health

Expanded Settings for Clinical Placement Program

Case study

Expanding and strengthening capacity within general practice

Preparing your clinic for medical student placements

Project summary

The Bayside Medicare Local (BML) 'Expanding and strengthening capacity within expanded settings' project (the Project), aimed to produce a sustainable increase in clinical placement capacity for undergraduate medical students by introducing innovative, high-quality primary health placement models and by piloting and evaluating the position of a Placement Manager for Medical Clinical Placements (PMMCP) located within the Southern Clinical Placement Network (Southern CPN).

The Project focussed on develop the capacity of general practice clinics to deliver quality professional-entry undergraduate clinical placements through addressing identified barriers to clinical placements and on supporting the development of organisational systems and professional networks for general practice. The Project was delivered in a defined geographical area within the Southern CPN (the BML catchment) and on the specific discipline of medicine.

The intention was that this project would lead to a sustainable increase in clinical placement capacity for professional-entry undergraduate clinical placements and positively enhance the clinical placement experience.

Drivers and challenges

As part of the Project, the BML undertook systematic consultations to ascertain the barriers faced by general practice clinics when hosting undergraduate medical clinical placements.

As a recurring theme, general practices reported a lack of structured support and a lack of readily accessible training as a major barrier. Practices new to hosting students described a lack of confidence and knowledge foundation needed for safe and successful clinical placements. This was reported as being one of the main barriers keeping new clinics from committing to host medical student placements. It was clearly identified by participants from general practices that greater foundational support was needed before interprofessional learning and innovative placement models could be supported.



Arriving at a solution

Consultation with general practice demonstrated a need for increased organisational capability (particularly confidence and knowledge base) through structured support and readily accessible training tools. This led the BML to develop of suite of resources under the theme of 'Preparing your clinic for medical student placements: A practical guide for the practice team'.

Six areas were identified by general practice for resource support:

Area 1: Prepare key areas of your clinic

Preparing the clinic and staff for the presence of a medical student.

Area 2: Student activities

Planning activities the student can undertake while on placement.

Area 3: Patient consent

Obtaining informed patient consent.

Area 4: Forms and templates

Having readily available forms and templates to assist with organising the placement experience.

Area 5: Insurance

Insurance implications for the clinic, providers, patient and the student.

Area 6: Practice Incentive Payment (PIP) funding

Funding mechanisms available to support the practice and counteract any deficits in the business or functional capacity of the clinic as a consequence of having a student to supervise.

Developed resources included:

- Online training modules http://gpstudentplacements.com.au/
- The GP Supervisor Network Forum http://gpstudentplacements.com.au/forums/
- · A Practice Orientation and Resources Guide

Implementation process

The developed resources were piloted with forty participants from local general practice clinics. Participants were staff from general practices across the classification spectrum (Champion, Committed, Pre-Contemplator, and Resistant) and included general practitioners, practice managers, practice nurses and administrative support staff. The participants completed all six training modules.

Participants were asked to formally evaluate the resources via an online survey in the evaluation domains of; accessibility, usability, accuracy and appropriateness of the content, and the relevancy of the sample activities to general practice. A quality improvement process was employed.

Outcomes

A sustainable increase in clinical placement capacity for undergraduate medical students was achieved, not through innovative placement models but instead through addressing identified barriers to placement and providing greater foundation support to general practice.

The resources were trialled and evaluated by all forty participants. Feedback provided by participants was overwhelmingly positive, with all participants ranking each of the evaluation domains highly. General practice staff reported feeling comfortable, well-resourced, supported and motivated to host medical student placements at their clinic following completion of the online training modules and the Practice Orientation and Resources Guide.

As a result of having participated in the online training modules 'Preparing your clinic for medical student placements' one general practice, who had not previously hosted clinical placements, felt appropriately prepared and motivated to host placements at their clinic. A meeting between this clinic and BML staff was then held to discuss medical student placements. From this meeting three general practitioners, supported by the Practice Manager, agreed to commence supervision of undergraduate medical students.

This is a great example of how the availability of accessible and practical training along with adequate resources and clear support avenues can sustainably empower general practice to gain confidence, build a knowledge foundation and commit to hosting medical student clinical placements.

Future directions

Future clinical placement models can be designed to not only address the increasing demand for clinical placements but also with the future health needs of Australians in mind. Transition from current placement models (including expanded settings) to multidisciplinary, interprofessional placement models can better prepare the future health workforce for interdisciplinary, integrative practice consistent with the needs of an ageing Australian population and the growing burden of complex chronic illnesses.

Opportunities for integration of medical student interactions with interprofessional learning environments were incorporated into the resources developed in this project, to support sustainability and to encourage practices and education providers to move to interprofessional learning models.

The resources developed as a component of this project will remain as a readily and freely available resource for providers across Australia as a mechanism of sustainably enhancing and strengthening clinical placement capacity.

Further information

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