

Establishment of education resource room

Date completed: 1 September 2012

Background and context

Beechworth Health Service (BHS), Indigo North Health (INH) and Yackandandah Bush Nursing Hospital (YBNH) are three health services which have an existing relationship realised through the Indigo Health Consortium (IHC). The health services are geographically located in relatively close proximity, hence the natural potential for collaborative efforts.

The resources across the three health services are limited. Currently, none of the health services have a dedicated space for students to meet for debriefing, or a space resourced with computers and educational equipment to support learning and skill development for students on placement.

Our project aims to establish a multipurpose education resource room which will provide the health services of the IHC with a platform to extend our collaborative relationship in terms of clinical placement.

Project objectives and expected impacts

The project objectives listed below have all been met.

Project objectives

- Vacate the identified room of its existing occupants and furnishings,
- Remove unwanted windows and create a wall for desk and information technology arrangements,
- Purchase and establish suitable desk and seating arrangements for six students,
- Purchase and install an interactive whiteboard system for instruction,
- Purchase additional information technology (laptops) for students,
- Establish a reference library for students and staff; and
- Establish an environment for simulation-based learning.

Expected impacts

- Designated room with adequate desk and seating arrangements to support multiple student placements,
- Access to information technology (laptops; projectors etc.) that will allow internet linkages with education provider resources,
- Facility for simulation-based learning and education,
- Library amenity for reference materials,
- Enhanced collegiate collaboration between BHS, YBNH and INH in student skill development; and
- Improved student placement experience.

Project activities

Project activity	Project deliverable/target	Status
Development of communication strategy for informing staff of project and its purpose	Communication strategy	Completed
Vacating of existing occupants and furnishings	Empty room awaiting refurbishment	Completed
Removal of unwanted windows and establishment of new wall	New wall established with capacity for desk, seating and IT arrangements	Completed
Desks, seating and IT equipment procured	New desks, seating and IT equipment delivered for arrangement	Completed
Interactive whiteboard system procured and installed	Installation of interactive whiteboard system	Completed
Installation of book shelving/cabinets	Book shelving installed	Completed
Training program for preceptors and other identified staff in appropriate utilisation of room and technology	Knowledge base established	Completed
Establish booking and security systems	Scheduling and security systems established	Completed

Project management

The implementation of the project is overseen by the BHS Executive and the simulated learning environment (SLE) Working Party. Bi-monthly project reporting mechanisms include a report to the Finance Resources, Information Technology and Services (FRITS) Committee. The project is also reported to the IHC managers meetings which are also bi-monthly.

The mission of the project is to enhance the quality of the both staff and student learning experiences and is clearly articulated in our communication strategy and the project has also been noted within our annual 'Quality of Care' report 2011/12 for the Department of Health and the public. The project also reports as required to the Hume Clinical Placement Network (HCPN) Committee.

BHS (Staff Development Officer) will assume responsibility for the ongoing maintenance of the room and its resources. Whilst BHS has a lease arrangement for PCs and laptops, our lease arrangement will expand to include any additional laptops for the room when new lease arrangements are negotiated every three years.

Project performance against stated deliverables

Project activity	Project deliverable/target	Due date	Status
Development of communication strategy for informing staff of project and its purpose	Communication strategy	30 March	Complete
Vacating existing occupants and furnishings	Empty room awaiting refurbishment	4 June	Complete: June 29 2012
Removal of unwanted windows and establishment of new wall	New wall established with capacity for desk, seating and IT arrangements	22 June	Complete: July 4 2012
Desks, seating and IT equipment procured	New desks, seating and IT equipment delivered for arrangement	30 June	Complete: July 19 2012
Interactive whiteboard system procured and installed	Installation of interactive whiteboard system	30 June	Complete: July 2, 2012
Installation of book shelving/cabinets	Book shelving installed	30 June	Complete: BHS contributed \$263.74 to this cost
Training program for preceptors and other identified staff in appropriate utilisation of room and technology	Knowledge base established	30 July	Complete: conducted the 28 and 30 August
Establish booking and security systems	Scheduling and security systems established	30 July	Complete: 30 August

This project has achieved its stated objectives.

BHS has also contributed a conference phone and round table with six chairs which were existing resources in our organisation.

Project outcomes

From a quantitative perspective, it will be straightforward to measure the physical outcomes from the stated objectives. This is realised as BHS has been able to establish a suitable room with the desired furniture and technology that we originally sought in our objectives.

From a qualitative perspective, BHS provides student placement evaluation forms to all students for feedback, including reference to amenities and resources. Staff members also have opportunity to comment on various aspects of our business, including student placements and professional development via our annual staff survey.

The outcome of the establishment of the education resource room on the quality of student placement will be continually evaluated. We have drafted a new student evaluation form that is built against the key six characteristics of the Best Practice Clinical Learning Environment (BPCLE). As our students have just begun to use the education resource room, it is planned that our new student evaluation tool will be finalised and implemented by the beginning of 2013.

Evaluation

Positive aspects

- Developing and building resource capacity for students,
- Relationship building – communication/collaboration with IHC health services,
- Building and developing skills of staff,
- Enhancing and improving the clinical placement experience for students; and
- Improving report writing skills.

Difficult aspects

- Receiving funding on time.
- Delivery/supply was hindered due to large demand on company from multiple organisations.
- Reporting processes and timelines repetitive and complicated – we have SLE Capital and Establishment, Fixed Term and Small Capital and Equipment funding for a relatively small project, all with multiple reporting requirements; plus reporting requirements to our HCPN and our governance reporting requirements.

The project has run to Budget with a final surplus of \$585.82.

Key learnings

- Creativity and problem solving to achieve project outcomes when the goal posts change, for example, equipment does not arrive on time, recruitment unsuccessful.
- Importance of recruitment to project worker roles and project support for roles in small rural health services to meet timelines.
- Further development required for report writing skills.

Conclusion

Although the project is completed, it is really the beginning, as it serves to provide a platform to extend our collaborative relationship with the health services of the IHC, expanding the settings of clinical placement into aged care and private health organisations and building and sharing our resources to provide an improved and high-quality clinical placement.

A site visit of our project was conducted by the Department of Health on 21 November 2012.