

Central Hume interprofessional clinical placement pilot

Submitted by:

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In partnership with:

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November 2012

Executive summary

The Central Hume Interprofessional Clinical Placement Pilot project was implemented with the universal objective of increasing the student placement capacity of partner organisations.

To achieve this aim, the project focused on six core activities, driven by a variety of methodologies:

- Appointment of a project officer for the Central Hume Interprofessional Clinical Placement Pilot,
- Articulation of common purpose and shared responsibilities,
- Shared resources and process for students, clinical facilitators and educators,
- Building entry-level career pathways,
- Complying with project reporting requirements,
- Sharing of project lessons.

Within Central Hume, this project has contributed a number of significant achievements including:

- The development of a consensus framework for common terms and conditions for student placements;
- The successful application for a Health Workforce Australia (HWA) Small Capital Works Grant to restructure the students support facilities at one of the partner organisations;
- An overall increase in student placements within the subregion of Hume.

Recommendations for ongoing or future follow-up include analysing the long-term influence of clinical placement experiences within Central Hume on subregional workforce recruitment and retention; seeding innovations in shared inter-service clinical placements; and developing an agreed set of measurable quality indicators to advance the common set of terms and conditions.

Background and context

The Central Hume Interprofessional Clinical Placement Pilot project was proposed in the context of:

- A commitment by partner organisations to work collaboratively to increase student placement capacity
- A concurrent Department of Health-funded (DH) Central Hume Graduate Nurse Program project. The Central Hume partners currently deliver a shared graduate nurse program.

The Central Hume Interprofessional Clinical Placement project was implemented and subsequently evolved to add value to the broader regional milieu by:

- Complementing and supporting the aims of the Central Hume Graduate Nurse Program project
- Complementing and not replicating the activities of Moira Clinical Placements in Small Rural Health Services Project
- Complementing and not replicating the activities of the La Trobe University Clinical Supervision Project
- Complementing and supporting Central Hume partners participation in the three statewide clinical placement project activities.

Objectives

The general objectives for the Central Hume Interprofessional Clinical Placement Pilot project were to:

- Identify and propose/action strategies for building placement capacity across the partner organisations
- Identify and propose/action strategies to facilitate students returning for successive placements and subsequently applying for admission into graduate programs within Central Hume
- Implement strategies to ensure Central Hume Interprofessional Clinical Placement Pilot project supports/complements deliverable outcomes achievable through other local and statewide clinical placement project activities.

Project activities and methodology

This project conducted six principal activities. These activities were conducted using a variety of methodologies aimed at achieving the universal objective of increasing student placement capacity within Central Hume.

Appointment of Central Hume Interprofessional Clinical Placement project officer

- Onsite visitation to each project partner on commencement of project officer
- Attendance/update by project officer at monthly partner meetings, May 2011
- Attendance by project officer at statewide CPN Forum held in Melbourne, May 2011
- Minimum monthly contact/meeting with Moira Clinical Placement in Small Rural Health Services project officer was initiated from June 2011
- Attendance by project officer at HWA Rural and Remote Health Workforce Innovation Forum, September 2011
- Attendance by project officer at Moira Clinical Placement Forum, October 2011
- Attendance by project officer at Central Hume project at Hume CPN Forum, November 2011.

Articulation of common purpose and shared responsibilities

- Distribution of a placement information template to Central Hume partners. The survey aimed to complement, not replicate the statewide Profiling Data project. The local data set focused on information related to clinical placement arrangements and existing partnerships; orientation requirements; governance procedures and documents; quality indicators and evaluation activities; and supervision profiles. May 2011.

Shared resources and process for students, clinical facilitators and educators

- Assisting project partners to complete DOH statewide clinical placement project requirements: Profiling Data project May thru September 2011; Multilateral Negotiations (MLN) Project July thru September 2011.
- Collaborative development of a generic framework for common terms and conditions – nursing placement August thru September 2011; Allied health placements October 2011 thru February 2012.

Entry-level career pathways

- Minimum fortnightly contact/meeting with Central Hume Graduate Nurse Program project officer was initiated from April 2011
- Support provided to partners to prepare for Central Hume Graduate Nurse Open Day, June 2011
- Pilot survey of 2012 graduates to ascertain key influences in their choice of a graduate program including from their undergraduate experiences.

Compliance with project report requirements

- Minimum of monthly contact with Hume CPN coordinator
- Submission of reports.

Presentation and availability of findings

- Development of case study on placement terms and conditions
- Development of project summary and updates for presentation in public forums.

Project management

This project was managed through Benalla Health.

In the spirit of collaboration, the office of the part-time project officer was situated in the Education Unit at Northeast Health Wangaratta in order to facilitate the complementation of the two Central Hume projects.

The project officer reported to:

- Manager, Education Unit, Benalla Health
- Hume CPN committee.

The actions of the project officer were a response to issues raised via the data reported by Central Hume partners and through discussion with key stakeholders within the Central Hume Educators Group. The Central Hume Educators Group had previously been established as an initiative of the subregional Graduate Nurse project. Invitation was extended to other interested stakeholders for the discussions on common terms and conditions.

Outcomes and impacts

Overall the impact project has been positive.

The Central Hume Interprofessional Clinical Placement Pilot project officer was appointed and commenced in April 2011. The position was appointed on a part-time, temporary contract, finishing with the submission of the final project report in April 2012. Key outcomes from the appointment of a local project officer can be attributed to the support provided to individuals within partner organisations.

- To consolidate their networking activities within the collaborative
- To shift cultural mind sets associated with clinical placements
- To meet the requirements of the clinical placement data gathering and negotiation processes implemented through 2011.

The outcomes of articulating a common purpose and shared responsibilities have impacted on Central Hume health services both positively and for the long term. As a result of this project there is:

- Improved awareness of specific and generic issues related to Central Hume student placement capacity. Central Hume partners identified the following as issues influencing their ability to increase placement capacity:
 - Common placement terms and conditions
 - Training for clinical supervisors – to be addressed through other projects
 - Alternative models of supervision – to be addressed through other projects
 - Marketing for both students and education providers on available placement and career options within Central Hume
- Strengthening of partner networks and communication processes contributing to the sustainability of the Central Hume collaborative.

Although Benalla Health and Northeast Health Wangaratta facilitated a small number of shared inter-hospital placements for nursing students, the development of an action plan and the progression of a generic 'Central Hume health services memorandum of understanding' for shared placements was not achieved. Development of generic key terms and conditions was deemed a necessary first step and more essential as a deliverable in facilitating an increase in clinical places.

It is noted here that options for shared inter-hospital placements and or models of supervision for allied health students was also raised with Central Hume partners through the Moira Project.

- The outcomes of facilitating shared resources and processes for students, clinical facilitators and educators were of variable significance

A significant outcome achieved under this action was the consensus achieved between partners on a framework for common terms.

Through this project, Northeast Health Wangaratta as a partner organisation was successful in securing a HWA Small Capital Works Grant to restructure the students support facilities in the Margaret Boyd Education Centre. The grant will have a significant, long-term impact on the subregional hospital's ability to support both the students on placement and the regional partners in providing an inter-service education calendar for staff supporting students.

Deliverables on capacity mapping were made via the statewide viCPlace initiative.

Except for acknowledging some common requirements, work on a shared orientation process did not proceed. It will be reconsidered by the partners in the future, if/when appropriate.

Deliverables on common assessment processes will be achieved through the nationwide work being conducted by the Australian Learning and Teaching Council.

Although some specific activities were supported by the Central Hume Interprofessional Clinical Placement Pilot project, deliverables on the mapping of supervision options and models and the shared professional development program for clinical educators were principally addressed via the other two Hume Region projects.

The aim of the activities focused on building entry-level career pathways was to ensure the long-term sustainability and benefits of increasing placement capacity. To meet future workforce needs, it is not enough to increase student numbers, there needs to be opportunities for employment at the completion of undergraduate training programs. This project contributed to building both placement capacity and entry-level career pathways by working with the Central Hume Graduate Nurse Program to implement the following marketing strategies for students:

- To increase student preferences for rural placement within the subregion, in collaboration with Central Hume Graduate Nurse Project, two survey questionnaires were developed and proposed for use in 2012. One survey was developed for second and third-year nursing students, the other for graduate nurses. The aim of the surveys was to gather information on the influence of their clinical placements in their employment choices. Although the graduate survey was piloted with the commencing 2012 cohort, unfortunately work on the surveys did not proceed in 2012. The collaborative are currently considering implementing them in 2013.
- Feedback from successive cohorts of graduates indicate that options for placement at larger regional health services is a factor for some in nominating for positions within Central Hume programs. A Memorandum of understanding for inter-service graduate nurse rotations within Central Hume was achieved September 2011.

Compliance with project reporting requirements has led to the following outcomes:

- Monthly project reports were submitted to Hume CPN
- The Final project report was submitted, April 2012
- Revision of Final report and Financial acquittal was submitted, February 2013.

Outcomes achieved to meet the commitment to disseminate project achievements include:

- Presentation on Central Hume Project at the Moira Clinical Placement Forum, October 2011
- Presentation on Central Hume Project at the Hume CPN Forum, November 2011
- Submission of Case study.

Limitations and management strategies

Although much was achieved through the Central Hume Interprofessional Clinical Placement Pilot project, a number of issues surfaced that affected the final scope and achievements. These included:

- Although this venture was timely, the overwhelming and competing demands of completing this project while supporting/meeting the requirements of the two other regional and three statewide clinical placement projects was difficult for partner organisations. Priorities, timelines and what were meaningful deliverables specific to this project, for some activities, had to be adjusted from those nominated in the project proposal as each of the different projects objectives were made clear and competing deadlines were revealed.
- There was significant interest in the development of a consensus statement for allied health placements and the content of what should constitute such a statement was hotly debated. As indicator of the interest and the topical nature of the subject – participation in the stakeholder forums was keenly sought by key individuals both within and beyond Central Hume.
- To date, unlike nursing and medicine, there had been little work done to facilitate opportunities for stakeholders to meet to discuss and resolve the issues involved in defining generic terms and conditions. The idea of what should be covered in the terms and conditions was hotly debated. Defining a consensus statement was a difficult process because of:
 - The number of disciplines involved
 - The complexities associated with facilitating small numbers of student clinicians
 - The differing expectations between individual health services
 - The differing expectations between health and education service providers.

During the course of the allied health stakeholder meetings, Victorian Clinical Placement Council (VCPC) announced the formation of a working group to look at this particular matter. In response to the VCPC initiative Hume CPN submitted a paper recommending that, unlike nursing, a set fee should not be set. As such, this project settled on acknowledging the necessity for fees to reflect costs but not recommending a particular fee; and on defining the structure for common terms and conditions. VCPC subsequently made recommendations for a fee range.

In late 2012, the Hume Region Allied Health Leaders Group established the Hume Region Allied Health Educators Group. The inaugural Chair of this group is a member of a partner organisation. The consensus statement for common terms and conditions will be referred to that group to oversee.

Evaluation

The most significant outcomes of this project included:

- The additional support that the project officer was able to offer to partners in meeting the plethora of CPN project requirements and deadlines.
- The capacity to articulate and contextualise the relationship between the objectives of the various CPN projects launched throughout 2011
- Development of framework for common 'terms and conditions' for student placements.
- Demonstrable increase in student placement agreements and places by partner organisations.
- Successful application for a HWA Small Capital Works Grant to restructure the students support facilities in the Margaret Boyd Education Centre at one of the partner organisations.

The Central Hume Interprofessional Clinical Placement Pilot project has achieved its fundamental objectives, contributing to the global efforts of building clinical placement capacity. The long-term effects measured in terms of the sustainability of the effected increase however will not be known for some time.

Future directions

Recommendations for ongoing or future follow up include:

- Analysing the long-term influence of placement experiences within Central Hume on subregional recruitment and retention of clinicians within Central Hume by progressing student and graduate surveys on factors influencing recurrent placements and employment choices.
- Increasing placements options by seeding innovations in the provision and support of shared inter-hospital clinical placements.
- Identification and agreement of common measurable quality indicators for inclusion within the generic 'terms and conditions'.

Conclusion

The Central Hume Interprofessional Clinical Placement Pilot project has made a difference to partner organisations capacity for providing and supporting subregional student placements.

The project afforded new lessons in collaborative problem solving and creative solutions to meeting clinical placement requirements.

As part of the patchwork of projects across the subregion, region and state the combined legacy will be a strong and sustainable response to meeting the health workforce need of the future.