

FOUNDATIONS OF PROFESSIONAL HEALTH PRACTICE

TOPICS

1. Academic Integrity and reflective practice

Interprofessional Capability Framework

Integrity – consistency, honesty and truthfulness

2. Credible sources and database searching

Academic writing

- Objective -> based clearly on evidence
- Referenced
- Formal style -> 3<sup>rd</sup> person, non-emotive language
- Formal structure -> introduction, body, conclusion, headings, page numbers

IPP: Reflection

Academically Credible Sources – primarily the most reliable and credible sources -> peer-reviewed journals e.g journal articles, books, grey literature (government report, policy statements and issue papers), theses  
Currency, Reliability, Authority, Purpose

3. Investigating a journal article and paraphrasing citing and referencing

Academic writing process

- Start with a question or assignment topic
- Read widely of other people work on the topic in peer reviewed journals, books, reputable websites
- Begin writing – not creative, every idea must be cited
- Paraphrase and quote evidence from credible sources
- Acknowledge the authors

Paraphrasing – retaining an authors idea but using your own words.

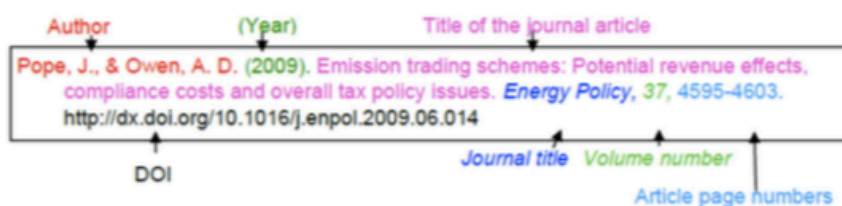
Quoting – use when the phrase is a technical phrase, make a comment on the authors use of language or when the authors words are succinct and perfect and you cannot rewrite it any other way

Citation – acknowledge the authors/source

Reference list – list of sources



Journal article from a database:



APA – American Psychological Association

4. Review of academic integrity

Reflection –

Answer related to the question and appropriate language used

Answer applied the Gibbs model of reflection

Answer has some self-assessment

## 5. Australian Health care system and Public Health in Australia

### Range and Types

- Institutions -> hospitals, nursing homes
- Non-institutions -> GP, organizations, pharmaceuticals
- Publicly funded -> Emergency care, pharmaceuticals, surgery, rehab, GPS, mental health care, community centers
- Privately funded -> Physios, dentals,

### Responsibility

- Commonwealth Government -> recurrent expenditure, health goods and services, administration and services, research
  - o Primary Health care -> hospitals, dental services
- State and territory government -> running of public hospitals and community centres
- Private providers -> GPs, Private hospitals, Medication

### Funding

- Commonwealth Government -> private and public hospitals, medications, research and medications
- State and territory -> public hospitals, community and public health, administrative task
- Private -> private hospitals, dentals, chiro, physio, naturopath etc.

### Equity of access

- Access to hospitals in rural and remote areas
- Lack of specialists in rural and remote areas
- Ehealth records, Telehealth
- People with lower socioeconomic status – Medicare and PBS

### Health Expenditure

- Early intervention and prevention - 1.7%, \$2.23 Billion
- AUS spends \$140 Billion
- Vaccinations, Scans for cancer

### Emerging technology and treatments

- Cost and exclusivity
- HPV vaccine – government
- Less invasive surgery (eg. Key hole)
- Cancer medication
- Improved outcomes but more costly

### Health insurance

- Medicare -> hospitals, GPs, some ancillary care,
- Private -> no medicare levy, no life-long health levy, provide choice (GPs, Specialists, Ancillary care)

Federal Government contributions to the health care system

State/territory government contributions to the health system

Australian health care system

Public health – “organized response by society to protect and promote health, and to prevent illness, injury and disability” (National Public Health Partnership for Australia, 1997).