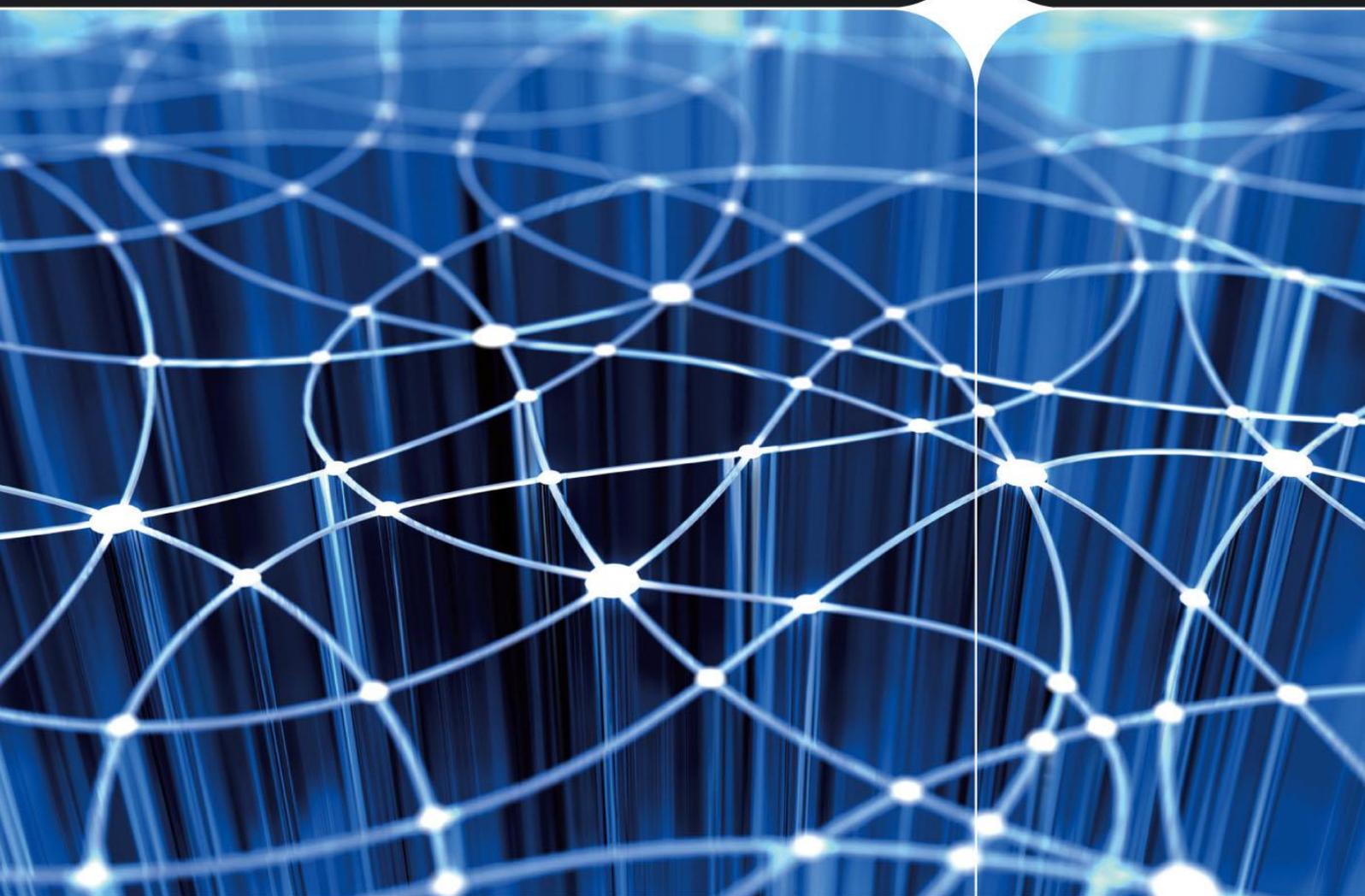


Department of Health

health

Communication Strategy

Southern Clinical Placement Network
Strategic Project



Strategic project communication strategy

CPN Strategic Project
Southern Clinical Placement Network

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Introduction

Professional-entry clinical education within health services is critical to prepare the next generation of health professionals for their roles in the workforce. Clinical placements vary in duration and format but all involve exposing health students to health service environments to facilitate the development of the skills and knowledge necessary for clinical practice. Growth in health students across all disciplines is placing significant short to medium-term pressure on health services to meet the associated demand to clinically educate our future workforce.

With this increased student growth, current arrangements for coordinating clinical education are proving to be inefficient and ineffective. Training providers are competing for student placements, effort is being duplicated, and resources and capacity are under utilised due to a lack of systematic placement planning. Consequently, the student placement process is time and resource-intensive for both health services and education providers, does not promote innovation, and puts the provision of quality student placements at risk.

From 2010, new statewide governance arrangements for clinical placements are being implemented by the Department of Health in Victoria, which aims to improve the clinical placement capacity and quality in Victoria. This has included the formation of eleven Clinical Placement Networks (CPNs) across the state. Along with participating in a range of statewide projects, each CPN is undertaking a strategic project to enhance the quality and quantity of clinical placements within their Network.

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

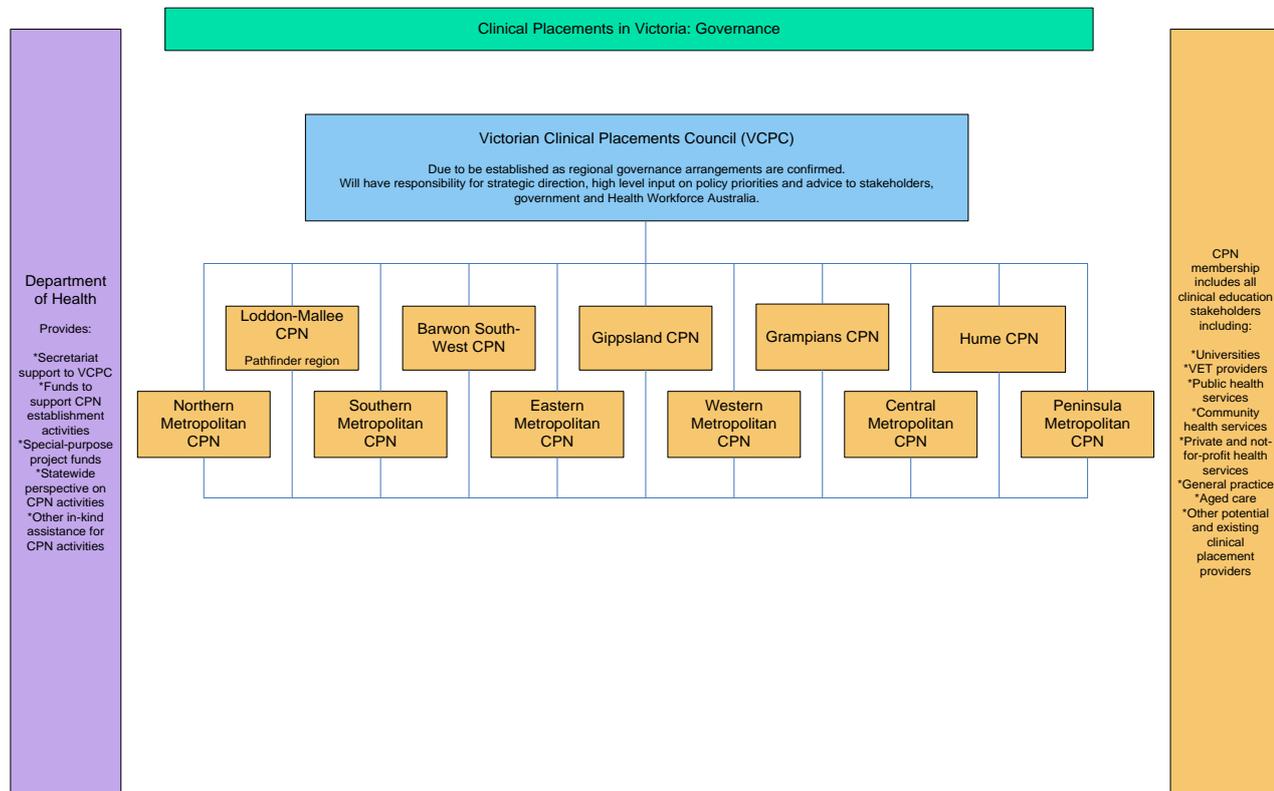
The project will also seek to develop a generic supervisor program for all SMCPN stakeholders.

Enabling stakeholders to be active participants in the establishment of this strategic project, in conjunction with timely communications is vitally important to the success of this project. Successful implementation of an improved system will require well-targeted communications to ensure that project objectives can be met and that all stakeholders are informed and prepared for participation in this project.

Situation analysis

Statewide

In 2010, the department began the process of implementing the new model of clinical placement governance. This includes the establishment of a stakeholder-led Victorian Clinical Placements Council (VCPC) to provide statewide strategic oversight and coordination of clinical education initiatives, and eleven regional CPNs, to develop and implement locally-driven approaches to clinical placement planning, coordination and delivery.



The success of the new model will be dependent on high levels of participation and engagement across education providers and the range of health and others settings including, but not limited to, public health services, private health services and not-for-profit agencies that have the capacity to provide clinical placement opportunities for students.

It is understood that the new model of clinical placement governance is an innovative approach to clinical placement coordination. Indeed, this is the first clinical placement coordination model of this kind and scope in Australia. As with any change management process, there is likely to be a degree of uncertainty and apprehension which will need to be monitored and managed. This will be achieved by ensuring timely communications and enabling stakeholders to be active participants in the establishment and development of their local CPN.

To assist in this, the department has provided resources to support the employment of a dedicated Project Manager in each of the designated clinical placement networks. Providing staff 'on the ground' will facilitate greater opportunities for improved communication pathways within the networks and across sectors. During the first twelve months of implementation these project managers will be further supported by the Statewide Implementation Manager.

In addition the department will develop statewide implementation resources, a governance system visual identity, and a dedicated clinical placements website for each of the CPN's.

Local

Communication to stakeholders (including primary target audience and influencers) in the Southern Metropolitan (SMCPN) strategic project will be achieved via a range of mechanisms as outlined in Section 4 Strategy.

Communications will be facilitated by the SMCPN governance arrangements, including the SMCPN Executive Committee, the SMCPN Project Manager, the Strategic project Working Party and the Strategic Project Manager.

Target audiences

Primary

Clinical placement providers (CPP)

It is recognised that these institutions provide a valuable range of health and community services to the Victorian population and support the development of a future health workforce through the provision of student placement days. The involvement of CPPs in this strategic project is essential to the successful delivery of the project.

Education providers (EP)

EPs represent a primary stakeholder and key partner in the new model of clinical placement governance. EPs need to work in partnership with CPPs to provide the clinical education required to adequately prepare students for work in the health system.

Influencers (stakeholders)

Southern Clinical Placement Network Executive Committee (SMCPNEC)

Established to provide leadership and strategic direction to the SMCPN, and to develop and implement locally-driven approaches to clinical placement planning, coordination and delivery. The committee is comprised of sector representatives from within the SMCPN. This strategic project will report ongoing project progress, and escalate any issues, to the SMCPNEC.

Strategic Project Working Party (SPWP)

Established to provide leadership and strategic direction specifically for the 'Capacity building for clinical placements across SMCPN: A focus on community placements and supervisory capacity strategic project'. Additionally, the members represent the project within their own organisation and sector, and keep stakeholders informed of activities, initiatives and achievements. Membership is comprised of sectorial representatives from within the SMCPN (and may also represent their sector on the SMCPNEC).

Department of Health internal stakeholders (DH)

The DH is the financial sponsor of this SMCPN strategic project. Internal stakeholders within the department of health (including other branches and regional offices) will play a key role in distributing communications and influencing the participation of stakeholders in the new model of clinical placement governance.

Health Workforce Australia (HWA)

HWA is an initiative of the Council of Australian Governments, and has been established to meet the future challenges of providing a health workforce that meets the needs of the Australian community.

Its role includes facilitating locally based mechanisms for the placement of students into suitable training places. As such they will be a key stakeholder. HWA will be invited to participate on the VCPC to facilitate both formal and informal communication of Victorian activities.

Key messages

Key message	Target audience
The objective of the new clinical placement governance model is to build capacity and quality of clinical placements in Victoria.	All
<p>The SMCPN strategic project is specific to the SMCPN aims to facilitate effective and efficient usage of clinical placements within community settings in the SMCPN by identifying latent capacity and maximising opportunities for clinical placements of undergraduate health professional students from across all disciplines.</p> <p>It is anticipated that in community settings in the SMCPN supervisory capacity is a significant impediment to clinical capacity.</p> <p>The project will also seek to develop a generic supervisor program for all SMCPN stakeholders.</p>	SMCPN
The project will facilitate partnerships between organisations and sectors to achieve its objectives.	All
All clinical education stakeholders are SMCPN members. Health and other service providers are members of the CPN in which they are geographically located.	All
The Strategic Project Working Party members represent stakeholders from their respective sectors.	All
<p>Opportunities for stakeholders to directly contribute to the SMCPN include:</p> <ul style="list-style-type: none"> • providing input into proposed project activities and initiatives • participating in information gathering /project focus group sessions • attendance and participation at attendance seminars 	All
<p>There are activities, common to all CPNs, which will be undertaken within a statewide framework. These activities will be lead at the state level.</p> <p>These activities include:</p> <ul style="list-style-type: none"> • CPN establishment • CPN profiling project • Data collection, analysis and reporting • Clinical placement planning • Clinical placement management systems • Evaluation of CPN project <p>Successful delivery and implementation of this SMCPN strategic project will incorporate information gathered from each of these state wide projects.</p>	All

Strategy

Communication item	Target recipient	Purpose	When/frequency	Tool	Person responsible
SMCPN Strategic Project Working Party Meetings	SPWP	Update project Working Party on status and discuss critical issues. Provide advice, leadership and strategic direction for project.	Meeting frequency as determined by the working party. Minutes disseminated within two weeks of meeting.	Face-to-face meetings supplemented by teleconference where practicable. Minutes via email.	Project Manager Project Manager and Administrative Assistant
Project Documentation (e.g., Terms of Reference, Communication Plan, Project Plan, etc.)	SPWP, SMCPNEC and where required	To provide stakeholders with applicable project information.	At first SPWP meeting and when available or as requested from stakeholder.	Distributed electronically.	Project Manager
Project status reports	SMCPNEC and others when requested	Update stakeholders on progress of the project.	Monthly to SMCPNEC. As requested from other stakeholders.	Distributed electronically.	Project Manager
Project budget tracking	SMCPNEC, SPWP, DH	To monitor and track project expenditure against allocated funding.	Quarterly to SMCPNEC and as required to DH.	Budget status report, distributed electronically.	Project Manager, Administration Assistant.
Stakeholder forums	All stakeholders	To provide information and updates on the project. To gain commitment from stakeholders regarding involvement in project activities. To gather stakeholder specific information pertinent to the project.	February 2012, June 2012 and as required.	Meetings or via telephone contact. Information gathering via questionnaires and/or focus group gatherings.	Project Manager
Sponsor meetings	DH	Update financial sponsor on project status and discuss critical issues.	Not regularly scheduled. As required.	Meeting or via telephone contact.	Project Manager
Project information seminar/ presentations	All stakeholders	To update all stakeholders with project progress. To create and enhance awareness of project activities. To promote cross-sector collaborations and communications.	Progress reports to SMCPNEC January 2012, July 2012 and January 2013 Presentation at health service meetings as required.	Presentation. Meeting/Presentation.	Project Manager, Administration Assistant, SMCPN Project Manager Project Manager

Communication item	Target recipient	Purpose	When/frequency	Tool	Person responsible
Clinical Placement Supervisor Training Program and annual calendar roll out	CPPs and other stakeholders	To roll out and implement a clinical placement supervisor training model aimed at facilitating greater quality and quantity of undergraduate clinical placements within the SMCPN.	When proposed model and resources are approved by SPWP (expected December 2012).	Presentations at sector sessions/gatherings (or at individual organisations as required).	Project Manager, Administration Assistant
Project evaluation	SMCPNEC and all stakeholders	Identify improvement plans, lessons learned, what worked and what could have gone better. Review accomplishments.	December 2012	Meeting/consultation with stakeholders, use of an evaluation tool.	Project Manager, Administration Assistant and stakeholders
Final project report and recommendations	All stakeholders	To document the projects deliverables, successes, findings and recommendations.	End January 2013.	Report.	Project Manager
Other	To be determined by the SPWP/SMCPNEC	General communications.	As needed.	Newsletters, email lists, VCPN website etc.	Project Manager

Timelines

Key activities	Related communications	Dates for communications	Person responsible
Project manager recruited and commences		August 2011	SMCPN Executive Committee
Scoping of project agreed and project plan developed	SMCPN Strategic Project Working Party meetings Minutes disseminated within two weeks of meeting Published on CPN webpage	October 2011	Project manager Working Party
Project assistants recruited and commenced	Electronic notification to stakeholders	November 2011	Project manager SMCPN Executive Committee
Progress Report 1	Report to SMCPNEC	January 2012	Project manager Working Party
2 stakeholder forums delivered for consultation	Meetings via telephone or contact. Information gathering via questionnaires and/or focus group gatherings.	February 2012, June 2012	Project manager
Opportunities for increased capacity identified and agreed by SMCPN	Report to SMCPNEC	February 2012	Project manager Working Party
Progress Report 2	Report to SMCPNEC	July 2012	Project manager
Strategies developed to assist in increasing capacity (i.e. supervisor training)	Report to SMCPNEC	May 2012	Project manager
Implementation of supervisor training program and annual calendar	Report to SMCPNEC	Completed by December 2012	Project manager
Evaluation Including measure of changes in capacity in the community setting	Report to SMCPNEC	December 2012	Project manager
Final Report	Report to SMCPNEC	January 2013	Project manager

Tools

Standardised templates are available for use by the Project Manager.

The following specific tools are for communication within the SMCPN:

Correspondence/agendas/meeting papers/minutes

CPN/VCPC corporate branding, provided by the Department of Health for communications from the Project Manager, State Implementation Manager or VCPC Secretariat.

Presentation

A 'generic' presentation to present to stakeholder groups that delivers the project's key messages provided by the State Implementation Manager.

CPN stakeholder database

A database of stakeholders managed by the Project Manager.

Website

A VCPC/CPN website to disseminate information, with content updated by the Project Manager, State Implementation Manager or VCPC Secretariat, and uploaded by the Department of Health.

Stakeholder Guide/Information sheets

Department of Health Stakeholder Guide and information sheets for distribution via email, website and hard copy as required.

Newsletter

A quarterly CPN newsletter developed by the CPN Project Manager, and distributed to CPN stakeholders by the CPN Project Manager via emailed link to website, email or hard copy as required.

Evaluation

Evaluation of the Southern CPN communication strategy will occur as part of the statewide evaluation of the CPN Project. A post-implementation analysis will provide evidence about the effectiveness of the strategy and contribute to new knowledge about the target audience and the most effective ways to communicate with them.

It is anticipated that the initial information gathering exercise will form a basis as to each organisation's benchmark/baseline of their capacity for quality student clinical placements. When the preferred model is developed and implemented, comparisons can be made against the baseline information gathered as to how far organisations internal systems/processes and therefore level of quality for clinical placements have increased.

Additionally, an evaluation form will be developed and provided to each of the participating organisations to provide feedback on the objectives of the project and their own perspectives of the new model.