the voice prompt “Enter Message”, enter the extension you are calling from (usually located on the last button on the right hand side) followed by ##, wait for confirmation message “message sent”, then hang up.

Completing the orientation package

Reading this annexe was Step 2 in a 3 step orientation package

Please now return to the generic orientation package in Survey Monkey which you should still have open on your computer.

This is the final step of the orientation package.
Allied Health Teams at Wodonga Campus

Acute Team

- Acute Unit (Wards A and B) have 28 beds encompassing general medical and some surgical patients. Surgical patients are mostly urology, gynaecology, ENT and some basic general surgery.
- 6 HDU beds
- The Obstetric Unit is one of the largest units in rural Victoria catering for an estimated 1600 births each year.

Community Health Team

- Multidisciplinary team providing outpatient services to enable Victorian residents suffering from a range of conditions to achieve and maintain optimal functional independence.
- Involved in the delivery of a variety of health promotion activities including Diabetes Education, Aquatic Physiotherapy, New Parents Group and Chronic Disease Self-Management

Community Rehabilitation Team (CRC team)

- Multidisciplinary team which aims to enable clients who are disabled, frail, chronically ill or recovering from traumatic injury to achieve and retain optimal functional independence. Clients with more complex needs and who require more than one discipline are seen by this team.
- General rehabilitation, cardiac rehabilitation and pulmonary rehabilitation
- Upper limb/hand therapy clinic
- Falls and balance program
- Lymphoedema
- Phone: 7411

Acute Geriatric Evaluation Management (AGEM)

- AGEM is a multidisciplinary slow-stream rehab service specialising in the care of patients over the age of 65 years who require further multidisciplinary therapy once medically well, to facilitate discharge to an appropriate destination. This program has 10 beds is located on Acute B ward in Wodonga.
- This is a goal based program with the aim to achieve optimal independence and quality of life.
- Phone: 7429

Pain Management Program

- Provides timely and efficient intervention to individuals, which meets best practice and uses a multi-disciplinary and consumer focused approach.
- Three week residential cognitive behavioral modification and physical reactivation program based on the biopsychosocial model of chronic pain and conducted by an interdisciplinary team.
- Phone: 7417
Rural and Allied Health Team (RAHT)

- The Rural Allied Health Team (RAHT) provides a range of home and clinic based professional services. We assist people to stay at home independently, including the frail, aged and younger people with disabilities, and their carers.
- They support and work with clients, carers and community service providers. The service will be designed to meet individual needs.
- Phone 7440

Transition Care Program (TCP)

- This program commenced in 2009 and is a slow-stream inter-disciplinary rehabilitation program based in clients home or extended care facilities.
- This program is for older clients (>65 years).
- It is for clients who have rehabilitation needs after an acute admission and live in the Albury district, as well as Wodonga, Indigo, and Towong shires.
- TCP currently has 16 beds – 8 community and 8 facility based beds.
- Phone : 7672

Hospital Admission Risk Program (HARP)

- HARP aims to prevent unplanned hospital admissions by helping people manage their health.
- HARP care co-ordinators work with people who have chronic health conditions and complex medical and psychosocial issues.
- People who are eligible for program have had admission to hospital for their chronic health condition, or are at risk of readmission or who are frequently presenting to the emergency department.
- The focus is on self-management and care co-ordination.
- The area is Upper Hume (Chiltern, Beechworth, Yackandandah, Corryong, Mt Beauty, Tallangatta, and Wodonga) and Albury to Thuringowa.
- Service is provided at the client’s home, community or in centre.
- Phone: 7615

Post Acute Care (P.A.C)

- Short term program that provides care co-ordination for people post discharge from hospital.
- Services can include home cleaning, personal care, shopping, meal preparation, nursing support and gap fill allied health.
- The services are purchased by the PAC program and can run for up to 4 weeks at no charge to the client.
- Phone: 7449

Inpatient Rehabilitation (temporarily at Albury Campus, moving to Wodonga mid 2015)

- Offers an integrated care program including allied health, medical and nursing care.
- Aims to assist clients to achieve optimum independence and quality of life.