

Hospital to community – H2Co placements

Project summary

H2Co was an innovative student placement project, with a focus on expanding clinical placements across the hospital and community sectors. The project aimed to enable a group of students from selected disciplines, the opportunity to gain valuable experience of the service system, referral mechanisms, agency partnerships and coordinated care through the care continuum, consistent with Best Practice models.

In building student placement capacity, the H2Co project built in the consideration of quality as well as the quantity of student placement experiences, through activities focusing on the Best Practice Clinical Learning Environments (BPCLE) Framework.

Drivers and challenges

The H2Co project arose from the need to promote clinical placement activity in expanded settings, in order to utilise their untapped capacity and better align student training with the evolving requirements of healthcare service delivery across the care continuum.

A range of expanded health settings, including community health and community support agencies, are thought to have significant education and training capacity that is currently under-utilised. (Department of Health, November 2011). While clinical placements already occurred in a range of settings, they “have predominantly but not exclusively been undertaken in acute hospital settings” (Victorian Government Department of Health, November 2011). Existing university curriculums and assessment practices are also shaped towards clinical placements occurring in the acute setting, with additional learning opportunities available in community settings.

Although the focus of H2Co was on exploring innovative placements, the project also incorporated activities to ensure quality of placements were maintained, by supporting agencies to utilise the BPCLE Framework. The BPCLE Framework aims to define Best Practice elements of an effective learning environment and is expected to improve clinical training experiences for agencies and students. (Victorian Government Department of Health, November 2011).

Arriving at a solution

The design of the H2Co project acknowledged the important role the acute sector plays in clinical education and far from removing these learning opportunities from clinical placements, sought to complement them further. By facilitating the design of placements that see students spend time in both an acute agency and a community agency, the project utilised all the drivers identified in the planning phase.

In depth consultation with and guidance from the project advisory group meant that the project:

- Addressed the Western Clinical Placement Network's (CPN's) desire to place students in community agencies;
- Identified placement capacity and placement limitations of partner agency;
- Developed placements that captured critical acute learning experiences, as well as the opportunity to explore proficiencies within the community sector; and
- Educated agencies on the BPCLE resources and ensured their distribution.

Implementation process

Using Participatory Action Research (PAR) methodology, the H2Co project consisted of three separate phases. The objective of Phase 1 was to identify existing research and practices, and establish an effective process for coordinating multi-agency placements. The model would identify scheduling limitations and unmet areas of expansion and could be readily adapted when exploring clinical placements in other settings into the future.

The objective of Phase 2 was the design of three multi-agency placement models and supporting documents, which encompassed the overarching principles of expanded settings – that being a decrease in the burden of disease, through a better understanding of the health continuum.

The objective of Phase 3 was to conduct activities which helped to share resources necessary for implementation of the BPCLE Framework for agencies in the future.

Outcomes and impacts

Process evaluation outcomes

The process evaluation, conducted with the project advisory group and the working party found that there was strong agreement that H2Co project activities, including advisory group and working party meetings and placement negotiations helped to improve communication and relationships between hospital, community and university sectors.

Outcome evaluation

Opportunities for students to gain a broader knowledge of the breadth of the health/community sector

Student survey results show that post-placement, students perceived that their knowledge of the breadth of the health and community sector and the role of the agencies they spent time at had improved. Fifty percent or more of supervisors thought that students had increased their knowledge and understanding of the way disciplines work, a client's journey and agency philosophies.

Strengthened links between theory and practice

All students (100%) showed an increase in knowledge in relation to how allied health services are provided in the agencies, the range of conditions treated and the number of health disciplines seeing a client with a chronic condition. Student knowledge also increased in relation to 'the client journey' (how clients present at the agencies for services, how they enter the agency, how they receive services, are referred and discharged).

Increased achievement of Best Practice indicators in BPCLE Framework

From the small sample of advisory group respondents, it was reported that, two-thirds of respondents had used the BPCLE action plan (67%), and half of the respondents had developed a BPCLE action plan and half had not.

Opportunities for an increased number of student placements across CPN

The views of the advisory group and the working group differed considerably in relation to whether a multi-agency placement was considered suitable for further exploration in expanding student placements in the future.

Positive experience of the pilot placement

Student and supervisors responses in relation to whether they would recommend an H2Co placement to others were mixed. Students were more likely to recommend a similar placement to fellow students, while supervisors responses were spread almost evenly across all answers.

Better support for staff in accepting students

Concerns expressed by staff extended to their views about the level of support for accepting students. Supervisors indicated that the H2Co placements were more time consuming and made the supervision more of a strain on resources compared to a conventional placement.

The capacity for fostering of strong relationships/partnerships between tertiary education and clinical placement providers within the western CPN

Eighty-three percent of supervisors indicated that the project did not allow for the sharing of resources while almost half responded positively about working more closely with other agencies. Eighty-three percent of the advisory group respondents felt that the H2Co project activities helped improve communication and relationships between different sectors.

Western metropolitan region health and community sector as future employers of choice

The majority of students (58%) reported that they would consider applying to work at one of the western metropolitan region agencies after graduation. Three-quarters (75%) of students reported that they would recommend one of the agencies as a workplace of choice to friends/peers.

Unexpected outcomes from the H2Co placement

A clear message came through in the student's responses that they felt the placement was not long enough and they would have preferred to spend longer at both agencies. Supervisors were disappointed with a number of issues, including student preparedness, time constraints, and the doubling up of assessments.

Limitations and management strategies

Limitations	Management strategies
Competing interests across the various sectors involved in the project.	PAR approach to ensure maximum engagement.
New university curriculum wasn't clear and supervisors were unclear as to who was responsible for curriculum design.	H2Co supervisor resource kit was developed to help define supervisor role and expectations as part of the project.
University unable to recruit to the placement supervisor role – agencies were unable to accept students.	The dietetics placement model was designed but not delivered.
Limited student numbers due to: <ul style="list-style-type: none"> Limited capacity for agencies to place students Existing university placements with other agencies. 	The facilitation of simultaneous discussions with all partner agencies in negotiating the number of students to be placed.
Existing university curriculum and assessment requirements resulted in more onerous assessment procedures.	Working group members explored innovative placement design options in consultation with university contacts.
Agency concern that there is limited clinical placement funding available to community agencies.	Project documents that highlighted that additional funding arrangements were external to the scope of this project.
BPCLE resources not readily available for circulation, due to clash with BPCLE pilot project.	Partnership with BPCLE representative from the Department of Health to clearly define the BPCLE pilot and resources.

Evaluation

The outcome and process evaluations provided some valuable key findings:

- Consideration needs to be made to the timing of negotiations – planning for a multi-agency placement needs to commence at least six months prior to the placement commencing.
- A placement across sectors does increase student knowledge of the continuum of care.
- Additional placement resource kits do not necessarily assist the delivery of a multi-agency placement.
- A multi-agency placement does not necessarily increase placement capacity or reduce supervisor workload, unless assessment requirements are adapted to suit an innovative model.
- A change in interpretation of accreditation requirements in terms of learning outcomes assists innovative placements.
- Commitment is required from all sectors in order for a placement to be 'shared' across sectors.
- Curriculum expectations need to be clearly developed and communicated.
- There is an appreciation of the BPCLE Framework and resources.

Future directions

The H2Co project was not due for refunding, however the key learnings will continue to inform the direction of expanded setting work in the region. Despite the emphasis on exploring expanded setting placements in future (Victorian Government Department of Health, November 2011) a number of factors need to be addressed in order for multi-agency, particularly cross sector, placements to be a success.

Each of the placement models designed by the H2Co project can be duplicated to ensure viable, sustainable and enriching clinical placement experiences for students, depending on the context of the individual health service. In terms of increasing clinical placement capacity through the models developed in the H2Co project, future placements that encompass adaptations to curriculum and assessment requirements, in combination with innovative placement delivery, will have potential to increase the number of placements provided in the region. In summary, the lessons learned from the H2Co project provide a detailed insight into the exciting placement opportunities available in community settings in the Western CPN and highlight the areas that can be improved for such placements to occur. Clinical placements in the community sector remain an avenue for quality student learning and provide potential for addressing the shortage of clinical placements in the region.

Further information

For further information regarding the H2Co placements project, please contact:

Anne Cox

Project Lead: Hospital to community – H2Co placements

ISIS Primary Care

P.O. Box 147

St Albans, Victoria, 3021

Email: anne.cox@isispc.com.au

Telephone: +61 3 9296 1200

Sara Nannery

Project Officer: Hospital to community – H2Co placements

ISIS Primary Care

330 Queen Street

Altona Meadows, Victoria, 3028

Email: sara.nannery@isispc.com.au

Telephone: +61 3 8368 3000