

# BALANCING RISK

## AH Student Support Plan

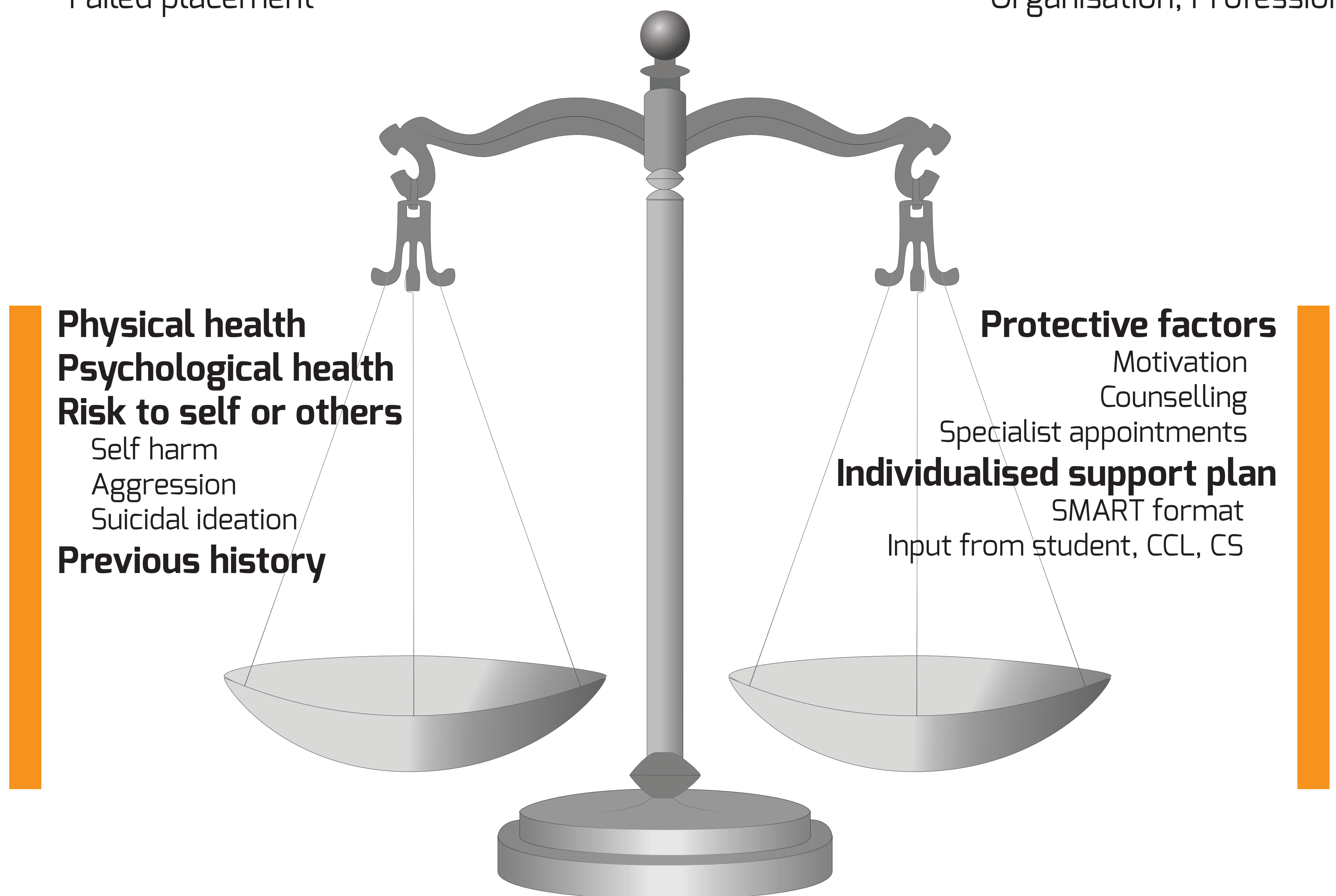
Barbara Guthrie  
Clinical Centre Leader, Physiotherapy

Struggling/repeat  
Unwell > 3/7  
Failed placement

**Student**

**Risk To**

Patient/client  
Student, Supervisor  
Organisation, Profession



## Process

Identify > Gather information > Analysis & Assessment of Risk > Action Plan > Action

## Features

- Shared responsibility & accountability
- Limited to specific placement
- Confidential – does not stay on student's file
- Signed by student, clinical centre leader, clinical supervisor, AUT clinical leader
- Living document
- Ongoing evaluation & outcome measured
- Able to be used by all Allied Health clinical schools

## Outcomes

Proven in practice to be effective at managing risk and contributing to positive results for students, supervisors, professions and our organisations.

Placement Support Plan  
Waitemata District Health Board  
Best Care for Everyone

AUT UNIVERSITY

Student Name: \_\_\_\_\_ Clinical Centre: \_\_\_\_\_ First day of leave: \_\_\_\_\_ Number of clinical days lost: \_\_\_\_\_

Factor	Comments	Duration/severity
Physical health		
Psychological health		
Risk to self / others (patient / client, supervisor, organisation, profession)		
Static risk factors (past history of trauma / stress, PTSD, history of risk behaviors, cultural or ethnicity issues; may be gender aged)		
Dynamic risk factors (current issues, mental health, physical illness, social isolation and supporting structures, stress, coping, diet, emotional state, motivation, insight, substance use, financial stress, self-harm)		
Protective factors (support systems, resilience, engagement with counselling services/CS, motivation, insight)		

Date	Action Plan	Review date

Consent

In consenting to be part of this Placement Support Plan (PSP), you (the student) are agreeing to the following:

- I agree that I may edit, or amend the information that I provide for the PSP at any time before the material is used as a final individualised Student Management Action Plan.
- I understand that the PSP information I provide is private and confidential and will only be shared with the AUT Clinical Leader, Clinical Centre Leader and/or my Clinical Supervisor/s. Should the need arise to share this PSP information outside this circle of people I will be informed and have the right to discuss/negotiate the release of this information.
- I understand that anytime it is in my rights to withdraw the PSP information I provide. In doing so AUT CL and/or your supporting CCL cannot guarantee an effective level of support during your time on placement or through the remainder of the clinical calendar.

Student's name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Clinical Centre Leader's name: \_\_\_\_\_ CCL's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Optional  
AUT CL's name: \_\_\_\_\_ AUT CL's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Final Outcome

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

### Acknowledgements:

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