

## CPN Strategic Projects

### Case study

# Capacity building for clinical placement across the Southern CPN: A focus on community placements and supervisory capacity

## Project summary

This project aimed to facilitate effective and efficient usage of clinical placements within the community setting of the Southern Metropolitan Clinical Placement Network (SMCPN) by identifying latent capacity and maximising opportunities for clinical placements of undergraduate health professional students from across all disciplines. It was anticipated that in community and a range of other settings, supervisory capacity is a significant impediment to clinical capacity.

The project also sought to develop a generic supervisor program for all SMCPN stakeholders.

## Drivers and challenges

In Victoria, clinical education is predominately undertaken in the acute setting, leading to misalignment between student training and future workforce and community requirements. The community health setting has been identified as an area that could be strengthened and expanded to alleviate clinical placement capacity pressures and provide health students with a broader and a more rounded learning experience. The community setting may also provide the ideal environment for piloting new models, such as interprofessional clinical learning. The clinical placement capacity of the community setting is largely unknown and under-supported in a variety of ways, including the development of supervisory capacity. Meaningful identification and mapping of capacity is required. Supervisor training is a key barrier to increasing clinical placement capacity. To help ensure quality clinical placements in the future and to assist the community setting to increase capacity, a standardised supervisor training program will be developed and/or implemented for the SMCPN. This could be based around (i.e., built upon) the implementation of Health Workforce Australia's (HWA's) Clinical Supervision Support Program (CSSP) currently under development. The Program will be applicable to all disciplines and settings.

## Arriving at a solution

The project sought to address the drivers discussed above by engaging with the community health sector to identify clinical placement capacity and build capability for clinical placement planning.

- Setup working party of engaged stakeholders to assist in identification of potential clinical placement providers and disciplines to be included in this project.
- Develop communication strategy to engage with stakeholders in the community environment ensuring all activities in the project were clearly articulated and understood in a timely manner.
- Define 'community health' and the range of organisations that may be included in this project.
- Conduct community stakeholder forum to articulate the work of the CPN and ascertain the barriers and enablers to providing and potentially increasing clinical placements for students within the community sector.
- Development of a clinical placement supply/demand matching program.
- Support and encourage stakeholders to participate in clinical placement planning activities for nursing coordinated by the Department of Health (DH).
- Development of the CSSP.

## Implementation process

The activities of this project were undertaken in four phases:

- Stage 1 – Project initiation:
  - Appointment of personnel and project scoping activities
- Stage 2 – Development:
  - Identification of opportunities for increased capacity in community health and strategies for implementation developed
  - Community health clinical placement capacity mapping
  - Development of SMCPN supervisor training program
- Stage 3 – Implementation:
  - Strategies developed in Stage 2 implemented
  - Implementation of SMCPN supervisor training program
- Stage 4 – Evaluation:
  - Measurement of change in SMCPN community health clinical placement capacity
  - Recommendation for future action

## Outcomes and impacts

### SMCPN community stakeholder database

This project has resulted in the development of an SMCPN community health database that includes 296 community health organisations and 67 education providers. It should be noted that this counts Alfred Health and Southern Health each as single organisations due the fact that they have centralised coordination for most of their clinical placement activities services at multiple sites.

### SMCPN clinical placement provider survey

A stakeholder survey was developed to gain insight into the level of engagement and the needs and priorities of the community health sector in relation to clinical placements.

## **CSSP project design and submission**

In addition to enhancing SMCPN community health stakeholder engagement, the CSSP advisory body helped develop a proposal that was successful in securing significant funding for the development of a multimodal clinical supervisor training program. This program is delivered in both face-to-face workshops and via an online portal (<https://clinicalsupervisionsupport.org>). To date, the face-to-face workshops have been delivered to over 730 individuals.

## **Direct consultation and stakeholder forums**

The two stakeholder forums conducted were rated very highly as a vehicle for information sharing and an opportunity for stakeholders to network and gain understanding surrounding the complexities of increasing clinical placements. Direct consultation with SMCPN community health stakeholders has identified a range of themes which helped drive the direction of this project. Outcomes from these consultations included the implementation of strategies to address barriers to increasing clinical placement capacity in the community setting. One such example is the development of the CSSP.

## **Clinical placement planning 2012**

Engagement of stakeholders in this project resulted in eight community organisations registering for clinical placement planning activities for nursing conducted by DH. This process is a formal statewide approach, shaped by local input from CPN stakeholders. These eight organisations included 32 facilities with the initial availability of 22 798 placement days. This process resulted in 7850 placement days being taken-up

## **Clinical placement supply/demand matching program**

A clinical placement supply/demand matching program for use by clinical placement providers and education providers was developed and piloted; this demonstrated great potential for improving communication between clinical placement providers and education providers in a manner that is flexible and efficient.

## **Limitations and management strategies**

The enormity of the SMCPN was an issue of significance in this project. As well as the physical size, there were several layers of complexity to be negotiated. This required complex communication skills by the project manager to ensure engagement from all key stakeholders. The use of communication strategies including newsletters, updated stakeholder lists and email contact assisted in ensuring appropriate updates were communicated.

Difficulties in obtaining reliable or complete baseline data were encountered during this project. Data obtained by the DH in 2009 underpinned the initial scoping activities but this data lacked specificity in relation to community health and was too broad to consider replication. A survey was developed and sent to over 200 stakeholders.

At the onset of this project the SMCPN committee anticipated there would be a large demand for community health clinical placements, particularly in nursing. This is due in part to the commencement of Bachelor of Community Nursing program at Monash University but due also to other indications by various disciplines at Monash University. Several of these teams were successful in obtaining independent funding from HWA for projects aimed at creating more community health clinical placements. This created potential competition with this project and, at times, stakeholders expressed confusion regarding what was being asked of them. Meetings were established with competing project teams and were encouraged to become a participating members of the advisory group to reduce duplication of efforts.

The risk of duplicating other activities had a significant impact on this project. It was necessary to tailor the activity of the project to align with current DH activity/projections and/or defer some activity. The development of a clinical placement supply and demand matching process was piloted.

## Evaluation

- The activities of the SMCPN strategic project enabled a significant increase in the understanding of current clinical placement activity within the community setting of the SMCPN.
- Increased 2013 clinical placement capacity within the community setting of the SMCPN by more than 20%.
- Developed and implemented an agreed supervisor training program; delivered to over 730 stakeholders via face-to-face workshops and available as an online activity.
- Supported 8 community health organisations in participating in the DH clinical placement planning activity.
- Developed and piloted a clinical placement supply/demand matching program for use by clinical placement providers and education providers that is aimed at reducing the workload in coordination of community health clinical placements for education providers, clinical coordinators and community health settings.
- Identification and implementation of quality interprofessional clinical learning opportunities.

## Future directions

The anticipated roll out of viCPlace in 2013 to all disciplines will greatly assist in the clinical placement planning process within the community environment.

Continuing engagement of community health care providers in SMCPN activities will assist in informing the community sector of opportunities for continuing clinical placement planning. This may assist in the collaboration of curriculum development to align with opportunities available within the community sector particularly in aged care as identified in this project.

Engagement of SMCPN members to attend the SMCPN stakeholder event planned for April 2013 to enable continued dialogue and commitment to clinical placement planning activities.

## Further information

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