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

BPCLE implementation support for   
Loddon Mallee CPN expanded settings   
health services

Submitted by:

Bendigo Community Health Services

In partnership with:

Loddon Mallee Clinical Placement Network   
Expanded Settings Health Services

**November, 2013**

Executive summary

With major investment made in developing standards that enhance quality and capacity of providing/delivering clinical placements in Victoria, an analysis of enablers and barriers was undertaken to contribute to the body of evidence informing effective, quality clinical placements.

The project intent was to build upon the partnerships established through the Loddon Mallee Clinical Placement Network (LM CPN) to deliver a capacity building project informed by the Best Practice Clinical Learning Environment (BPCLE) Framework to enhance the coordination, support, volume and quality of clinical placements offered in expanded settings throughout the Loddon Mallee Region (LMR).

Analysis of data and interviews with education placement providers in the region indicated the complexity and sometimes even challenging obstacles in creating professional relationships based on trust, respect and integrity between students and host organisations.

Supervisors and students utilised the capacity building package (a Learning Management System) that enabled system development, increased capacity, infrastructure and adoption of the BPCLE resulting in increased number of high-quality clinical placements. One objective was to apply comparisons between organisational implementation of the BPCLE indicators pre and post-uptake of the capacity building package.

To ensure an ongoing commitment to achieving qualitative, quantitative and sustainable outcomes the alignment of all project products was established with other publicly funded projects such as the National Clinical Supervision Competency Framework; accreditation standards such as Quality Improvement Council standards, Community Care Common standards and Department of Human Services standards; Quality of Care Report standards; Supervisor resources such as handbooks; and key reports that will continue to influence and impact on service delivery.

This project has achieved a high-end user product that provides innovation in design, collaboration between organisations and a sustainable product.

Background and context

Primary and community health settings provide an ideal clinical placement experience for a range of health disciplines including medical, nursing and allied health. Multidisciplinary and interdisciplinary teams and their practice in community based settings facilitates excellent teaching and learning opportunities for students where they are genuinely engaged in practice and able to operate within a supportive learning environment. It was identified that there was scope to expand clinical placement capacity in these settings and the project sought to inform and enable that expansion within the BPCLE Framework.

An examination of the enablers and barriers to successful clinical placements within the expanded settings indicated that whilst there was goodwill, intention and that quality experiences were available, the lack of infrastructure to support coordination and delivery, a high percentage of part time workforce, and limited capacity to release and prepare clinicians for the role of supervisor impeded organisations ability to provide placements. This project sought to respond to these issues by strengthening the capacity and infrastructure of participating agencies in a manner that would ensure sustainability through which the findings could be adapted and applied to other settings.

Qualitative research findings identified in the LM CPN Profile Report, (Sweeney, 2012) outlined specific aspects of student clinical placements where more support and resources were needed. Across the region, a placement supervisor was acknowledged as the most important resource, however, education and support resources were also seen as important by a sizeable proportion of providers.

An opportunity existed to increase the education/orientation resources for the region and in particular for identified expanded settings services. The extension of the LM CPN Expanded Settings project sought to increase quality and capacity by addressing some of the inconsistencies and dispirit orientations received between services. It was intended that the resources would also provide important, well-timed knowledge around specialist areas such as the paediatric consult, aged and mental health consult and Aboriginal health consult that may not be routinely included in undergraduate course work.

The LM CPN Expanded Settings project was designed to provide support and education to participating primary health agencies; develop and implement a hub and spoke model of clinical placement coordination; and use collaborative strategies to build collective resources and capacity to enable increased numbers and quality of clinical placements across this setting. The Department of Health had commenced the pilot of the BPCLE Framework in facilities across Victoria and had identified the need for additional support to implement the framework in expanded settings facilities, regardless of whether organisations currently accept clinical placements in their facility.

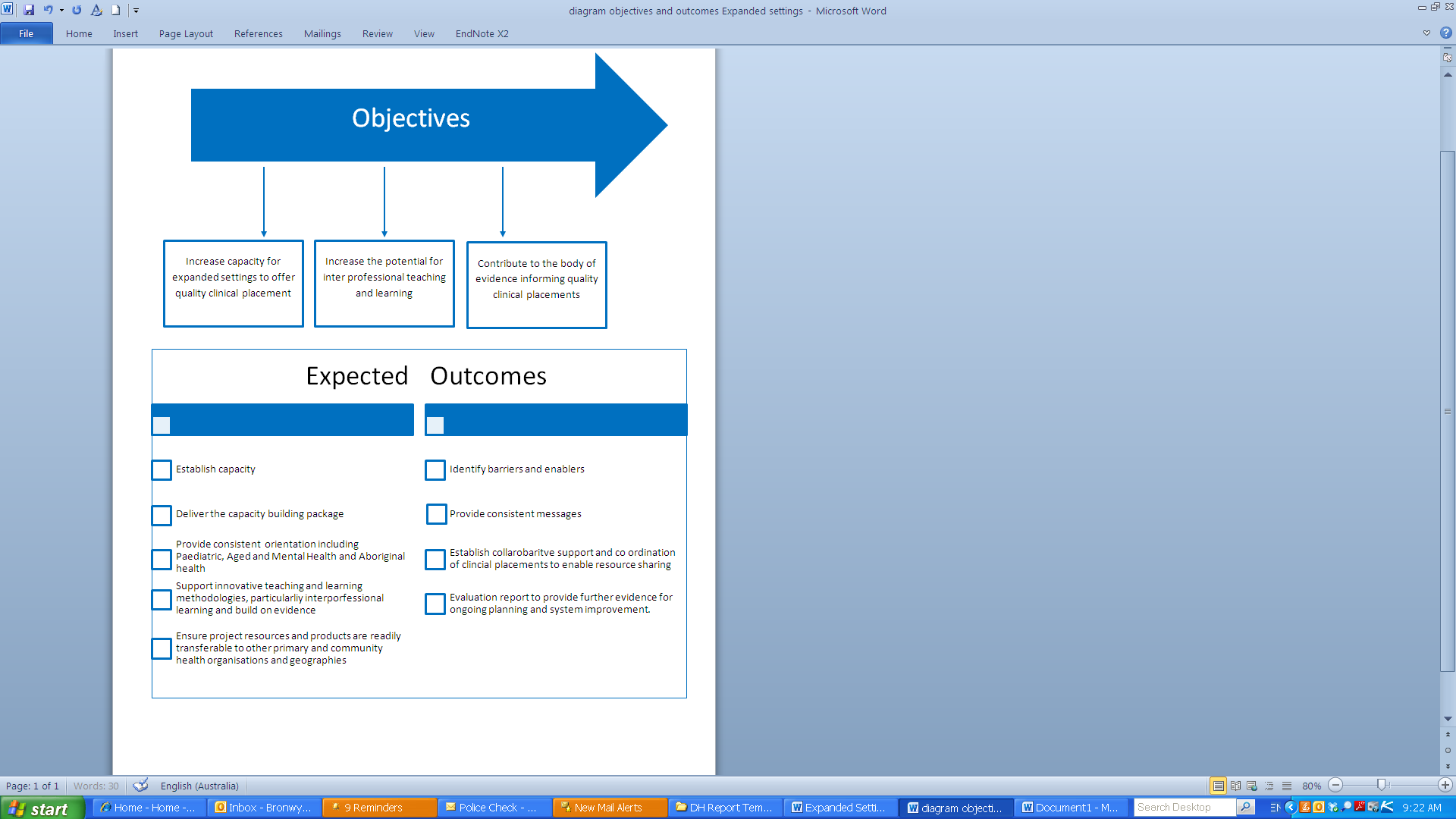
Recruitment to the project was through an Expression of Interest process distributed to the service setting within the identified region. It was acknowledged that the project could not assist every organisation in the region in implementing the quality framework resulting in a total of twelve expanded settings organisations being targeted. Selection criteria ensured a diverse representation of settings.

The project team worked in tandem with the Information Support Officer LM CPN to ensure BPCLE communications and supports were consistent during the life of the project and that participating organisations were supported exclusively by the lead agency, whilst the Information Support Officer supported all other stakeholders.

Project objectives and expected impacts

The aim of the project was to build upon the partnerships established through the LM CPN to deliver a capacity building project informed by the BPCLE Framework to enhance the coordination, support, volume and quality of clinical placements offered in expanded settings throughout the LMR.

Figure 1



Project management

A project governance group was established to set direction, provide strategic oversight and monitor the progress of the project. The membership consisted of:

* Executive Sponsor (Senior Executive Manager Bendigo Community Health Services),
* Senior Educational Advisor (La Trobe University),
* Executive Officer (LMR CPN),

Coordinator LM CPN (Department of Health regional contact).

A project reference group (staffing) was established to provide expert feedback re content, functionality and quality. The membership consisted of:

* Executive Sponsor (Senior Executive Manager Bendigo Community Health Services),
* Senior Educational Advisor (La Trobe University),

Project Team (inclusive of project manager and project staff).

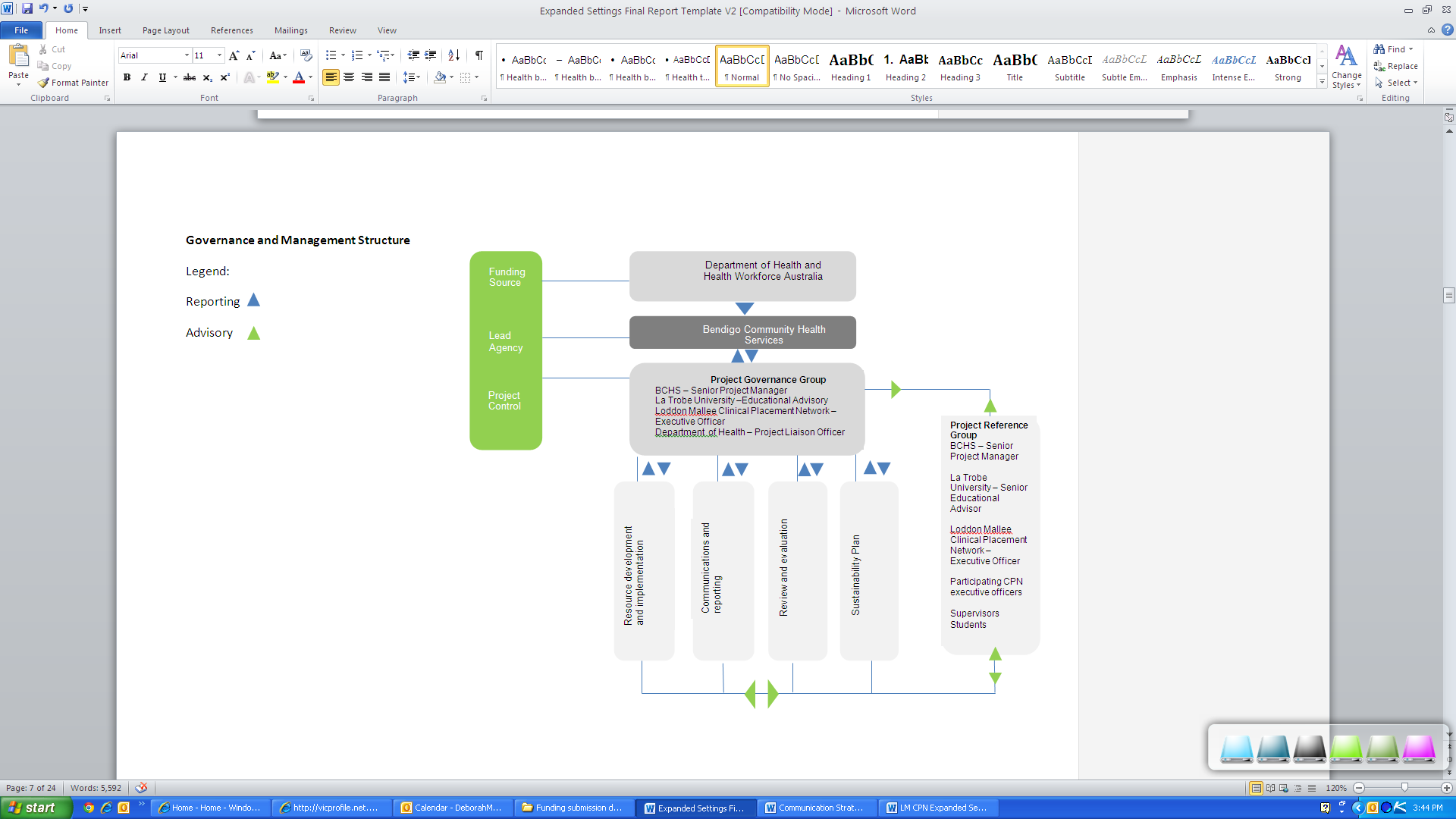
A stakeholder engagement and consultation group was established to provide responsibility for regular reporting through the project governance group to key audiences with ongoing consultation and resource improvements developed through test groups:

* Students from different disciplines,

Clinical placement supervisors from different disciplines.

The terms of reference of the both the project governance and project reference group ensured all project activities, communications and reporting complied with the highest level of ethics and due diligence. In addition, a communication strategy was implemented to lead engagement.

Figure 2



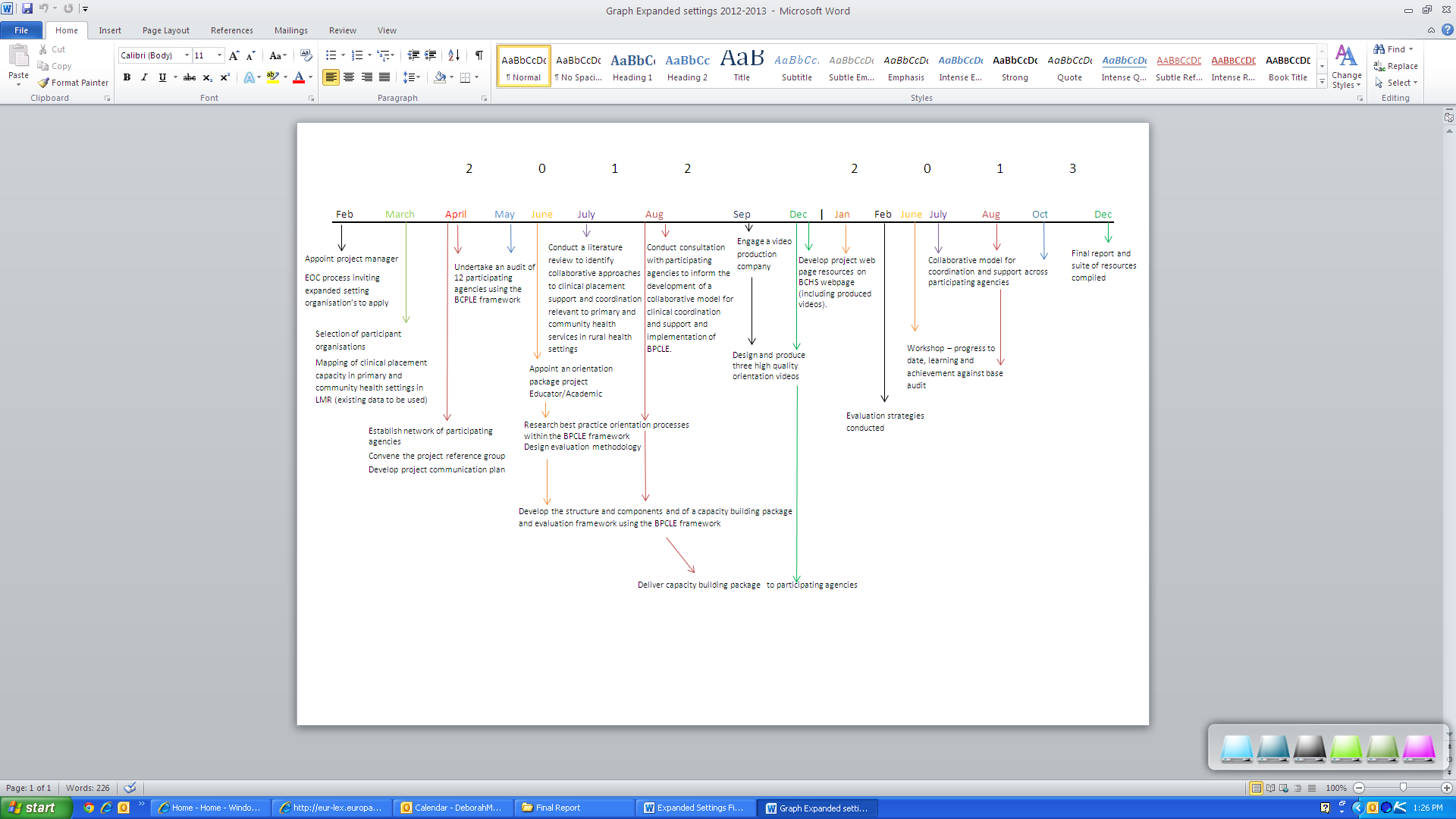
Budget

The project was delivered within budget with some in kind support contributed by Bendigo Community Health Services. The variation to the contract and shift from the development of DVDs to the establishment of the Learning Management System and a much broader range of resources resulted in a minor increase in overall expenditure although this has proven to be value for money in its outcome.

Timelines

The project was essentially delivered within the stated timelines, however there was a period of time mid project where activity slowed and a review of the project approach was undertaken and subsequent changes made. Given part of this process required a re-engagement strategy to encourage active involvement by participating agencies, progress was slower than anticipated. This resolved in the latter part of the project implementation.

Figure 3



Project activities and methodology – performance against stated deliverables

Table 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Project activity | Project deliverable | Due date | Status |
| 1 | Appoint project manager;  EOC process inviting expanded setting organisation’s to apply | Project Manager in place | February 2012 | Achieved  Achieved |
| 2 | Selection of participant organisations;  Mapping of clinical placement capacity in primary and community health settings in LMR (existing data to be used) | Preliminary review of existing data completed.  Further capacity mapping and assessment required. | March 2012 | Achieved  Some formal data was available but this data was not definitive and identified different outcomes depending on what was looked at. Initial scoping and reference to data from a private consultant regarding student disciplines, locations and capacity of placement providers was undertaken. The data was found to be inadequate as existing data was not agency specific. |
| 3 | Establish network of participating agencies | Network established and planning workshop conducted | April 2012 | Achieved - Completed in October 2012 |
| 4 | Convene Project Reference Group | Project reference group convened.  Terms of reference developed  Project work plan agreed and endorsed | April 2012 | Achieved |
| 5 | Develop project communication plan | The communication strategy provided a framework for communicating the implementation activities | End April 2012 | Achieved |
| 6 | Undertake an audit of 12 participating agencies using the BPCLE framework | Audit report complete | April to end May 2012 | Not achieved.  The BPCLE Tool was not released during this project. The BPCLE audit was undertaken with 2 of the 12 participating organisations. The paper based BPCLE presented a barrier as it was seen as complex and cumbersome. It was decided that it would be prudent to improve future uptake to address the BPCLE elements within design of the capacity building package (LMS) and resources and bring this into a gridded matrix for future application. |
| 7 | Appoint an orientation package project Educator/Academic | Educator/Academic in place | June 2012 | Achieved |
| 8 | Research best practice orientation processes within the BPCLE framework;  Design evaluation methodology | Report complete | June to August 2012  Sept to Nov 2013 | Achieved  Achieved |
| 9 | Develop the structure and components of a capacity building package and evaluation framework using the BPCLE framework | Package developed inclusive of resources and education and training plan | June | Achieved |
| 10 | Engage a video production company | Contract and scope documents | September 2012 | Not achieved –  Variation to contract:  iStories, resources (within LMS) superseded the DVD concept. iStories have been shown to be a more effective and accessible teaching and learning tool than DVD’s. |
| 11 | Design and produce three high-quality orientation videos | Orientation videos | Sept to Dec 2012 | Achieved – strengthened through iStory learning modules using a variety of teaching and learning mediums. |
| 12 | Conduct a literature review to identify collaborative approaches to clinical placement support and coordination relevant to primary and community health services in rural health settings | Literature review complete | July 2012 | Achieved |
| 13 | Conduct consultation with participating agencies to inform the development of a collaborative model for clinical coordination and support and implementation of BPCLE. | Consultation complete and report prepared | August 2012 | Achieved |
| 14 | Deliver capacity building package to participating agencies | Package delivered to a minimum of 12 agencies inclusive of workshops and individual support | Aug to Dec 2012 | Achieved  Variation to contract:  Net result is 24 participating agencies due to demand and uptake of the LMS |
| 15 | Establish mentoring/coaching program to support participating agencies to implement BPCLE | Program in place | January 2013 ongoing | Achieved |
| 16 | Develop project web page resources on BCHS webpage (including produced videos). | Webpage developed | Commence February 2012 ongoing | Achieved  Variation to contract:  The original intent was superseded by the LMS |
| 17 | Evaluation strategies conducted | Evaluation strategies actioned report completed quarterly | Commence February 2012 ongoing | Achieved |
| 18 | Workshop – progress to date, learning and achievement against base audit | Workshop conducted  Audit complete | June to August 2013 | Achieved  Variation to contract:  A forum was delivered in March to showcase the capacity building package and achievements to date with member organisations.  Workshops were not an effective mechanism to engage organisations for a project such as this.  Due to identified need it was necessary to deliver this 1:1 and to provide web consultations /meetings.  Three regional workshops were conducted in addition to 1:1 visits. |
| 19 | Collaborative model for coordination and support across participating agencies | Model development compete and endorsed | July to October 2013 | Achieved |
| 20 | Final report and suite of resources compiled | Final report complete | 1 November 2013 | Achieved |

Project outcomes and discussion

The project has produced a range of positive outcomes for participating agencies. Whilst not all of the project outcomes were achieved as intended, the process enabled a genuinely responsive approach that took account of the barriers to participation, identified strategies to support and encourage the uptake of resources and produced an innovative platform to house and deliver the capacity building package (the LMS). Embedded within this, the Student Orientation Space (SOS) developed when it was determined that a suite of DVDs was not going to be an appropriate resource to engage and prepare students earned high praise for its contemporary approaches and easy access.

As an online resource the SOS responded to the learning styles that students were accustomed to at University and enabled them to engage in a process of self-paced learning or preparation for placement that was not totally reliant on the availability of personnel at the clinical placement venue. This in turn was experienced as a tangible support by supervisors within the participating agencies, particularly those who were smaller and had fewer resources and little infrastructure to support student clinical placements.

In addition to the core modules of Primary Health, Aboriginal Health, Older Person’s Health, Children’s Health and Mental Health, a further module ‘Getting the most of your placement’ was developed to provide students with further insights, resources and information to support them in their placement. The LMS also included a module the (SDS) dedicated supervisor development and support.

A number of new innovations were developed over the course of the project including a virtual occupational health and safety tours customised to the individual organisation site, business process to enable a consistent message to be communicated to students on their placement.

The evaluation findings evidence that the majority of the participating agencies believe the project has been useful in increasing their capacity to provide quality clinical placements. This has been linked to the resources made available on the SOS and SDS components of the Learning Management System. The resources have provided agencies with the capacity to provide students a better orientation to the setting, and a range of templates, policies and procedures and learning activities that enable better support throughout the placements. Participating agencies suggest that the project has both enhanced their capacity and eased the perceived burden of placement planning, orientation and support, particularly for those agencies who continue to cite limited resources and infrastructure as consistent barriers to offering quality clinical placements. The sharing of a consistent set of resources has been identified by agencies as the most helpful aspect of the project.

Agencies have also identified that the Learning Management System, in part, has assisted in preparing students for potentially engaging in inter professional learning. This is primarily linked back to the focus, quality, appropriateness and breadth of the resources made available. Testing this in the context of participating agencies engaging in inter professional teaching has been beyond the scope of this project.

The final objective of this project relates to it having made a contribution to the body of evidence to inform the development and delivery of quality clinical placements. Whilst much of the information gathered during this project essentially reinforces the findings of others around the barriers and enablers to providing clinical placements, it has achieved a good insight in to some of the issues that assist agencies who may be smaller, more remote or sit within the definition of expanded settings. These include:

* The value of a consistent approach to orientation and induction of students across agencies
* The benefit of the LMS as a platform for housing information to support these processes in a manner that enables students to engage in preparation for placement and orientation prior to the commencement of the placement and which is congruent with contemporary teaching and learning practices within the university setting.
* The ability for students to undertake self-paced orientation activities and independently reinforce learning throughout the placement is beneficial

Effective communication with agencies to encourage and support placements requires face to face contact in their settings and the building of trusting relationships

Defining capacity was found to be complex. Existing data was not agency specific. The capacity of an organisation included - concurrent students across disciplines at any given time, the total students by discipline, the physical space, supervisor availability, and can also refer to period specific and accommodation availability capacity. Further, some organisations did not have clinical placement specific positions to co-ordinate student intake. In this situation it was not unusual for students and education providers to negotiate directly with program teams making it difficult to ascertain student numbers. For the purpose of this report capacity is defined as the ‘overall magnitude of the range of variables that contribute to clinical training experience that is provided by the health service (broadly defined). These include the number of students to be placed, the duration of that training, the number of hours/ days, the distribution of those hours across the week/month/year, the supervision requirements including hours and ratio, the location of the training and of course the content and level of that training’ (HWA, 2011). Due to the barriers of accurately determining the true capacity for each organisation it was determined to undertake a needs analysis to enable the project to address the barriers and enablers for clinical placements as identified by participating organisations. Whilst the evaluation findings demonstrated a minor increase in the volume of placements offered across the participating agencies during the period of this project, there were strong indications that the increased volume was more likely to occur over the next twelve months. Agencies cited increased use and familiarisation with the resources key to this occurring. It should also be noted that given the targeted and starting number of agencies where initial capacity was mapped was twelve. Because the number of participating agencies grew to in excess of 24, the variables resulted in limitations to the accuracy of the data collected on completion of the project.

The project applied action research methodology to ensure participant organisations and supervisors’ experiences progressively informed the project and project outcomes. Participant organisations were invited to workshop enablers and barriers with a particular focus on enablers. This information informed the project work plan as well as the design of learning resources. The resources were developed to address the identified barriers and support organisations, supervisors and students in a way that increased student placement quality and capacity. The Learning Management System also permitted the resources to be available to a much broader audience.

The LMS software (Moodle) was new to the project team and required a steep and intensive learning period in order to house, configure and produce content. Audiovisual content production and design and the engineering of the platform itself evolved through a continuous process of exploration, trial, review and improvement. Whilst time consuming, these early investments of time and resources ensured the quality of the end product. After extensive testing on trial audiences the final product was completed in May 2013.

The framework was developed to identify the domains where the activities of the capacity building package occur and also the characteristics of the activities to ensure all components aligned with the BPCLE Framework.

All components of the capacity building framework are interrelated and come together to form the overall package. The Capacity Building package includes:

|  |  |  |  |
| --- | --- | --- | --- |
| education | coaching/mentoring | support resources | resource sharing |
| collaboration/networks | student sharing models | innovation in teaching methodologies | interprofessional learning |
| use of new technologies | measurable and sustainable outcomes | ongoing support across all activities for the duration of the project |  |

Relationships were important to the Project. The initial model for workshops was not effective in engaging agencies to actively participate, nor did the approach produce the momentum required to drive the project. Multiple rescheduling of workshops in attempt to suit as many participants as possible only served to frustrate agencies and impacted negatively on attendance when the workshops were undertaken. The challenges of bringing personnel together from agencies across a broad geographical region to a central location were evident. The project team recognised the problems and sought to respond, in retrospect perhaps not early enough. Significant levels of mentoring and coaching were required to support and build confidence within participating organisations and the initial communication plan was revised and refocused to address this which resulted in a more direct approach and consistent intensive messaging by fortnightly phone and email updates and supported by face to face sessions at each of the participating organisations.

As a result of an active reengagement strategy with participating agencies and direct approaches to a number of other agencies, there was a substantial increase to the number of participating agencies which increased from twelve to in excess of twenty-four.

The paper based BPCLE Framework was found to be somewhat cumbersome and difficult for organisations to use during self-audit. To address this barrier and ensure that the BPCLE Framework was implemented in target timelines, the project capacity building resources, including orientation products, were designed to ensure integrity with the BPCLE Framework. When the BPCLE Tool goes live the participating organisations will already have achieved a significant shift to BPCLE compliance through their participation in the LMS.

Sustainability

Design of the capacity building project (LMS/SOS) has ensured that participating agencies are supported to establish, monitor and review implementation of the BPCLE Framework within their agencies. The collaborative support and coordination model and the LMS will continue beyond the life of the funded project within the context of a BCHS as lead agency coordinating shared placement opportunities across expanded settings and using viCPlace to support this process. This will be achieved through the further development of the cluster model where agencies can share placements across a cluster based on either geographical, specialist or discipline. There is wide support for this amongst the participating agencies. BCHS will continue to work with agencies and use existing networks to continue to build a governance, coordination and support structure.

The LMS is housed on a server at BCHS. Access to the LMS can be extended beyond the participating agencies and the LMR. Moreover, participating organisations are now developing and sharing their resources through the LMS library resulting in a more collaborative and embracing approach to maintaining focus on the key outcomes of provision of quality clinical learning environments. Support for a business model to support the ongoing maintenance, updating and further development of the resource is currently under consideration. At this point discussions are focused on the concept of BCHS as a lead agency continuing the role and responsibility of hosting, maintaining and moderating the LMS. This will in part be funded by agencies who nominate to participate in the model and contribute a modest annual fee to support this. Further funding is being sought to achieve product improvement, develop the business case and make the LMS available and appropriate for broader application.

Limitations and solutions

The BPCLE resource tool that was made available on the viCPlace website was tested by the project team. The original tool was found to be both time consuming and cumbersome for busy practitioners to use. With due consideration to the revised BPCLE tool that will soon be available, it was determined that the original version carried a high risk of negative experience and could result in a lack of engagement with the BPCLE by small organisations. In order to continue supporting the implementation of the BPCLE Framework, the project ensured that all capacity building resources within the LMS were aligned with the BPCLE objectives and resources kit, and in addition were inclusive of all six elements of the BPCLE. This guaranteed participating organisations automatic alignment with the BPCLE quality requirements through employing business processes, documentation, surveys and templates. This will be strengthened further when individual organisational assessments and monitoring occur upon release of the BPCLE tool.

Evaluation

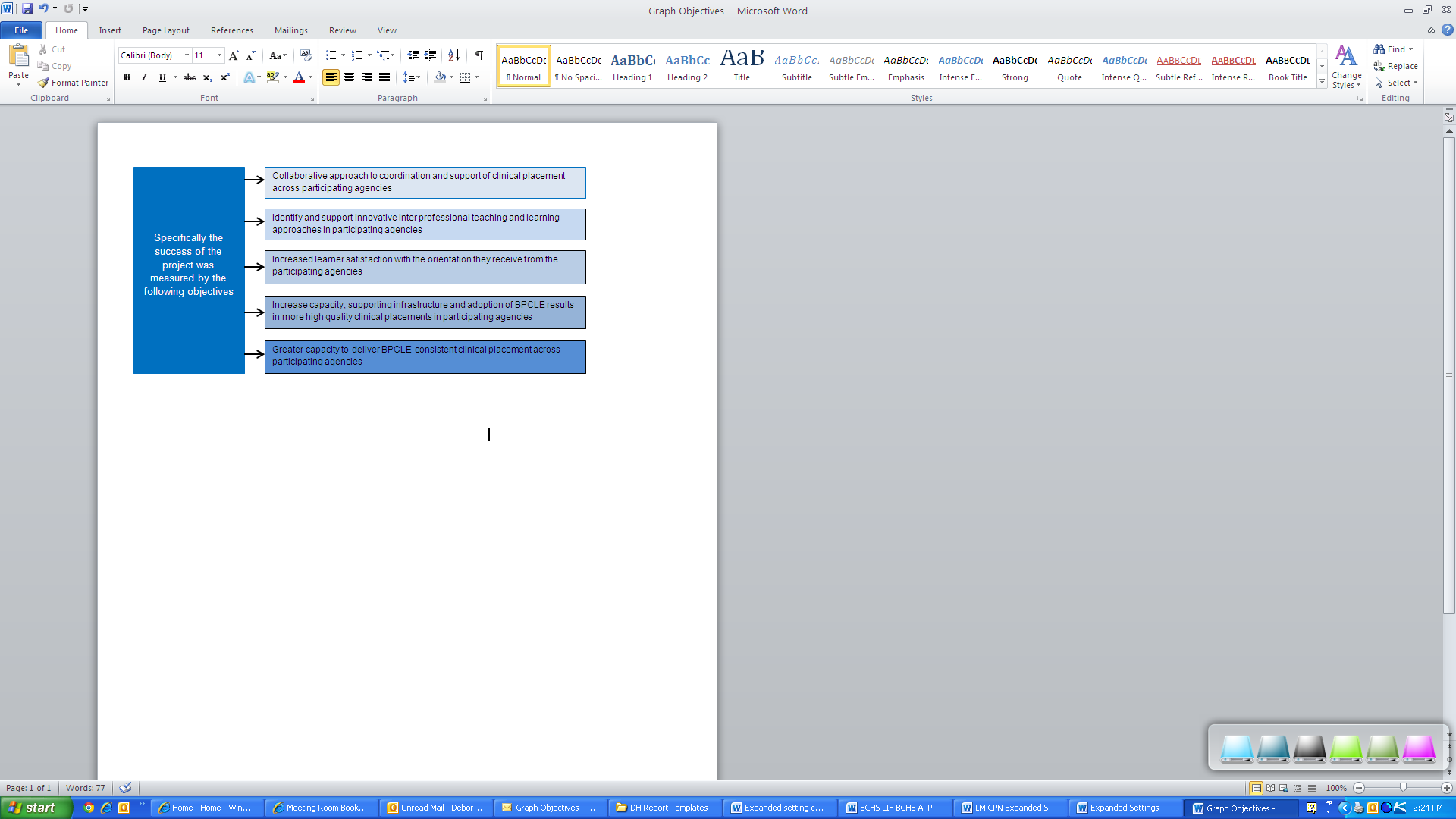
A comprehensive evaluation strategy was developed using methodology to support a triangulated approach to enable process, impact and outcome evaluation to occur against the project outcomes. This involved a number of data collection methods including: surveys, focus groups, use of the LMS discussion and feedback functions, measurement of the uptake of the LMS, the number of participating and agencies and mapping the participating agencies’ experience of the LMS in supporting them to respond to the BPCLE indicators.

As indicated earlier, action research methodologies enabled an effective, formative evaluation process that enabled the project implementation to be flexible and responsive to participating agency needs and a range of other variables.

The BPCLE indicators were used to provide the key measures for evaluation.

The project was measured by the following objectives:

Figure 4



Positive aspects

The Capacity Evaluation Outcomes survey showed that the majority of respondents identified the project was useful in improving their organisational capacity to provide student clinical placements. The following a snapshot statements to illustrate outcomes.

For one respondent this improvement was significant: “…this is the difference between our organisation having students or not.”

The evaluation showed that the majority of respondents identified that access to shared resources had increased.

One respondent acknowledged the project provided a diversity of resources for staff and students: “…I just wanted to say how fabulous this site is! Some of the stories and tips are useful for everyone not just for students.”

Another respondent recognised the value of strategic support resources: “…it has provided a more structured orientation.”

The majority of participants identified that the project impacted positively on quality. Almost half of the respondents agreed that the project had improved co-ordination.

One respondent reported: “Brilliant, as an organisation there is application, whole lot of learning for our organisation.”

Another respondent recognised the diverse layers that included quality and safety made available through the project resources: “National standards was a selling point.”

The project received many enthusiastic responses: “Fantastic – great potential,” and “Love it – want it now.”

The project was acknowledged by many respondents as being very useful for improving inter-professional collaboration, quality and student orientation, for example:

“Overall, we do think it is a valuable resource, and will assist us with our clinical placements in the future.”

“Patient journey – curriculum and intake worker – facilitating interprofessional collaboration.”

“Participating in this collaborative project has enabled (organisation) to ensure that students on clinical placement have information relevant to their placement prior to arrival.”

“Has enabled our clinical supervisors an avenue to help prepare for student placements.”

As a small rural organisation capacity building without burdening limited staff is integral to successful outcomes. I believe that this project will continue to deliver that outcome for our service “…an accessible, realistic and capacity building support system so we can provide a quality student clinical environment.”

The resources were designed to ensure that all capacity building resources were aligned with the BPCLE objectives and resources kit, and in addition were inclusive of all six elements of the BPCLE “We believe that developed product supports (organisation) to achieve this.”

The project was able to re-establish itself and re-establish momentum and stakeholder confidence. The number of participating organisations increased 100% following the re engagement strategy.

The Learners Survey responses identified the project had delivered a range of positive impacts. Learners reported increased understanding of primary health settings, enhanced pre-placement participation and improved understanding of primary health policies and legislation. Further, the Children’s, Aged and Mental Health and Aboriginal Health Consult learning modules provided new information to all respondents.

Additional resources were developed for all modules of both the student and supervisor courses. The rationale behind this was that during the consultative phase supervisors acknowledged the need for the development of meaningful off-the-shelf products or resources that could be accessed during down time when there were no clients for students to engage with or clinical opportunities were limited.

User registrations

Access requests for both supervisors and students have increased consistently since the launch of the LMS in July 2013. Currently there are 24 participating organisations with 146 registered supervisors and a total of 138 students registered since July. Participating organisations include hospitals, other community health services as well as non-traditional health and wellbeing agencies.

Difficult aspects

The evaluation identified that resources still remained a barrier, whether physical space, workforce availability or client numbers. Other barriers were nil students allocated to several organisation(s), or all students allocated in the same timeframe exerting pressure on limited resources. In certain instances this impacted on some organisations’ engagement with the project requiring extensive resources such as 1:1 support, email and telephone follow ups and transport, to maintain momentum.

The Mentoring Project was able to improve outcomes; however, participating agencies continue to cite lack of time and competing priorities as a barrier to achieving a greater participation in this element of the project.

One respondent clearly articulated the barrier of limited capacity for a small rural organisation “…we are spreading staff very thin with all the additional 'jobs' they are required to take on due to number of employees.”

Another respondent commented on the impact on workloads “…Recognition of clinical placements within allied health targets,” and finally “…small number of staff – all part time.”

Key learnings

Competing priorities, a largely part time workforce and distance remain as barriers to the engagement of small rural agencies in projects such as this. Communication needs to be consistent, using a range of modalities, however, the best results are still gained from face to face visits and ensuring goals and expectations are clear from the outset. Relationship building is integral to the success of working with partners, so too is the rigor and integrity of the product and its capacity to respond to individual agency needs. This promotes engagement and joint ownership resulting in a shared commitment to achieving the project outcomes. The project was more likely to succeed in organisations where the culture supported learning and where the organisation could see a tangible value in participating for example: All organisations project resources were developed cognisant of quality and safety standards such as Quality Improvement Council standards, Community Care Common standards, Department Human Services standards and also to support organisations when reporting through their annual Quality of Care report and the associated standards to these guidelines. The Learning Management System provides a contemporary approach to supporting students, supervisors and agencies and potentially enhances the relationship between these key stakeholders and the education providers.

The project was successful in aligning developed resources with BPCLE Framework whilst supporting organisations to engage with (and associated staff training and development) the National Clinical Supervision Competency Framework.

Additional resources were developed for all modules of both the student and supervisor courses. The rationale behind this was that during consultative phase supervisors acknowledged need for development of meaningful off-the-shelf products or resources that could be accessed during down time when there are no clients for example but meaningful activity still needs to be provided. These additional resources were acknowledged as very supportive in meeting this need.

Feedback such as, “Brilliant, as an organisation there is application; whole lot of learning for our organisation,” supported this.

Future directions

Given the foundation established by the successful development and implementation of the LMS/SOS. The aim is to expand the scope of the LMS for state wide application to benefit a broader range of health service settings by increasing stakeholder capacity, quality and ongoing investment in clinical placements.

Conclusion

The LMS/SOS has been positively and enthusiastically received. The evaluation demonstrates that students, agency staff, supervisors and academic staff are in strong agreement regarding the positive potential of the resource for users. These benefits include ongoing support for, and increased quality of, clinical placements. The evaluation showed that both student and supervisors who accessed the LMS/SOS found it easy to access, user friendly and that the content was generally appropriate and of good quality.

The LMS/SOS has provided a suite of resources to support students and supervisors in a manner that reduces the time and effort required by smaller health services who have limited infrastructure and resources to support quality clinical placements for students and ensures a consistent to the orientation and support of students across the disciplines.

Ongoing commitment

The LMS/SOS evaluation is ongoing and includes a mechanism to canvas participating organisations for suggestions that will enable the LMS/SOS to be purposefully tailored to meet individual organisational needs.

References

Business directory com. Available at [www.businessdictionary.com/definition/learning-organization.html](http://www.businessdictionary.com/definition/learning-organization.html) . Retrieved February 2013

Diana du Plessis, Michael du Plessis & Bruce Millet (1999) Developing a learning organisation: Journal of Management Practice 2 (4), 71-94. Available at:

http://www.usq.edu.au/extrafiles/business/journals/HRMJournal/JMPabstracts/DevelopingALearningOrgAbstract.htmlCASE STUDY. Retrieved February 2013.

HWA - Health Workforce Australia (2011) Mapping Opportunities for Growth – Supply (Clinical Training Provider) Study. Available at <http://www.hwa.gov.au/sites/uploads/mcp-cog-supply-report-a20111028.pdf>. Accessed on February 2012

Sweeney Research (2012). The Loddon Mallee Clinical Placement Network Profile Report. A report prepared for Loddon Mallee Clinical Placement Network. Available at <http://vicprofile.net.au/downloads/reports/21167_Loddon-Mallee_Report_V4_16JAN2012.pdf> Accessed February 2012