

# BPCLE: Quality in clinical placements in the Loddon Mallee

**Submitted by:**

**Bendigo Health**

**In partnership with:**

**Loddon Mallee Clinical Placement Network stakeholders**

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## Executive summary

This project was undertaken to implement the Best Practice Clinical Learning Environments (BPCLE) Framework (hereafter referred to as 'the Framework') and resources throughout the Loddon Mallee Region (LMR) through cross-sectoral collaboration and cooperation and develop a pathfinder project report that can be used by other Clinical Placement Networks (CPNs) to navigate and document barriers and enablers, to inform the development of adoption strategies in other CPN regions.

Adoption of the Framework is not mandated and there is associated work, and hence costs, involved for clinical placement providers (CPPs) if they choose to adopt the Framework. Through the development and provision of a gap analysis, this project was used as a way to mitigate some of the perceived barriers for participating CPPs and thereby encourage initiation of implementation of the Framework, with a plan to work towards full adoption in the future.

## Project objectives

- Promulgate the benefits of the Framework and resource templates available to the LMR CPNs
- Identify and engage adoption champions to support and encourage implementation of quality indicators/best practice standards as identified in the Framework and resource templates
- Identify barriers and solutions to encourage adoption
- Document findings of the LMR CPNs implementation of the Framework.

Key representatives from nine CPPs were interviewed. This interview process comprised an education component, to promulgate the Elements and the benefits of implementing the Framework and a series of questions. The one hundred and fifty questions were designed to elicit an understanding of the stage of implementation of the components and concepts that articulate the intent of the Framework Elements and indicators. These questions were primarily based upon and reflected the nature of the indicators developed for the Framework.

This process showed that interviewees were aware of the concepts associated with each of the Elements of the Framework as set out below.

- Element 1: An organisational culture that values learning
- Element 2: Best practice clinical practice
- Element 3: A positive learning environment
- Element 4: An effective health service-training provider relationship
- Element 5: Effective communication processes
- Element 6: Appropriate resources and facilities.

Of the six Elements, Element 2: Best practice clinical practice, was the most highly established within each of the participating CPPs. Element 6: Appropriate resources and facilities, was the least demonstrated Element. The high rate of implementation of Element 2: Best practice clinical practice, across each of the interviewed CPPs reflects the integration of this Element within existing quality frameworks and the adoption of evidence-based practice across disciplines.

Overall, the interviewees indicated that their organisations may be willing to adopt the Framework. The key findings for this project are:

- Health service participants in this project already, to a certain degree, met many of the Framework Elements before they even understood the Framework. Assisting stakeholders to complete a gap analysis is essential to the education process and forms a significant enabler as it reduces participants' anxiety around the time and resources required to implement the Framework (barrier).
- Ongoing support and resources are required to address the universal barriers to the successful implementation of the Framework and its associated performance monitoring framework.
- The undertaking of the gap analysis has been a positive step for a number of LMR CPPs in formalising the implementation of the Framework within organisations.

- The Framework itself was seen as a positive; once it was introduced to the CPPs in a manner that simplified it for them and showed that they were often along the way towards its implementation.
- The tools provided as a part of the Framework were also seen as ways to assist in the achievement of the various Elements.
- Some of the tools provided supported areas that staff at CPPs had wished to pursue within their organisation but had found time and resources a limiting factor. Having the tools made their goals seem more achievable.

## **Background and context**

The Framework produced under the Victorian Department of Health's Clinical Placement Strategy (Clinical Placements in Victoria: Establishing a Statewide Approach) was developed to ensure that an emphasis on increasing clinical placement capacity within the sector does not adversely impact the quality of clinical education. The Framework aims to facilitate and sustain partnerships between key stakeholders by outlining the six key Elements that underpin quality clinical learning environments for entry-level students and early graduates. These are:

- Element 1: An organisational culture that values learning
- Element 2: Best practice clinical practice
- Element 3: A positive learning environment
- Element 4: An effective health service training provider relationship
- Element 5: Effective communication processes
- Element 6: Appropriate resources and facilities.

Although the Framework is a positive step for Victoria's CPNs, the Framework itself is not mandated or compulsory to adopt and there is work for stakeholders and therefore costs associated with the implementation of the BPCLE model to each provider. Consequently the degree to which, if at all, the Frameworks principles are likely to be adopted will vary between CPPs.

The LMR has been leading the implementation of new clinical placement governance arrangements in Victoria as the 'pathfinder' and its CPN regional counterparts have benefited from the work the LMR CPN had completed prior to their subsequent formation. Through this project the LMR CPN intends to implement the Framework locally as the pathfinder and provide information products outlined in the project deliverables which other CPN regions can then use to navigate implementation of the Framework in 2012.

## **Aim and objectives**

The aim of this project was to implement the Framework and resources throughout the LMR through cross-sectoral collaboration and cooperation and develop a pathfinder project report that can be used by other CPNs to navigate barriers and inform framework adoption strategies developed in their own regions.

### **Project objectives**

- Promulgate the benefits of the Framework and resource templates available to the LMR CPPs.
- Identify and engage adoption champions to support and encourage implementation of quality indicators/best practice standards as identified in the Framework and resource templates.
- Identify barriers and solutions to encourage adoption.
- Document findings of the LMR CPNs implementation of the Framework.

## **Project activities and methodology**

The draft Framework was examined and suitable tools developed to promote it across the region. As the Framework appears complex, and this in itself was identified as a barrier to its adoption, some of the material developed endeavoured to simplify it through the use of easily understood documents and presentations that mimicked other quality frameworks already in use at health services.

A questionnaire was developed to assess the level of adoption of the Framework in health services and ultimately produce a gap analysis for that health service to use and plan for future activities to improve clinical placements at their organisations. The one hundred and fifty questions were constructed to elicit an understanding of the stage of implementation of the components and concepts that articulate the intent of the Framework Elements and indicators. These questions were primarily based upon, and reflected the nature of the indicators developed for the Framework. The gap analysis provided an outcome for the health service as a benefit for their time spent with the project officers filling out the questionnaire.

The project was delayed due to the later release of the final Framework. Once the final Framework was released there needed to be changes to the indicator wording and relevance categories (relating to prioritisation of monitoring) which subsequently hindered the promotion of the documentation to health services. These changes took time to accommodate within all the tools developed for the project.

The project team chose to target a range of CPPs across LMR to establish the current status of the Framework awareness, understanding and implementation. This approach would enable them to elicit an adequate depth of detail regarding the current awareness and understanding of the Framework Elements. It would also provide a more complete analysis of the barriers and enablers to adoption of the Framework as different settings have their own challenges that need to be factored in to produce a complete picture.

Key representatives from each CPP, nine in total, were interviewed with the purpose of ultimately completing a gap analysis for their specific organisation. This interview process also comprised an education component, to promulgate the Elements, and the benefits of implementing the Framework. This was augmented through the use of a slideshow presentation that summarised the Elements and the benefits of the Framework, and the provision of a summary document that detailed the Elements, the sub-objectives and the indicators. Background information regarding the development of the Framework, the sub-objectives, the indicators, the resource kit and the implementation and monitoring Framework were also covered during the interview.

## **Limitations and management strategies**

Challenges for this project were mostly around the delay in the release of the 'best of' documentation and the subsequent changes to the indicator wording and relevance categories (relating to prioritisation of monitoring) in the final published reports and resources. These challenges hindered the promotion of the documentation to health services as the information previously developed by project officers at Bendigo Health (BH) needed to be adjusted to reflect them. An extension for this project and its deliverables was requested and given as a means of addressing these issues.

Initially the plan was to conduct regional workshops to engage a larger proportion of CPPs but due to the delays to the release of the final documentation and the changes that needed to be made to the developed tools, the timing of these would have clashed with Christmas holidays and the usual January 'slow down' period. This made the workshop option non-viable and an individual interview process was employed instead. A total of nine CPPs were approached to be involved in this project and were interviewed with the purpose of ultimately completing a gap analysis for their specific organisation. This resulted in ten sets of data being collected as one of the CPPs provided data for both nursing and allied health clinical placements. As the Framework was developed for applicability across settings, and as thus the terminology and concepts have been reduced to common dominators, this produced a limitation in the production of the gap analysis document. To ensure the range of settings and disciplines were accounted for, the question wording need to reflect the concepts and sub-objectives of the Framework. This resulted in questions that were sometimes ambiguous, due to the variation in the CPP settings, disciplines and learner volumes in the interviewed settings and the relevance to these

circumstances not clearly elicited. To address this issue, one-on-one completion and explanation of the questionnaires was undertaken, to reduce the risk of misinterpretation, and increase questionnaire completion.

There were also issues regarding the complexity of the published resources, and how this has impacted on the production of supporting tools/documents to facilitate the BPCLE implementation and evaluation of that implementation. A suite of documents to assist with the simplification of this was developed and made available to participating health services.

Some of the kit resources were found to duplicate other available resources e.g. the Health Service Capacity Resource duplicates the capabilities of the viCPlace resource to be released in the future, which caused some confusion for CPPs as well. Education regarding the resources was developed and given as a part of the interview process prior to completion of the questionnaire. These resources have been included with this report as previously mentioned.

As the questionnaire developed was both complex and time consuming, and the education component better delivered on a face-to-face basis it was decided that the project officers would do this individually with each participating organisation. This required some travel to other health services across the region. It was important to include more remote health services in this process to ensure the completeness of the report.

## **Future directions**

The gap analysis developed for each health service as a part of this project will be given back to them to provide them with a basis against which to plan further activities and to provide them with a baseline measurement of where they are at.

All the tools developed as a part of this project have been made available to the health services to assist them with the adoption of the Framework. When the results of the gap analysis are returned to the participants a further education of the available resources and what they could use will occur. These tools will also be utilised by the LMR CPN Information Support Officer in their work with the CPPs and potentially education providers to further advance the implementation and adoption of the Framework across the region.

As part of this, there are plans to conduct workshops throughout the region as a part of the ongoing education regarding the Framework and to further assist with its adoption.

## **Conclusion**

Overall, the interviewees indicated that their organisations would be willing to adopt the Framework. Organisations saw the need for the provision of quality clinical placements and wished to ensure that the placements provided a positive and beneficial experience for the learner. The size of the organisation and number of clinical placements they offered did affect their ability to consider the implementation of the Framework as they expressed concerns regarding the burden it placed on staff.

The key findings for this project are:

- Health service participants in this project already, to a certain degree, met many of the Framework Elements before they even understood the Framework. Assisting stakeholders to complete a gap analysis is essential to the education process and forms a significant enabler as it reduces participants' anxiety around the time and resources required to implement the Framework (barrier).
- Ongoing support and resources are required to address the universal barriers to the successful implementation of the Framework and its associated performance monitoring framework.
- The undertaking of the gap analysis has been a positive step for a number of LMR CPPs in formalising the implementation of the Framework within organisations.
- The Framework itself was seen as a positive; once it was introduced to the CPPs in a manner that simplified it for them and showed that they were often along the way towards its implementation.
- Framework tools were also seen as ways to assist in the achievement of the various Elements.
- Some of the tools provided supported areas that staff at CPPs had wished to pursue within their organisation but had found time and resources a limiting factor. Having the tools made their goals seem more achievable.