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| SGV 541 as RGB - 2cm wide at 300dpi1009016 VCP A4 newsletter portrait_Word setup top  Final report  Expanded Settings for Clinical Placement Program |

A framework to promote integrated and interdisciplinary clinical placements for allied health students in aged care settings

Submitted by:

Uniting Aged Care   
(Uniting AgeWell since October 2013)

In partnership with:

Australian Institute for Primary Care and Ageing, La Trobe University

**December, 2013**

Executive summary

Aims and objectives of the project

The aim of the project was to design and implement an integrated and interdisciplinary framework to enable allied health (AH) student placements in a range of aged care settings in the Northern Metropolitan Clinical Placement Network (NMCPN). The stated objectives were:

* To establish a cooperative network of sources of potential clinical supervision for AH students, incorporating community and residential aged care, in the NMCPN.
* To engage aged care providers and universities/TAFE in partnership.
* To establish a process for supporting AH staff in community and residential aged care settings to provide student supervision and to encourage interdisciplinary best practice in this supervision.

To establish a sustainable framework for student clinical placements (CPs) in the NMCPN region that adds value for all stakeholders.

Project activities and methodology

The project activities were conducted in three phases:

* Phase 1: Updating a literature review on best practice in CPs, mapping the AH staff profile and potential AH clinical supervision in aged care settings in the NMCPN region.
* Phase 2: Consulting stakeholders (aged care service providers, universities, and students), designing CP options and setting up CPs for 2013.

Phase 3: Implementing and evaluating a range of AH CP models in aged care settings.

Key outcomes of the project

* The project identified potential for increasing CP capacity in residential and community aged care in the NMCPN region.
* New partnerships were established between universities and aged care providers in the NMCPN region.
* Aged care service providers who expressed interested in AH CPs were connected with CPN network activities.
* Specific CP models were identified for particular AH disciplines in aged care settings.

A Student Placement Experience was developed and implemented to encourage UAC AH staff to engage in student supervision.

Conclusions

Mapping of the AH workforce in the NMCPN region found considerable interest among aged care providers in increasing AH CPs. While the lack of AH staff in these settings is a major barrier for CPs, potential for increasing capacity exists through the use of specific CP models for particular AH disciplines. CPs need to be carefully planned to match specific course requirements with different types of clinical supervision. Suitable and sustainable models for aged care CPs include outreach clinics for psychology and internships for physiotherapy. For speech pathology (SP), the mobile nursing home model was found to add value for students, staff, and residents. The project identified potential for Uniting Aged Care (UAC), now Uniting AgeWell (UAW), to provide CPs in its Day Therapy Centres (DTCs) for some AH disciplines (most likely physiotherapy and exercise physiology) using in-house staff for student supervision. There is also potential for UAW RACFs to host AH CP with contracted clinicians providing the clinical supervision. UAW is interested in actively pursuing a range of AH CP options with interested universities in 2014. A combination of different CP models could increase capacity for CPs in aged care across the NMCPN region.

Background and context

In 2010 UAC, undertook a project through its Innovation Fund to map the strengths and issues with providing AH services within the organisation. This project concluded that existing structures did not optimise the experiences of students who were the potential future aged care workforce. It was also recognised that many organisations were similarly too small to have the critical mass of AH staff to be able to provide adequate supervision for CPs. This project proposal was developed in response to UAC identifying the need in the NMCPN region for:

* A systematic approach to aged care placements for AH students;
* Increasing capacity (readiness) of AH professionals in aged care settings to supervise students;

More extensive exposure to aged care clinical practice in the core teaching of AH students to encourage their entry into the aged care field.

The project activities were designed to increase both capacity for, and the quality of, AH student placements in aged care settings.

Project objectives and expected impacts

The aim of the project was to design and implement an integrated and interdisciplinary framework to enable AH student placements in a range of aged care settings in NMCPN. The stated objectives were:

* To establish a cooperative network of sources of potential clinical supervision for AH students, incorporating community and residential aged care, in the NMCPN.
* To engage aged care providers and universities/TAFE in partnership.
* To establish a process for supporting AH staff in community and residential aged care settings to provide student supervision and to encourage interdisciplinary best practice in this supervision.

To establish a sustainable framework for student CPs in the NMCPN region that adds value for all stakeholders.

Anticipated impacts

At the time of writing the proposal, it was anticipated that the project would result in impacts on a variety of stakeholders. These impacts were:

Students

Better quality placement experiences for students. The stated indicators of improved quality were: better coordination of CPs and inclusion of interdisciplinary components.

Aged care providers

An increased capacity (readiness) of aged care providers to support AH placements, through (a) coordinating the requirements of different tertiary education providers, across a range of AH disciplines, and (b) providing mechanisms for accepting AH students on placement and supporting providers of interprofessional student supervision.

Universities

Provision of one point of contact for universities who wish to place students in aged care in the NMCPN.

Project management

Governance

A Project Advisory Committee was established to guide the project. This Committee included representation from partners in the project and other major stakeholders (including other aged care, health care, and AH education providers in the NMCPN).

UAC subcontracted the project management to Lincoln Centre for Research on Ageing, in the Australian Institute for Primary Care and Ageing (AIPCA) at La Trobe University. UAC’s principal officer was Professor Yvonne Wells from the beginning of the project until August 2013 and Ms Allison Patchett from August 2013 until the end of the project in December 2013. Throughout 2012–13 project staff had regular meetings and correspondence with Victorian Department of Health supervising officers and with the Coordinator of the NMCPN.

Amendments to project activities and timetables occurred after consultation with the Project Advisory Committee and with the agreement of the NMCPN and the Victorian Department of Health.

The advantages of this governance structure related primarily to the input of the Project Advisory Committee. Firstly, the committee members brought together the perspectives of both the education and the aged care service sectors, which was critical for identifying the facilitators and barriers to various CP models and testing their viability. Secondly, the committee members linked the project team with key people within their professional networks, which was useful in setting up new partnerships between education and service providers.

Staffing

The management of the project was overseen by Professor Wells. The La Trobe University project staff included Karen Teshuva (project manager) and Katrina Lavender (project assistant).

Stakeholder engagement and consultations

Major stakeholders were engaged through the Project Advisory Committee and through an extensive consultation process. This process was a main project activity in Phase 2.

Budget

The budget was managed by UAC. A service agreement for the research and consultancy activities specified in the original project application was established between UAC and La Trobe University.

Project timeline

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2012 |  |  |  | 2013 |  |  |  |
| Project Activity | February | March to May | June to August | September to November | December to February | March to May | June to August | September to December |
| **Phase 1: Project establishment and Research** | | | | | | | | |
| Establish project advisory committee |  |  |  |  |  |  |  |  |
| Update literature review |  |  |  |  |  |  |  |  |
| Mapping |  |  |  |  |  |  |  |  |
| Research |  |  |  |  |  |  |  |  |
| Progress Report 1 |  | 30 May 2012 |  |  |  |  |  |  |
| **Phase 2: Design of options, consultation, set up 2013 CPs** | | | | | | | | |
| Design of options and consultation |  |  |  |  |  |  |  |  |
| Set up placements for 2013 |  |  |  |  |  |  |  |  |
| Process evaluation |  |  |  |  |  |  |  |  |
| Progress Report 2 |  |  |  | 5 November 2012 |  |  |  |  |
| **Phase 3: Implementation and evaluation** | | | | | | | | |
| Trial the new placement model |  |  |  |  |  |  |  |  |
| Progress Report 3, 4, 5 |  |  |  |  |  | 1 March 2013 | 1 June 2013 | 1 September 2013 |
| Outcome evaluation |  |  |  |  |  |  |  |  |
| Write a report detailing the results of the project |  |  |  |  |  |  |  | 1 December 2013 |

Project activities and methodology – performance against stated deliverables

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| --- | --- | --- | --- | --- | --- |
| Project activity | Project deliverables | Due date | Status | Risks | Mitigation strategies |
| **Phase 1: Project establishment and Research** | | | | | |
| 1. Establish a CP advisory committee |  | 30 February 2012 | Achieved | None |  |
| 2. Update a literature review | Literature review | 30 June 2012 | Achieved | None |  |
| 3. Mapping[[1]](#footnote-1) in the NMCPN:  A: The AH staff profile  B: Current AH placement  C: Potential AH supervisors in aged care | Progress Report 1 | 30 June 2012 | Achieved | Existing data sources contained insufficient data on aged care providers, the AH staff profile, and existing AH CPs to conduct the mapping exercise. | Online surveys[[2]](#footnote-2) of aged care providers and education providers in the CPN region were conducted. |
| 4. Research  A: Apply for ethics committee approval (LTU)  B: Recruit AH students for focus groups and conduct focus groups  C: Consult with other stakeholders about potential supervisor needs and how students’ experiences could be improved  D: Consult consumers  Data entry, data analysis, and writing up | Progress Report 1 | 30 June 2012 | A: Achieved  B: Amended  C: Achieved  D: Amended  E: Achieved | B: Recruitment of AH students was compromised by students being on placements.  D: The benefits of consulting with aged care clients about student CPs were perceived to be minimal by the project team. | B: An online student survey was conducted.  D: The project advisory committee supported the decision not to invest staff time in consumer consultation. |
| 5. Write Progress Report 1 | Progress Report 1 | 30 June 2012 | Achieved | None |  |

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| --- | --- | --- | --- | --- | --- |
| Project activity | Project deliverables | Due date | Status | Risks | Mitigation strategies |
| **Phase 2: Design of options, consultation, and set up placements for 2013** | | | | | |
| Design options and consultation  Consult government  Consult aged care providers  Develop a sustainable framework to coordinate and manage AH student placements in the NMCPN region  Workshop | Progress Report 2 | 30 October 2012 | 6: Achieved  6A and 6B: Achieved  6C: Not achieved  6D: Achieved | 1. The major barriers to designing options for CP in residential and community aged care settings were: lack of AH staff to provide clinical education, and less engagement by the education sector than anticipated.  2. There were major barriers to achieving 6C. | Focus on SP and examination through the evaluation of transferability to other AH disciplines. |
| Set-up placement arrangements for 2013 | Arrangements in place | 30 October 2012 | Achieved | Student agreements were finalised in early 2013 |  |
| Begin process evaluation |  | 24 December 2012 | Achieved | None |  |
| Write Progress Report 2 | Progress Report 2 | 24 December 2012 | Achieved | None |  |
| **Phase 3: Implementation and evaluation** | | | | | |
| Trial the new placement model | Progress Report 3 | 30 June 2013 | Achieved | Limited by the availability of clinical educators (CEs) and suitable CP blocks |  |
| Write Progress Reports 3, 4, 5 | Progress Reports | 1 March, 1 June, 1 September 2013 | Achieved | None |  |
| Conduct an outcome evaluation | Final report | 1 December 2013 | Achieved | None |  |
| Write final report | Final report | 1 December 2013 | Achieved | None |  |

Project outcomes and discussion

While there was considerable interest among aged care providers in increasing AH CP capacity, the project encountered a range of challenges to meeting its stated objectives. The main challenges were:

* The differing requirements of each of the AH disciplines significantly challenged the development of an integrated and interdisciplinary framework.
* The relatively small size of the AH workforce employed in community and residential aged care settings limited the capacity of the sector to provide student clinical supervision.
* A general lack of opportunities for increasing aged care CPs in health services and community health centres.
* The lower than anticipated supply of AH CP blocks across a range of universities and AH courses.
* The lack of readiness of AH clinicians in community and residential care setting for providing student clinical supervision.

A lack of commitment to financial buy-in from the RACF sector due to decreased funding following changes in the Aged Care Funding Instrument.

Overall, the project achieved three of the four objectives stated in the original proposal. The key elements that influenced the extent to which each objective was achieved are outlined below.

Objective 1: To establish a cooperative network of sources of potential clinical supervision for AH students, incorporating community and residential aged care, in the NMCPN.

Barriers encountered: The mapping activities conducted in Phase 1 and the extensive stakeholder consultations conducted in Phase 2 established that the limited availability of AH clinicians working in aged care settings, outside the acute and sub-acute sector, was a major risk to Project Objective 1.

Mitigation strategy: After consulting with the project advisory committee, the project team decided to focus on one AH discipline. SP was selected.

Outcome: A special interest SP panel, with representation from private practice, universities, and the public health sector, was established in late 2012. The panel’s aim was to set up an aged care clinical supervision network. The panel succeeded in locating a core group of speech pathologists who were both experienced aged care clinicians and interested in being involved in clinical supervision. This work assisted the project team when recruiting CEs for the Phase 3 CP pilots. Ultimately, however, neither the committee members nor the clinicians who expressed interest in clinical supervision were able to provide leadership or commit to promoting the network. There appeared to be few benefits for clinicians (apart from altruistic ones) for committing to the proposed network. Private practitioners could be concerned about the impact of an additional commitment on their business. In the public health sector, clinicians generally work in a part-time capacity and have limited time for non-clinical activities. The task of promoting the network would require senior managers in regional health services to recognise and value such networks and to support committed AH clinicians to invest time in building them.

Objective 2: To engage aged care providers and universities in partnerships.

The 2012 survey of AH clinical education providers located thirteen university clinical education coordinators (CECs) from five universities (La Trobe, Melbourne, Deakin, RMIT and Swinburne) who were interested in increasing CPs in aged care settings. The CEC represented the following AH disciplines: social work, physiotherapy, SP, occupational therapy, dietetics, exercise physiology and psychology. Follow up discussions were held with these CECs to determine the suitability of available placement blocks for CPs in residential and/or community aged care settings in 2013.

Aged care providers that responded in the online survey and indicated interest in AH CPs were contacted to determine their capability to support student CPs. Discussion covered: availability of AH clinical staff, and staff willingness and preparedness for providing clinical education.

Outcomes: In 2012–13, new partnerships were established between:

* La Trobe University and the Northern Health Speech Pathology Nursing Home Services;
* La Trobe University and UAC DTC;
* University of Melbourne, a private SP practice and UAC Residential Aged Care services; and

Australian Catholic University (exercise physiology) and UAC DTC.

Objective 3: To establish a process for supporting AH staff in community and residential aged care settings to provide student supervision and to encourage interdisciplinary best practice in this supervision.

The consultation process revealed that in addition to the issue of AH staff availability, a key barrier to AH CP in community and residential aged care settings was a lack of willingness of staff to engage in student supervision due to perceived workload pressures and lack of preparedness.

The project team took the following steps to address Objective 3.

* 1. Connecting aged care providers with opportunities for CP training and information:
* Connecting aged care service providers who expressed interested in AH CPs (through the project survey) with CPN network activities through the coordinator of the NMCPN;
* Connecting aged care service providers who expressed interested in AH CPs with the CPN Clinical Supervision Support Program (CSSP);
* Securing in-principle agreement from the UAC Senior Management Team to support AH staff to participate in supervision training
* 2. Developing and piloting a model for supporting student supervision in UA

The project team worked with UA managers to design and pilot a model to encourage AH staff to engage in student supervision. The model, called the ‘Health Sciences Placement Experience’, addressed the lack of preparedness among AH clinician within the organisation for supervising students. Fifteen clinicians from eight AH professions working at two UA sites and fourteen health sciences students from eight AH streams were recruited for the pilot. The two sites offered: day therapy, planned activities and residential aged care. The pilot placement involved an introductory session at the university and a half-day inter-professional site visit (further detail is provided in the Case Study Report). The roles of the AH clinicians were:

* Participating in an AH panel of experts during which they discussed their professional and their perspectives on working in aged care with the student group;
* Conducting site tours
* Involving students in individual and group therapy sessions
* Facilitating informal interaction between students and older clients/residents

Outcomes:

The evaluation found that participation in the HSPE model improved AH staff members’ confidence and enthusiasm for engaging with students and interest in being involved in clinical supervision in the future. At the conclusion of the project, senior management and site managers at UAW were enthusiastic about continued involvement with AH student placements. There is potential to transfer this model to other aged care and education providers.

Objective 4: To establish a sustainable framework for student CPs in the NMCPN region that adds value for all stakeholders.

During the early stages of the project, the project advisory committee identified varying course requirements and structures and variability in the way that AH services are delivered within aged care services to be barriers to developing an integrated and inter-disciplinary framework. After consulting with the project advisory group, the project team took a new direction. It proceeded by examining the viability of a range of CP models for specific AH disciplines in aged care settings. Wide ranging consultations were held with public and private aged care service providers and with education providers. Different CP models were described and based on the information gathered in these consultations the project team identified potential supervision models for specific AH disciplines.

Outcomes:

Potential for increasing CP capacity in residential and community aged care exists. Potential supervision models for specific AH disciplines in aged care settings were identified and are set out in the table below. Models 5, 6 and 8 are discussed in further detail in the Case Study Report.

| Model | Setting | Brief description | Viability | 2013 pilots | Outcomes |
| --- | --- | --- | --- | --- | --- |
| Model 1: IP | RACFs | IP CP in RACFs | Not viable (lack of supervision) | Not piloted | NA |
| Model 2: Patchwork | DTC | Shared supervision by staff from different AH disciplines | Viable for AHA | Not piloted. AHA not in scope for this project | NA |
| Model 3: Outreach | RACFs | Supervision provided by university staff for students working one-on-one with RACF residents | Viable for Masters-level psychology students as direct supervision not required. | Model tested by Swinburne University | Evaluation conducted by Swinburne. Model found to be effective |
| Model 4: Traditional in-house | DTC | In-house AH clinicians provide supervision | Viable for exercise physiology and physiotherapy CP in DTCs. | A pilot was set up but did not proceed due to staffing changes within the aged care agency | NA |
| Model 5: Private practice mobile clinic | RACFs | Supervision provided by private practice clinician | Viable for SP and physiotherapy. | Piloted with UoM SP students in UAC RACFs | Evaluation found benefits for supervisors, students, and clients but limited due to cost |
| Model 6: Mobile nursing home service | RACFs | Public health service AH clinician provides supervision and takes students on nursing home service ‘rounds’ | Pilot with La Trobe University SP students and Northern Health Nursing Home Service | Evaluation found benefits for supervisors, students, and clients |
| Model 7: Private Practice Internship | RACFs | Mentorship program to prepare entry-level students for aged care and to screen and select students for employment | Viable for physiotherapy practice | Implemented by private practice and UoM | NA |
| Model 8: IP residential care CP module | Hospitals and RACFs | An IP RACF module built into CP in acute or sub-acute settings. | Viability depends on commitment from multiple partners | Model was explored with St Vincent’s Health. No pilot resulted | NA |

Sustainability

The sustainability plan outlined in the project proposal was based on two main drivers: 1) commitment from various stakeholders, and 2) seeking financial buy in from stakeholders. During the project, the functions of the project team were to facilitate new partnerships between education providers and service providers, encourage commitment from the various stakeholders and to establish the capacity for financial buy-in from stakeholders. UAW is committed to using the project learnings to increase capacity and quality of AH CP within the organisation in the future.

Sustainability plans for 2014 and the risks are discussed below.

Sustainability plan

Both the private and public SP practices suggested that working with intermediate-level students on placement impacted on the number of clients seen by the clinician. The Northern Health Nursing Home Service piloted the mobile SP model in 2013 and has formally committed to take La Trobe University students for two placement blocks in 2014. These CPs will receive some in-kind support from Northern Health to cover additional time spent by the supervising clinician and will not require additional funds.

The project also attempted to establish commitment from the private SP practice that was involved in the pilot. This was less successful because student supervision was perceived to reduce the number of clients that the clinician could see, which potentially had a negative financial bearing on the business. For the business owner, the benefits to the CE (reported in the Case Study) did not out-weigh the financial costs.

The evaluation findings suggest that placing novice-level students on short placements (nine to twelve days) would improve the long-term sustainability of SP CPs in private practice. The private practice and a number of RACF managers were in favour of this plan and interested in pursuing it further. UAW is committed to hosting further AH CPs in its RACFs and working with universities to facilitate CP in DTCs.

Risks to sustainability

The stakeholder consultations found that:

* Financial buy-in from aged care service providers is unlikely to occur due to recent funding changes in Aged Care Funding Instrument.

AH education providers have limited capacity to contribute financially to CPs.

Limitations and solutions

Limitations

Factors that significantly impacted on the project

Mapping was a bigger task than anticipated, but critical to identify stakeholder capacity. Additional staff time was required for this activity due to the limited availability of data on the AH workforce in aged care and the absence of information on AH CPs in aged care settings. The risks associated with achieving with the project objectives derived from both the aged care sector and the education providers.

Solutions

The project advisory committee supported the project team’s decision to examine the viability of a range of CP models for the aged care expanded setting. The aim was to establish which model(s) could be successfully implemented in aged care settings and to consider their transferability across different AH disciplines. The solutions are discussed in detail in the Case Study Report.

Evaluation

The evaluation strategy described in the proposal included process and outcome components. The purpose of the process evaluation was to evaluate the project against achieving each of its stated objectives in the timeframes set. The original outcome evaluation plan encompassed: comparing students’ and CEs’ experiences before and after the implementation of the new framework, and consulting with other stakeholders in the industry about the impacts of the new framework. Because the project took a new direction when it was determined that the integrated and inter-disciplinary framework was an unrealistic objective, the evaluation plan had to be modified. The evaluation that was implemented addressed the effectiveness of the two SP models, using three evaluation questions:

* Is the CP model effective? (Did the pilot CP achieve its stated goals?)
* What were the outcomes for students, aged care providers, and aged care clients?

Is this CP model sustainable?

To address Evaluation Question 1, the inputs that contributed to the implementation of the SP pilots were documented. The project team recruited the CEs and the participating RACFs, liaised with university clinical coordinators (UCCs), attracted a philanthropic donation. These inputs are briefly described below:

Clinical educators

Two CEs, one from the Northern Health Nursing Home Service and the other from a private practice provider, were recruited to provide student clinical supervision in RACFs.

University clinical coordinators

La Trobe University and University of Melbourne supplied students for the two pilot CPs.

Clinical staff in aged care facilities: RACF managers liaised with the project staff and the CEs and RACF staff participated in student-lead PD activities.

Aged care facilities

Twelve RACFs in the NMCPN region participated in the two pilot CPs.

Funding

CEs were funded for the twelve-day placement period by a combination of project funding, a donation from the Andrew Dean Fildes Foundation, and RACF payments for services provided by the supervising clinicians.

To address Evaluation Question 2, evaluation forms were completed by students, RACF managers, CEs, and UCCs involved in two piloted SP CPs. The evaluation found that the SP CPs added value for students, staff, and residents and increased capacity for CPs in RACFs in the NMCPN region. The findings are summarised below:

* There was widespread willingness among RACFs to participant in a SP CP;
* Universities demonstrated interest in supplying SP students for AH CPs in aged care;
* SP CEs can be sourced from health services and private practice.
* Students reported that their learning needs were adequately met and that they were well supported by the CEs and staff at the RACFs that they visited.
* Students reported that their perception of and attitude towards working in aged care had changed positively as a result of the placement.
* CEs enjoyed working with the students and learned a lot about supervision from the experience.

CEs and UCCs concluded the mobile RACF model is more suitable for novice (observational) or advanced-level students than for intermediate-level students.

RACFs were appreciative of the time students and CEs spent with residents (assessment and management) and staff (providing in-service training and feedback).

To address Evaluation Question 3 post-pilot consultations were held with the clinical education providers (public and private), aged care service providers, and the education providers. The evaluation determined that placements for intermediate-level students impacted on the number of clients seen by the supervising clinicians and that fee-for-service payments did not cover the salaries of CEs for the period of the CP. While the public health services indicated a commitment to supporting these CPs in 2014, long-term sustainability of private practice model would be improved by placing novice-level students on short placements (nine to twelve days).

Positive aspects of the program

Positive aspects of the program include:

* Considerable interest among providers of residential and community-based aged care services in increasing AH CP capacity.

The finding that education providers are satisfied that academic requirements can be met in aged care settings. Student attitudes towards working with older clients are not a barrier to increasing CP in aged care settings.

Difficult aspects

The most difficult aspect of the project was trying to establish a cooperative network of sources of potential clinical supervision for AH students in the NMCPN. This was discussed under Objective 1.

Key learnings

Potential for increasing CP capacity in residential and community aged care exists. It requires using specific models for particular AH disciplines. The major barrier to increasing capacity in RACFs is the lack of AH staff for providing supervision and a general reliance on out-sourcing AH services to privately contracted clinicians. RACFs that do employ in-house AH staff in general do not provide sufficient hours to satisfy university CP requirements. The two SP CP pilots found that working with intermediate-level students resulted in seeing fewer clients in a day, which impacts on the financially viability for both public and private service providers. In addition, a limited number of referrals means that students and their clinical supervisors need to visit more than one facility on each placement day.

The Aged Care Funding Instrument was considered to be a barrier to AH CPs in residential aged care as it has led to under-servicing of AH. The exception is in physiotherapy. The mapping survey of aged care providers found that RACFs provide considerably more clinician hours per month for physiotherapy than for any other AH discipline. Physiotherapy CPs in RACFs are facilitated by the relative large number of referrals made by RACFs to privately contracted clinicians. These referrals predominantly deal with treating pain-related issues. For SP, RACF generally only refer residents identified as having acute needs for swallowing assessment, review and management. This curtails capacity for CPs in RACFs and the amount of language, communication and speech assessment and therapy that can be undertaken for RACF residents.

Project’s contribution to increased capacity and/or quality of CPs

This project has enabled increased capacity for AH CP in aged care by: (1) identifying a range of viable CP models for different AH disciplines and different student levels (outlined under Objective 4); (2) establishing sustainable partnerships between aged care providers and education providers; and (3) facilitating positive interactions between UAC AH staff and AH students (see Case Study for further information).

Expanded Settings program

The Expanded Settings program limited project activities to the NMCPN region. This restriction placed geographic boundaries around the project activities and limited the project learnings because organisations such as UAW have small numbers of AH clinicians spread across more than one region.

Future directions

Potential was identified for UAW to provide CPs in its DTCs for some AH disciplines (most likely physiotherapy and exercise physiology) using in-house staff for student supervision. There is also potential for UAW RACFs to host AH CP with contracted clinicians providing the clinical supervision. UAW is interested in actively pursuing a range of AH CP options with interested universities in 2014.

Conclusion

Mapping of the AH workforce in the NMCPN region found that there is considerable interest among aged care providers in increasing AH CPs. While the lack of AH staff in these settings is a major barrier for CPs, potential for increasing capacity exists through the use of specific CP models for particular AH disciplines. CPs need to be carefully planned to match specific course requirements with different types of clinical supervision. Suitable and sustainable models for aged care CP include: Outreach clinics for psychology and internships for physiotherapy. For SP, the mobile nursing home model was found to add value for students, staff, and residents. A combination of different CP models could increase capacity for CPs in aged care in the NMCPN region.

1. See section ‘Limitations and solutions’ for more detail. [↑](#footnote-ref-1)
2. The online surveys involved: Developing Survey Monkey questionnaires, obtaining the contact details for all aged care services and education providers in the CPN region, follow-up phone calls to improve response rates, and data entry and analysis. [↑](#footnote-ref-2)