health

Hospital to community – H2Co placements

Submitted by:

ISIS Primary Care

In partnership with:

Mercy Health Werribee

Western Health

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Yooralla

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Document control

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Executive summary

H2Co was an innovative student placement project, with a focus on promoting clinical placement activity in non-acute health settings, to increase capacity and better align student training with the evolving requirements of healthcare service delivery. The project had a focus of improving the quality and quantity of student placements in Melbourne's western region.

The aim of the H2Co project was to develop and pilot three to four student placement models that saw students spend time within their clinical placements across a hospital and community setting in the Western Clinical Placement Network (WCPN), so that they gain valuable experience of the service system, referral mechanisms and coordinated care through the continuum. The H2Co project also aimed to provide an avenue for agencies to foster better relationships and as a result increase the number of placements provided in the future and see agencies in the west as future employers of choice.

A component of the H2Co project was the incorporation of activities to help promote the Best Practice Clinical Learning Environments (BPCLEs) Framework across the region in order to support agencies in achieving the indicators outlined in the BPCLE Framework.

A detailed analysis of existing research and placement practices was conducted in the initial phase of the project. The establishment of an advisory group then allowed for the development of a replicable process for coordinating multi-agency placements. Dietetics, occupational therapy and physiotherapy working parties each developed an innovative placement model (and supporting resources), spanning acute and community settings in the WCPN. Of the three models developed, the occupational therapy and physiotherapy models were piloted. An education session was delivered to partner agency representatives, to help share resources necessary for implementation of the BPCLE Framework.

Upon evaluation of the project, results indicated that a placement across sectors does increase student knowledge of the continuum of care, however additional documentation, i.e. a resource kit, does not necessarily assist the delivery of such a placement. A multi-agency placement does not necessarily increase placement capacity or reduce supervisor workload, unless assessment and curriculum requirements are adapted to suit an innovative model, with these systems needing to be developed by the university prior to placements commencing. Advisory group and working party members highlighted the importance of commitment from all sectors, for a 'shared' placement to succeed, with planning for a multi-agency placement to commence at least six months prior to the placement starting. At the conclusion of the project majority of partners were more familiar with the BPCLE resources and many anticipated using them in the future.

The H2Co project highlighted the challenges and benefits to coordinating placements across the acute and community sectors. The benefits to student knowledge are clearly highlighted, as are the challenges students and supervisors faced. Majority of these challenges were due to supervisors having to apply an innovative placement design, within existing university assessment and curriculum systems.

In terms of increasing clinical placement capacity through the models developed in the H2Co project, future placements that encompass adaptions to curriculum and assessment requirements, in combination with these innovative placement models, 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 WCPN 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.

Background and context

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

As it stands, 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 (DH), November 2011). While clinical placements already occur in a range of settings, they "have predominantly but not exclusively been undertaken in acute hospital settings", (Victorian Government DH, November 2011).

Although the focus was on exploring innovative placements, the H2Co project also incorporated activities to ensure quality of placements was 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 DH, November 2011).

Objectives

H2Co was an innovative pilot student placement project that 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.

The pilot project had three objectives:

- Develop a set of coordinated student placements, spanning from acute to a range of community based settings in Melbourne's western metropolitan region (WMR).
- Develop student resources for H2Co continuum of care modules.
- Develop and implement strategies to improve workplace culture, increase organisational and regional capacity and further enhance systems supportive of student placements.

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 BPCLE.

Project activities and methodology

The H2Co project facilitated partner agencies to identify barriers and enablers that affected the existing delivery of clinical placements in the region and to explore innovative ways of designing multi-agency placement models across different sectors.

"Although there is an extensive body of literature on clinical education and traditional practice placement education models, there has been limited research on alternative placements." (Overton A, July 2009).

As such, a Participatory Action Research (PAR) methodology was considered to be the ideal approach for this project due to its ability to genuinely empower stakeholders and ensure that all partners affected by project decisions were directly involved in the process. PAR was chosen to bridge the gap between theory, research and practice by placing an emphasis on the solution of practical problems. (Holter and Schwartz-Barcott, 1993)

Existing research

A review of existing research and literature pertaining to student clinical placements was conducted. The data highlighted the significant investment to increase and improve clinical training capacity at professional entry-level, which has occurred in recent years. (Victorian Government DH, 2007)

As such, a great deal of the data has already been reviewed and has been used to inform previous or existing student clinical placement projects and research. A number of Victorian student placement reports have identified strategies to address the array of challenges in current student placements. This information is widely available and was used to inform the basis of this project.

In depth consultation with participating agencies was deemed to be the most effective way of shaping the multi-agency placements and innovative solutions.

Research into expanded settings, as a strategy of increasing sector capacity, has been taking place for a number of years, specifically in Melbourne's WMR. The North West Metropolitan Region Student Placement Project (NWMRSSP) was established in 2009 to examine existing student placement practices in community health centres and to implement a model for a more coordinated and effective student placements.

At the conclusion of the NWMRSSP the group had started to progress implementation of the BPCLE Framework and had conducted work on different placement models. The H2Co project incorporated a review of the NWMRSSP recommendations which were outlined in the Phase 2 final report (North West Metropolitan Region Student Placement Reference Group, 2010) and identified the following key areas of focus:

- Implement strategies to support the uptake of the student placement policy and encourage a workplace culture that is supportive of student placements, by sharing resources to progress implementation of BPCLE Framework.
- Improved communication between CHS and universities regarding planning for students, by establishing an advisory group and facilitating additional partnerships external to H2Co scope.
- Further explore pilot suggestions from the NWMR discipline groups, by engaging a non-community health agency to provide occupational therapy placements; and develop a placement model of 'multiple students to one supervisor' to be developed by the physiotherapy working party.
- Hold discipline group meetings with other disciplines, H2Co engaged physiotherapy and dietetics disciplines.
- Further explore a multidisciplinary health promotion/health education pilot, by facilitating a non-clinical physiotherapy placement, which can encompass health promotion type opportunities.
- Partnership enhancement between community health and education provider, by establishing an advisory group and working party, with all sectors represented.

Defining the health continuum of care

"Due to the complex nature of the health system, there are specific terms and language used in different settings and amongst different professional groups involved in health care." (National Health Workforce Taskforce, December 2008).

It was important to 'define' the continuum of care, as this was a key indicator as far as measuring the student experience. A search of databases was conducted for the terms: 'Continuum of care'; 'Client journey through the health system'; 'Health system interface'; 'Integrated care'; 'Australian health system interface'; 'Victorian health system'. Given the unique and variable nature of continuums of care, the search was refined to include data specific to Victoria.

The continuum of care is defined and explored further in the H2Co resource kits.

Accreditation/registration requirements

"In both registered and non-registered occupations there is no consistency of approach between disciplines, and in some cases within disciplines, as to the requirements for clinical education. The amount of clinical training required varies considerably both within courses and across professions. There may also be specifications about the clinical settings in which placements must occur." (Victorian Government Department of Human Services, October 2007).

"Each profession has an accreditation authority that recommends accreditation standards to national boards for approval. Accreditation standards help to ensure that education providers and programs of study provide students with the knowledge, skills and professional attributes to practise their profession in Australia. (Victorian Government DH, November 2011).

Accreditation requirements for each of the disciplines involved in the H2Co project varied greatly, with all three disciplines having minimum attendance requirements for their placements.

BPCLE

"In 2009 the department published the BPCLE Framework, which aims to support the creation and maintenance of positive educational cultures within health services and is expected to improve clinical training experiences for all stakeholders by informing policies, practices and behaviours. It is intended to be broadly applicable across disciplines, models of clinical education and settings from primary care to acute health." (Victorian Government DH, November 2011).

The BPCLE Framework provides a guide for health services and training providers to coordinate and deliver high-quality clinical placements for health students. There are six key characteristics of high-performing clinical learning environments identified in the BPCLE Framework: (Victorian Government DH, 2012)

- An organisational culture that values learning
- Best practice clinical practice
- A positive learning environment
- An effective health service-training provider relationship
- Effective communication processes
- Appropriate resources and facilities.

Project design

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 encompass 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.

The placements were developed in 2011, ready for student placements in 2012. Each of the three phases will be discussed in detail within this section.

Participants

With the focus on clinical placements, in particular expanded settings, there was great interest in the region for this type of project. All participants in the H2Co project were recruited through the existing networks of the WCPN. Recruitment took place at WCPN executive meetings in mid-2011. Additional partners were included in the project, in order to ensure there was representation from the necessary tertiary institutions.

Agencies

Acute and community agencies in the WMR were very well represented in the H2Co project. The following six WCPN agencies participated in the project:

- Mercy Health Werribee
- Western Health
- Djerriwarrh Health Services
- Western Region Health Centre
- Yooralla
- PivotWest.

Tertiary institutions

A total of three tertiary institutions participated in the project design and/or implementation. They were:

- La Trobe University – occupational therapy
- University of Melbourne – physiotherapy
- Victoria University – dietetics.

Students

A total of twelve tertiary students participated in the H2Co pilot placements. These included the following:

- La Trobe University, Masters of Occupational Therapy: four Students
- The University of Melbourne, Doctorate of Physiotherapy: eight students.

Project student numbers and disciplines

The sample size of students was determined by the requirements and restrictions of the partner agencies. Student numbers were determined by the partner agencies, with the main consideration being:

- Agencies' capacity to accept students – primarily due to staffing levels at individual agencies and strict placement block dates limiting the potential flexibility for agencies to offer additional placements.
- Tertiary institutions' capacity to place students – governed by the numbers of enrolled students, or existing placement contracts with other agencies.

With PivotWest as a project partner, the project sought to include the general practice services within the physiotherapy placement. However, this was reviewed and removed from the placement proposal following no expressions of interest from any local GP's to accept allied health students.

Scope – inclusion and exclusion criteria

The only requirement for the placements was that the students were to spend time throughout the university year at both an acute setting and a community based setting, within the WCPN catchment.

Project inclusions

- Facilitate partner agencies to design and coordinate pilot student placements, in partnership with other agencies.

- Facilitate partner agencies to negotiate and sign placement partnership agreements. Involve pilot placements from the following discipline options: dietetics, occupational therapy and physiotherapy, the final disciplines involved will be chosen by the project team.
- Facilitate the development of student placement resources.
- Evaluate placements by surveying the students and supervisors directly involved in the pilot placements, through the support of placement agencies.
- Implement strategies to measure and monitor agency progress in implementing the BPCLE Framework.
- Facilitate organisations to measure their progress against the BPCLE Framework.

Project exclusions

- H2Co did not provide a point of contact for students involved in pilot placements, or be involved in the coordination of student placement delivery.
- H2Co did not provide information pertaining to the registration/regulatory requirements of student placements.
- H2Co did not participate in the assessment or education of students involved in the pilot placements.
- H2Co did not develop and implement strategies for organisations, as part of BPCLE Framework objectives.

Project enablers and challenges

Table 1: Summary of project drivers and challenges

Enablers	Challenges
• Collective appreciation, from partner agencies, as to the benefits of a hospital to community type placement. • Untapped clinical placement capacity in the community sector. • Limited capacity for acute sector to offer additional placements. • Sector acknowledgement of the potential benefits to student learning opportunities in a placement across sectors. • Potential to increase acute, community, university relationships, communication and partnerships. • Engagement and commitment across the CPN to explore additional community placements, from both agencies and tertiary institutions. • Good project design. • Geographic location of agencies to facilitate 'regional' context for the continuum of care. • Support and oversight by CPN executive to explore multi-agency placements.	• Innovative approach to placements requires a change in thinking for agencies and tertiary institutions. • Different priorities and expectations across the sectors. • Existing curriculum and assessment procedures create an 'historical' hurdle when exploring innovative designs. • Existing placement agreements with universities and other agencies mean not all tertiary institutions need to explore alternative settings at this stage. • Limited clinical placement funding to community agencies. • Perception that students cannot fulfil learning objectives outside of the acute sector. • Perception that accreditation requirements can only be achieved in acute sector. • BPCLE resources not available for distribution. Limited data on existing number of placements, in order to measure an increase due to H2Co.

Phase 1 – defining the H2Co process

A critical component of establishing any multi-agency placements or negotiations is identifying an effective process for their coordination. This process should identify unmet areas of expansion and scheduling limitations, and could be readily adapted when exploring expanded settings into the future.

The activities implemented in this phase set out to facilitate partner agencies to design and coordinate pilot student placements, in partnership with other agencies and to facilitate partner agencies to negotiate and sign placement partnership agreements. The fundamental concept of the activities was the simultaneous participation of all parties offering placements.

Consultation

An extensive consultation period took place at the beginning of the project, with representatives from the participating partner agencies. An advisory group was formed, to shape the direction of the project and identify their agencies' capacity, critical requirements and limitations. The advisory group consisted of academics, managers and clinicians from across the health system that had the authority within their agencies to commit to placing students.

Discipline working parties were subsequently formed, following consultation with the advisory group and consisted of clinicians, student supervisors and placement coordinators.

Details of the advisory group and working parties' roles and responsibilities can be found within this document, in the project management section.

Placement of agreements/memorandum of understanding

Placement agreements were developed, in consultation with the advisory group members. The agreements identified the purpose and scope of the project; Roles and responsibilities of each partner agency and; Dispute resolution and outlined the number of students each agency committed to accepting. The agreements were designed to formalise the support of each agency.

The agreements did not supersede any formal agreements between the universities and the agencies but operated more as memorandums of understanding between the partners.

Placement schedule

The project schedule played a vital role in the delivery of the H2Co pilot placements. Preliminary project consultation highlighted the need to clearly identify conflicting deadlines present across the different sectors.

A major development in the project was defining the actual process required to negotiate multi-agency placements. By establishing each partner's needs and deadlines at the beginning of the process, the project could proceed within existing scheduling requirements.

The deadlines identified by the advisory group members informed the scheduling of the project activities, and helped to identify a replicable process for coordinating multi-agency placements. This schedule should be taken into consideration for any future expanded setting negotiations in future.

Activities and timelines for the development of the H2Co student placements

Table 2: Multi-agency placement scheduling and tasks

Project phase	Project task	Activities	Timeframe
Phase 1	Stakeholder identification	• Verification of advisory group members (i.e. team leaders and managers) from participating agencies. • Advisory group members to nominate working party representative (i.e. student coordinator) in organisation.	Late August
Phase 1	Stakeholder consultation	• Advisory group meeting to confirm terms of referencing; consideration of timelines for planning and negotiations for pilot placements.	Late August
Phase 2	Information gathering	• Completion of preparatory information by working party members (i.e. capacity and placement requirements).	All information to be gathered and forwarded back to advisory group by start of September.
Phase 2	Discipline-specific placement workshops	• Identify issues and elements to be incorporated in the pilot placements. • Identify requirements to be included and considered in placement design. • Develop/refine process for multi-agency student placements. • Develop H2Co pilot placement design.	Discipline Specific Placement Design Forums should take place in mid-September
Phase 2	Confirmation of placements	• Advisory group to sign placement agreements.	Late September/early October.
Phase 2	Resource development	• Develop and compile student and supervisor resources.	To be distributed to all agencies by March the following year.
Phase 2	Placements	• Student placements commence, across hospital and community settings for the nominated disciplines.	February – November
Phase 3	Evaluation of pilot student placements	• Working party members/advisory group members assist in the collection of evaluation information from students.	End of Placements

Phase 2 – the H2Co models

The advisory group and discipline working parties considered several placement designs that would address their specific curriculum and registration requirements, whilst providing a range of clinical experiences for the students, within the project scope.

All members agreed, with the evidence that suggested that "greater exposure to the different services and their pathways during a student placement would not only enhance the quality of their (students) placement but also provide a more sustainable workforce recruitment and retention strategy." (Victorian Healthcare Association, June 2011).

That being said, placement design was primarily guided by capacity of agencies and availability of students, with consideration to university curriculum requirements and professional registration requirements.

Three models were designed, one by each discipline, with feedback sought from all representatives as to the final model details.

An important achievement for each of these models is that they all provide an opportunity for students to spend time in a community setting, when they may not have otherwise. This will help to provide an improved understanding of community health and expanded settings for all project partners and students.

Model 1: Hospital to community integrated model

Table3: Features of model

Discipline	Partners	Details	Expected highlights
Three dietetics students.	• Victoria University • Mercy Health • ISIS Primary Care	Semester 1 clinical placement (four-week duration). Days during each week shared between Mercy Health and ISIS Primary Care.	• Expanded clinical settings in the west. • Increased number of student placements across the CPN. • Application of clinical experiences across the continuum of care. • Interagency mentoring and peer support.

The first model is the 'hospital to community integrated model' which was designed for Victoria University dietetics students. This is a four-week, clinical placement that sees students placed across a lead and a secondary agency within each week, with a focus on interagency mentoring and peer support

Dietetics was a new course to Victoria University and this was the first time clinical dietetics placements have been designed in community health in the west. As such, Victoria University designated a clinical supervisor position within the lead agency (Mercy Health) to support these placements.

Expected highlights of model 1

- Application of clinical experiences across the continuum of care, which in different service settings, is a forward thinking move in curriculum development and adapts to the trends in health today.
- Interagency mentoring and peer support, through strong communication lines and shared supervision of students.
- Clear commitment from tertiary institution for deliver of placement, through designated clinical supervisor role.

Model 2: Hospital to community continuum of care model

Table 4: Features of model

Discipline	Partners	Details	Expected highlights
Four occupational therapy students.	• La Trobe University • Western Health • Yooralla • Djerriwarrh Health Services	Semester 2 placement (eight-week duration) shared between: • Western Health and Yooralla, or • Western Health and Djerriwarrh Health Services. Four weeks at each agency.	• Experience across hospital and community within the same placement. • Cross-sector referral mechanisms within the same client catchment area. • Opportunities to follow clients through continuum. • Insights into the role of service coordination across agencies.

The second model was a 'hospital to community continuum of care model' involving occupational therapy students from La Trobe University.

This was an eight-week, semester 2 placement which saw students spend four weeks at an acute agency and then four weeks at a community agency, as opposed to students traditionally spending the whole eight weeks in the acute setting.

Expected highlights of model 2

- Experience for students across hospital and community settings, within the same catchment area.
- Opportunity for students and supervisors to facilitate cross-sector referral mechanisms and opportunities to track a typical client's journey through continuum.
- Students obtain insights into the role of service coordination across agencies with the ability to apply theory to practice and build professional relationships.
- Students to gain an increase in sector knowledge and developing understanding of multiple service areas and treatment pathways.

Model 3: Hospital to community interdisciplinary model

Table 5: Features of a model

Discipline	Partners	Details	Expected highlights
Eight physiotherapy students.	• University of Melbourne • Western Health • Djerriwarrh Health Services • Western Region Health Centre • ISIS Primary Care	• Semester 1, at Western Health. • Semester 2, chronic coordination placement (three-week duration) at Djerriwarrh Health Services, Western Region Health Centre or ISIS Primary Care.	• Innovative approach to chronic disease management. • Interdisciplinary supervision, enabling further expanded setting. • Valuable multidisciplinary experiences. • Increased experience of the continuum of care, through hospital followed by community experience.

The final model was the 'hospital to community interdisciplinary model', designed for Melbourne University physiotherapy students.

Expected highlights of model 3

These students will have spent semester 1 at an acute agency, and then their entire semester 2 chronic condition placement in a community setting.

This is an Innovative approach to chronic disease management which hadn't been seen in physiotherapy and the community sector in Melbourne's west.

This placement doesn't require the supervision by a physiotherapist and in fact, encourages students to work with other disciplines. By enabling potential interdisciplinary supervision and valuable multidisciplinary experiences, this enables further exploration of expanded settings.

Students can gain broader knowledge of the breadth of the diverse community sector, and its relationship with acute care and increased experience of the continuum of care, through experience in hospital setting followed by local community setting.

Resource kit

An activity of the H2Co project was the development of a set of H2Co project resources. The resources were intended to be an opportunity to introduce the students and supervisors to the objectives of the H2Co project and to explain specific expectations of each agency during the placement.

Each discipline working party specified the content of their student and supervisor resources during online correspondence and activities conducted at the working party forums. The final content included existing documentation from each agency, and encompassed recommendations of the BPCLE Framework.

Each resource containing the following sections:

- Introduction to project
- Explanation of the continuum of care
- Organisation profile (one from each agency involved in the placement)
- Where each organisation fits into the service delivery pathway
- Core business of the organisations involved in the placement
- What services each organisation provides
- Learning opportunities within each placement
- Types of patients seen within the service
- Expectations/prior learning
- Case study – demonstrating positive client outcomes from the coordinated care of hospital and community.

Note: the occupational therapy resources also included additional sections on the scheduling and assessment requirements for supervisors/students participating in the H2Co project.

An important feature of the resources was the inclusion of information to support the students in gaining a better understanding of the health continuum of care.

It was an aim of this project for students to gain valuable experience of the service system, referral mechanisms, agency partnerships and coordinated care through the care continuum, however there is limited information about the definition of the continuum of care.

A great deal of research has been conducted on coordinated care within the complex health system and the roles that 'care coordination' and 'transition planning' play on health outcomes. This research helps to define the current status of the health system and gives an idea of how the 'continuum of care' is understood contextually. An example of this work is the Hospital Admission Risk Program (HARP), which applied a notion of multiple 'interfaces' for a patient across the care continuum, specifically the seamless transition between care settings, such as from hospital services to community services and general practitioners. (Victorian Government Department of Human Services, August 2006)

Many other projects have been developed to help improve the 'continuum of care' in the health system, both nationally and internationally, however this research provided little by way of a specific definition of a continuum of care. There is also limited diagrammatic representation of the continuum of care and important element of describing it to students.

A major activity for the H2Co project, therefore, was to define the continuum of care, both diagrammatically and in written description, with final approval sought from the advisory group members and working parties.

The most relevant definition of the continuum of care, for use in the H2Co project, was defined in the book 'The continuum of long-term care' 3rd edition, by C. Evashwick, which states it being:

"… a client orientated system, composed of both services and integrated mechanisms, that guides and tracks clients over time, through a comprehensive array of health, mental health and social services, spanning all levels of intensity of care."

A continuum of care is client orientated and takes a holistic approach, considering the health, mental health, social and financial aspects of a person's situation. Ideally, once a person enters a continuum the system guides and tracks the client over time, through spells of illness and wellness.

The continuum incorporates both acute and long term services, intertwining the two throughout the client's journey.

Ideally a continuum of care:

- Matches resources to the client's condition
- Takes a multifaceted approach to the client's and family's situation
- Monitors the client's condition and modifies services as needs change
- Coordinates the care of many professionals and disciplines
- Integrates care provided in a range of settings.

No two continuums of care are identical: each is unique to its community, its institutions and the needs of its target populations. A given community or organisation may have several continuums operating in parallel." (Evashwick, 2005)

In addition, two diagrams and a table were developed by the H2Co project officer with consideration to existing 'Coordinated care' (Grey L, Dorevitch M, et al, 2002), 'Models of care' (Hume Whittlesea Primary Care Partnership, 2010) (Simpson, 2008) and 'Transitional care' (Howe, Rosewarne, and Opie, June 2002) descriptions.

Figure 1: Pyramid client journey highlighting intertwining settings

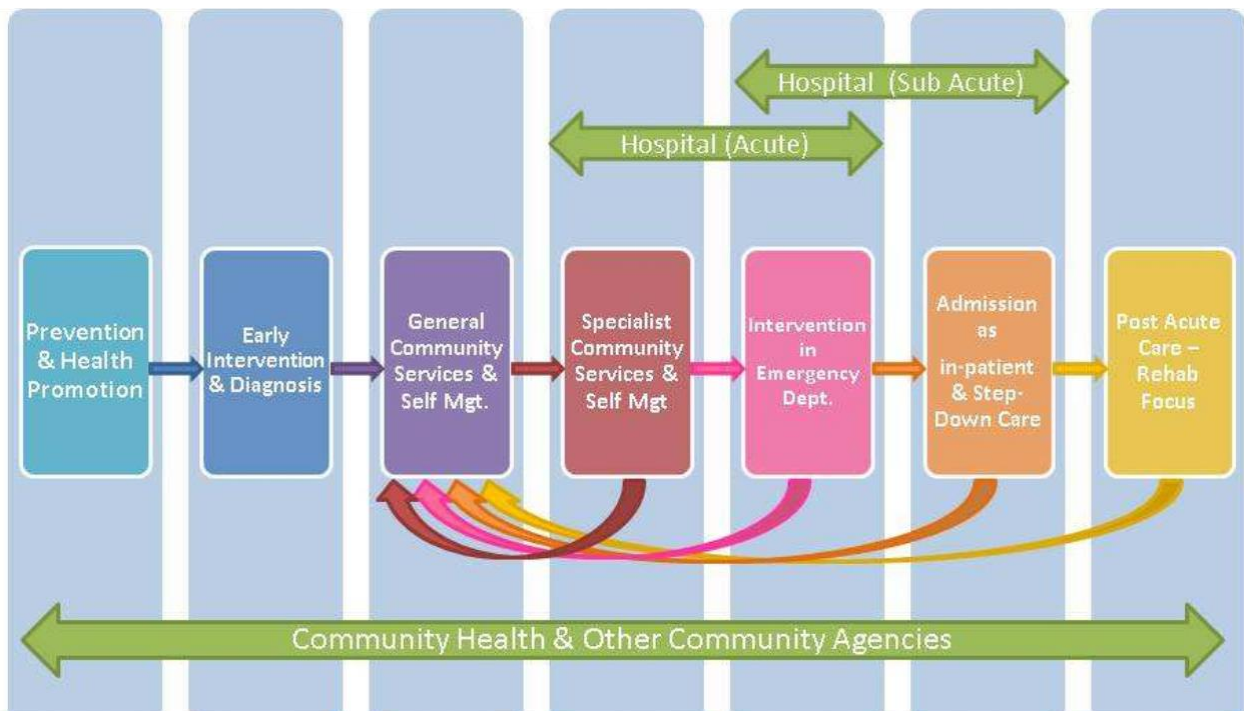**Figure 2: Client journey demonstrating systems**

Department of Health

Table 6: Client journey demonstrating client gaols and settings with definitions

Level of care	Purpose	Example of settings				
Palliative	Maintain quality of life and allow for decision making.	Aged care facility		Respite care		
Post-acute care – rehabilitation focus	Sub-acute rehab services to restore function through therapy and return to community.	Inpatient medical units	Specialist clinics		Community rehab	
Admission as inpatient and step down care	Aiming to reduce length of stay, complete treatment and maximise function on discharge.	Inpatient care at general medical or surgical wards				
Interventions in emergency department	Intervention in hospital to divert admission and reduce length of stay of admitted patients.	Emergency department		Short stay acute unit		
Specialist community services and self management	Condition specific decision support, to encourage maintained health through self-management and targeted treatment.	Specialist's clinics		General practice		
General community services and self management	To maintain the health of individuals in the community and encourage self-management.	General practice	Community health	Community agencies	In home	
Early intervention and diagnosis	Early intervention before presentation at hospital, to prevent or substitute for admission. Support decision making and condition management following initial diagnosis and treatment.	After hours medical care	Chronic disease mgl	Hospital in the home	Pre-admission in clinics	ACAT outreach
Prevention and health promotion	Population health and targeted population interventions to maintain health in the community.	Community health	General practice		Other community agencies	

In total, six individualised student resources and three individualised supervisor resources were developed and were customised to contain information pertaining to the specific combination of agencies participating in each placement.

The resources were provided electronically for hardcopy distribution to students and supervisors prior to, or on the first day of, their placement

Implementation of placement design

Of the three models developed by the advisory group and working parties, only two were piloted by the partner agencies.

The reduction in delivery of the third model was due to Victoria University being unable to recruit to their clinical supervisor position within Mercy Health. Despite the model not being piloted, the design of the placement and identification of key enablers and barriers was a key achievement for the project.

The models were prepared in time for the 2012 university year and the placements took place across semesters 1 and 2, 5 March to 24 August, 2012.

Phase 3 – BPCLE

Activities around the BPCLE Framework were adopted to address the objective of 'developing and implementing strategies to improve workplace culture, increase organisational and regional capacity and further enhance systems supportive of student placements'.

The BPCLE Framework was produced under the DH's Clinical Placement Strategy (Victorian Government Department of Human Services, October 2007). It was developed to ensure that an emphasis on increasing clinical placement capacity within the sector did not adversely impact the quality of clinical education.

At conception of this project the BPCLE Framework had been partially implemented by Western Health Service and Werribee Mercy Health Service, whilst other agencies in the partnership were less familiar with this framework.

The North Western Metropolitan Student Placement Steering Group (NWMSPSG) had started to progress implementation of the framework in Community and womens' health services in the WCPN Region.

Significant actions were implemented as part of this work, such as agencies introducing policies and procedures to facilitate student placements and further work to encourage workplace culture, such as marketing to promote the benefits of accepting students. As highlighted in the 'existing research' section within this document, the final report identified additional work to be undertaken, in order to facilitate wider participation and sharing of resources in relation to implementation of the BPCLE Framework.

The H2Co project reviewed the existing NWMSPSG action plan (North West Metropolitan Region Student Placement Reference Group, 2010) and identified the most relevant recommendations that aligned with the H2Co project objectives.

The H2Co project sought to develop and implement strategies to share resources, to progress implementation of BPCLE Framework. The key deliverables for the BPCLE components of the H2Co project were:

- To Implement strategies to measure and monitor agency progress in implementing the BPCLE Framework.
- Facilitate organisations to measure their progress against the BPCLE Framework.

Agency education of BPCLE

The H2Co project ran concurrently with the final phase of a Victorian Government DH BPCLE pilot project, with the findings not scheduled for release until May 2012. Early phases of the BPCLE project saw a suite of 38 resources developed to assist agencies with monitoring and implementing the BPCLE Framework. The aim of the BPCLE pilot project was to trial the implementation – including the practical application, usability and functionality – of the BPCLE Framework resources in real world settings.

Findings from the BPCLE pilot project were not made available until after the BPCLE component of the H2Co project, however the preliminary resources were been made available. These tools and resources were shared amongst partner agencies in order to achieve the H2Co project objective of progressing implementation of the BPCLE Framework within the WCPN. The sharing of the preliminary BPCLE resources was designed to help to improve workplace culture, increase organisational and regional capacity and further enhance systems supportive of student placements.

A BPCLE information session was presented to the advisory group members at the start of 2012, prior to any of the placements occurring. The planning of this presentation was important, as it gave agencies the opportunity to use the BPCLE tools to identify potentially urgent areas of improvement before the first cohort of students arrived.

The presentation was delivered by a Victorian Government DH BPCLE representative and introduced the Framework and newly developed audit and planning tools to the agencies, with majority of the advisory group members being unfamiliar with the newly developed tools.

A self-audit, indicator worksheet and action plan tools were presented and demonstrated. The tools are designed to provide a detailed analysis to each agency on their current student placement practices against the BPCLE Framework, with eventual aims for these to be external reporting indicators. All of the three tools presented, provide agencies a beneficial strategy to measure and monitor individual agencies' progress towards implementing the BPCLE Framework.

It was therefore determined that the most effective way of monitoring the agencies' progress against the BPCLE Framework was in uptake data, and assessing their progress against using the audit tools and action plans, which was monitored ten months post-presentation.

Project management

Project planning

A detailed project plan was developed, which identified key stakeholders and partners, project governance structures, roles and responsibilities, communication strategies, project schedule and work breakdown, risk management plan and quality management plan.

Defining the scope of the project

The initial project brief identified a number of possible disciplines to be involved in the H2Co project. The final discipline choices were dictated by interest within the sector. They were deemed as being able to accommodate a multi-agency placement and able to demonstrate the outcomes within the timeframes of the project.

The project scope was defined in the early stages of the project, with approval given by the WCPN executive. The initial plan of developing placement models for four disciplines was reduced to three. This was due to the identification of conflicting projects running simultaneously and a reduction in project timelines meant having four discipline models made the project objectives unattainable.

Governance and consultation

Figure 3: H2Co project governance structure
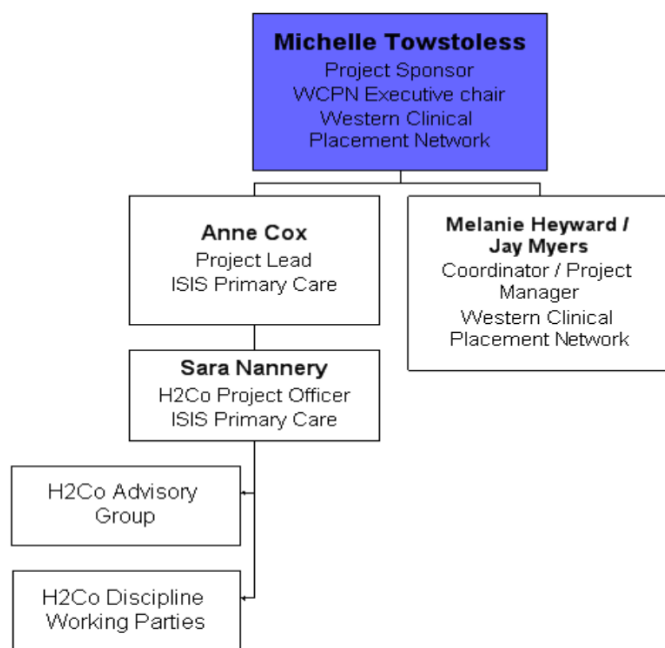
Advisory group

The project was overseen by an advisory group comprising of nine members from agencies within the WCPN. During a WCPN meeting in mid-2011, each agency indicated their interest in being involved in the H2Co project, and nominated appropriate individuals to participate in the advisory group.

The establishment of an advisory group was a fundamental component of the governance of the project, and the objectives of the group were:

- To provide information to the project team regarding organisational capacity and requirements in relation to 2012 pilot placements.
- To assist the project team in resourcing the 2012 pilot student placements. Work in partnership with other agencies.
- Assist the project team in evaluating the pilot placements.

At the first meeting, the advisory group reviewed and ratified the project plan and charter, with key deliverables and expectations of members clearly defined. Members of the advisory group consisted of individuals from middle to senior management positions within their individual agencies, a factor that enabled the group the authority to easily implement the project activities. Placement partnership agreements were developed and reviewed in consultation with the advisory group, with final approval of placements received from the appropriate personnel within each agency.

The advisory group met, in person and virtually four times throughout the project, with the most intense body of work completed in the initial planning stages. The group confirmed that the most effective way of negotiating a multi-agency placement, for multiple disciplines was to form discipline working parties, consisting of clinical supervisors and coordinators from each participating agency.

Working parties

The H2Co advisory group acknowledged the variation of placement requirements between disciplines, and determined the establishment of discipline working parties as the best strategy to develop customised placement designs.

The advisory group members nominated key individuals within each agency to be members of the discipline working parties, three working parties were developed consisting of a total of fifteen members in total. Working parties were established for each discipline, where membership consisted of student placement coordinators, clinical supervisors and senior clinicians, with their key objectives being:

- Identify placement requirements
- Improve placement quality and increased capacity, by identifying innovative placement delivery models. and guidelines regarding their structure
- Identify lead agency placement contacts
- Provide the information required to develop student resources
- Make recommendations on the desirability of future coordinated placement models. To assist in the evaluation of the pilot student placements.

The initial intention was for the working parties to just meet once each, for a workshop to establish:

- Placement requirements and opportunities
- Learning objectives and hurdle requirements
- Experiences available from agencies
- Placement timetable and confirmation of placement dates
- How and what to capture in the evaluation.

Following the initial workshops, all disciplines requested an additional meeting to further explore the university assessment requirements and learning objectives.

The project team received input from the working party representatives and reported all progress back to the advisory group.

Budget

The following table shows the projects stated required funding distribution. Note that the table provides the project's cost baseline.

Table 7: Breakdown of H2Co budget

Item	Cost (GST excl)
Project worker, based on senior clinician (grade 3 year 4) level three days per week for eighteen months, including 13.4% oncosts, plus corporate/program costs	$134 370
Resource kits, engagement and valuation	$15 000
Total	$149 370

Schedule

Consultation with advisory group members identified the critical project timelines, with consideration to the academic year being a major contributing factor. Project objectives were therefore scheduled to take these fixed deadlines into consideration.

Table 8: Summary of project schedule

Key deliverable	Date
Placement design and negotiation strategies	September 2011
Placement partnership agreements	October 2011
Student placement resources	January 2012
Students, supervisors, tertiary providers participate in placements	2012 university semesters, finishing no later than 21 September 2012.
Evaluation report	September – December 2012

Outcomes and impacts

Process evaluation outcomes

The process evaluation, conducted with the project advisory group and the working party found that:

- Most (67%) but not all advisory group members believed that there was an appropriate level of commitment from all representatives on the group.
- 40% of working party members believed that there was an appropriate level of commitment from representatives, 40% were unsure and a further 20% did not think the commitment was appropriate.
- Most working party members (80%) thought that there was appropriate representation in the working party from each agency however only 50% of the advisory group felt that was appropriate representation from each agency.
- 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.
- Although none of the project activities were considered ineffective, feedback on the design of the student resource was muted, with results ranging from somewhat effective to very effective.

The process evaluation found that the following were 'enablers' for the project:

- Project design
- Location of agencies university engagement commitment by all parties
- Networking between agencies
- Communication and cooperation from agencies
- Good organisation of placements.

The project was considered a 'trigger' for at least one university to form stronger links with the community sector

Suggested 'barriers' impacting on the success of the student placement project show that there were varied perceptions held about the project, with communication and commitment identified by some as enablers and perceived by others to be barriers. Barriers impacting on the success of the student placement component of the project were considered to be:

- That the hospital and the community placement were not in the same organisation thus the experience of the continuum of care was not well-coordinated.
- Curriculum delays
- Implementing new curriculum with the physiotherapy clinics
- Lack of student preparation for the placement which contributed to uncertainty about outcomes and poor communication.

The advisory group perceived the main barriers to the project to be:

- The challenge of a new project and a new approach
- Differing expectations of the project between the university, students and agencies
- Poor communication, particularly when waiting on documentation before next steps could be taken
- That not all universities were as committed to exploring expanded settings. This commitment is critical in any student placement settings, and without it, it was difficult to get curriculum details.
- The lack of the dietetic clinical placement due to university changes.

Advisory group and working party members reflected that a range of assumptions had been made about the project. These too may have been barriers for the project and included that:

- All staff would 'buy in' to the project
- There was a good understanding of the project
- Everyone involved would contribute to the planning
- Clinicians knew the expectations for the placement from both the student and the university
- Organisations had capacity to provide several placements
- The universities would be on board
- The universities were clear about the course content/layout earlier than the placements
- Students would benefit from placement variety
- The project would result in better links with hospital and community.

Outcome evaluation

Expected outcomes

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

One of the key aims of the H2Co student placements was to gain a broader knowledge of the breadth of the health and community sector, through placements that would allow them to observe the continuum of care from hospital to community or through an interdisciplinary model, to experience chronic disease management from the hospital through to the community setting.

Student perspective

Students were surveyed at the beginning and end of their placement. The 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.

Student results show knowledge increased in terms of the range of disciplines at the agencies and most notably in relation to the service provided by the agencies and client care philosophies. Knowledge of the team structures of the agencies, increased to cluster around good to very good (92%), however no student rated their knowledge in this area as 'excellent' after the placement. The results also show improved understanding in terms of how agencies and clinicians communicate around client care, with results shifting from 'poor' to 'very good' in the pre-placement results to most being clustered between 'good' to 'excellent' at post-placement. Post-placement results for how hospitals and community services communicate around client care did not any significant increase in students' understanding, with one-third still having a poor to fair understanding.

Students reported that their most valuable learnings in terms of the work of various agencies and how clinicians and services work together were around:

- Provision of care: Interdisciplinary care, patient-centred care referrals: Reasons for referring a patient; Referral options; Nature and role of service provision in each setting.
- The importance of consulting with other health professionals about patient care and how to consult.
- The integral role of communication
- Establishing relationship and understanding the role of councils.

Comments from students provide some examples of these learnings:

"The role an occupational therapist plays in the various settings. The principles of being an OT are the same, however there are various ways of practicing and applying one's OT knowledge."

"There is a big emphasis on communication with other disciplines…Learning the skills to communicate to all these various parties have been very beneficial in building my confidence in doing this in the future."

Supervisor perspective

The graph below shows supervisor assessment of increase in student knowledge and understanding as a result of the H2Co placement. The results show that 50% or more of supervisors thought that students had increased their knowledge and understanding of:
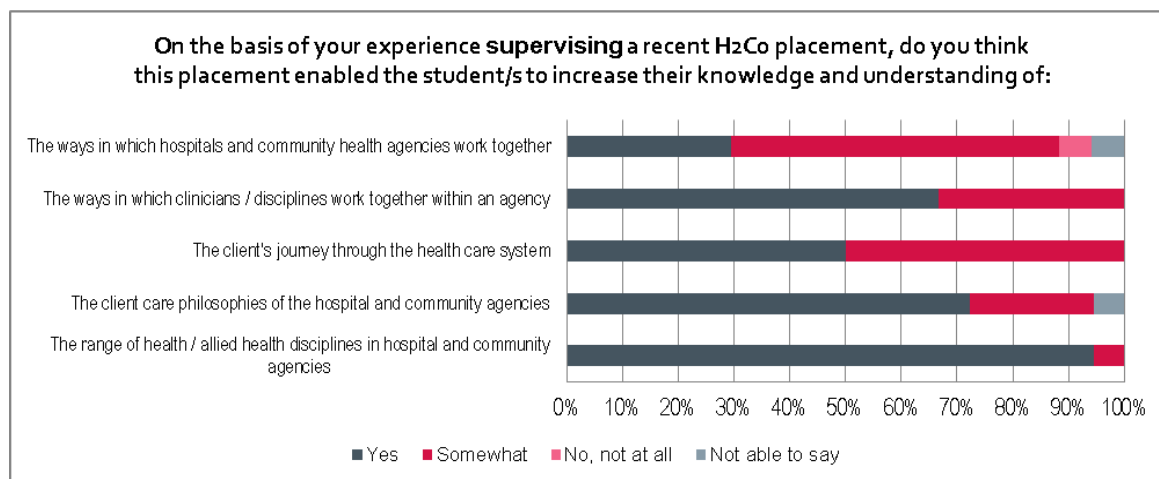
- The ways in which clinicians/disciplines work together within an agency
- The client's journey through the health care system
- The client care philosophies of the hospital and community agencies.

Less than one-third of supervisors (29%) felt that students had increased their knowledge and understanding of the ways in which hospitals and community health agencies work together, although 59% felt that knowledge and understanding in this area had increased somewhat.

The most significant increase in knowledge and understanding observed by supervisors was in relation to the range of health/allied health disciplines in hospital and community agencies. All supervisors felt that knowledge and understanding in this area had increased (94%) or increased somewhat (6%).

Two-thirds of supervisors (67%) felt that the student/s they supervised in H2Co placements had fulfilled their learning objectives. The remaining supervisors were split evenly with 16.7% each responding that learning objectives had been 'partially or somewhat' fulfilled by students or that they were 'not sure' about whether learning objectives had been fulfilled. The results indicate that most supervisors felt students on H2Co placements had made progress towards fulfilling their learning objectives.

Graph 1: Supervisor results on increase in student knowledge and understanding of the breadth of the health and community sector

On the basis of your experience **supervising** a recent H2Co placement, do you think this placement enabled the student/s to increase their knowledge and understanding of:

Legend: Yes | Somewhat | No, not at all | Not able to say

Supervisors felt that the most valuable overall learnings for student/s through their H2Co placement included:

- The role of community health and the way community health works
- Greater understanding of the occupational therapist role in hospital and community contexts
- Multidisciplinary or trans-disciplinary practice
- Chronic disease self-management.

Examples provided by supervisors of 'the most valuable thing' learned by the student through their H2Co placement include:

- The role of community health in health management and the importance of issues relating to the social determinants of health, such as literacy and stable housing.
- … How trans-disciplinary teams operate and work with people with disabilities to meet their assistive technology needs in this setting …

Strengthened links between theory and practice

The H2Co placements aimed to strengthen links between theory and practice to enhance student knowledge and the health care system. To achieve this, placements exposed students to a range of ways in which allied health is provided to client, as well as providing opportunities for contact with patients with a range of conditions, a variety of services and disciplines within the health care setting.

Post-placement, all students (100%) showed an increase in knowledge in relation to how allied health services are provided in the agencies, the range of conditions treats 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). At pre-placement, for each learning area, knowledge levels were clustered around the 'good' range. After the placement, knowledge levels moved towards 'very good' or 'excellent'. Graphs 9 through 11 provide examples of this increased knowledge.

Students' most valued learnings in this area varied. Enhancing knowledge about interdisciplinary care was a valued outcome of the placement. Another noted the difference between the hospital, team-based and time-sensitive practice, compared to working with clients with more complex needs in the community, over a longer

period of time. Other learnings noted by students included the referral process; funding and availability of services; the vast array of roles within community health and the importance of community health for low socioeconomic groups and the impact they have on community members.

The realisation of the difference between each client's journey, and how extraneous issues impact on them, were key lessons for the students. Key learnings about the client journey included:

- The large amount of external issues they have on top of their primary concerns.
- … When they build rapport with you, and are able to identify why you are there – they are more willing to participate in their treatment.

Increased achievement of Best Practice indicators in BPCLE Framework

From the small sample of advisory group respondents, it was reported that:

- The BPCLE education session increased knowledge of resources for two-thirds of respondents (67%).
- Two-thirds of respondents had used the BPCLE action plan (67%), half had used the self-audit and one-third the indicator list.
- Half of the respondents had developed a BPCLE action plan and half had not.
- One-third of respondents planned to use any of the BPCLE resources in the future and half thought they might use the resources.

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:

- 83% of advisory group members thought a multi-agency placement could be explored to expand student placements in the future and 17% thought this might be suitable.
- In contrast, only 20% of the Working Group thought a multi-agency could be explored to expand student placements and 80% thought that it 'maybe' suitable for further exploration.

Almost half of the supervisors (47%) indicated that the project/placement did not increase the potential number of students they could supervise in the future. The same number of supervisors thought that the project/placement possibly (35%) or probably (12%) increased the potential number of students they could supervise, and 6% thought it did not increase the number of students to be supervised.

Positive experience of the pilot placement

The results from students and supervisors in relation to whether they would recommend an H2Co placement to others were mixed, as the results in Table 1 show. Students were more likely to recommend a placement to fellow students (50%) or possibly recommend a placement (25%), although one-quarter were either unsure or would not recommend a placement.

When the supervisors were asked, 'would you recommend the H2Co placement to others (e.g. a colleague considering the supervision role, a student, another agency) the results indicate a cautious hesitancy – most answered 'possibly' (41%) or 'not sure' (29%). A slightly higher percentage responded 'yes' (17.6%) than 'no' (11.8%). Their responses may have varied if they were only considering potential supervisors, students or agencies in isolation.

Table 9: Would you recommend an H2Co placement?

Would you recommend an H2Co placement to fellow students/ot	% of students	% of supervisors
Yes	50%	18%
Possibly	25%	41%
Not sure	17%	29%
No	8%	12%

In response to the question 'would you be interested in another H2Co supervision role? Supervisors' answers were spread almost evenly across all possible answers. The majority answered either 'yes' (29.4%) or 'probably' (23.5%). A further 29% would 'possibly' be interested and the remaining supervisors indicated that they would not be interested in another supervision role (17.6%).

Better support for staff in accepting students

Concerns expressed above by staff extended to their views about the level of support for staff accepting students. Supervisors were asked whether the H2Co project and placement:

- Made the supervision less of a strain on resources compared to a conventional student placement
- Made supervision less time consuming
- Increased the potential number of students that they could supervise in the future.

In all cases, the most frequent response from supervisors was 'no'. The most emphatic response was that the supervision process was not less time consuming (61%) through H2Co. Around half of respondents thought that the supervision was or was possibly less of a strain on resources and around one-third of supervisors thought that the process might possibly increase the potential number of students which could be supervised.

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

Supervisors' were asked whether the H2Co project:

- Enabled supervisors to work more closely with other agencies in the supervision of the placement or
- Enabled supervisors to share resources between agencies in supervising the placement.

In both cases, the responses were negative – 83% of supervisors indicated that the project did not allow for the sharing of resources and 61% of supervisors responded negatively to the previous statement. This was not therefore the experience for all supervisors, with one commenting that "Supervisors communicating from different services (hospital and community) was helpful, with permission from the student in regards to how best support their learning goals and their progress."

Results were not as negative in relation to whether the placement provided supervisors with a closer link to the university. While 44% responded 'no', 44% also responded 'possibly' and 11% 'probably'. Comments from supervisors indicated that they did not have much opportunity to link with other agencies, or that any contact was limited to the mid-term evaluation handover. One supervisor commented that they thought 'a natural link' between agencies was required to improve liaison and they did not feel that this was present during the placement.

In contrast to supervisors' feedback, 83% of the advisory group respondents felt that the H2Co project activities helped improve communication and relationships between different sectors.

WMR health and community sector as future employers of choice

While half of the supervisors thought that students had become more familiar with agencies in the WMR and half thought they partially or somewhat familiar, all students (100%) reported feeling more familiar with agencies in the WMR after completing their H2Co placement.

Around one-third of supervisors (39%) thought the H2Co project was increasing the profile of the sector with potential graduates. A further third (33.3%) thought it was 'probably' increasing the profile of the sector and 28%

thought it was 'possibly' increasing the profile of the sector. Results in fact indicate that students developed an increased recognition of the WMR and the agencies in the region.

The majority of students (58%) reported that they would consider applying to work at one of the WMR agencies after graduation, 25% answered 'possibly', and 17% indicated they were 'not sure'. Interestingly, none of the students answered 'no'. Three-quarters (75%) of students reported that they would recommend one of the agencies as a workplace of choice to friends/peers, followed by 17% answering 'possibly', and 8% 'not sure'.

The responses were not as positive when the supervisors were asked 'would you be more confident about employing a new graduate who had completed an H2Co (or similar) placement?' The majority (55.6%) answered 'possibly'. A further 16.7% answered 'probably'. Interestingly only 5.6% responded 'yes' and the remaining 22.2% answered 'no'.

Supervisors were asked to give reasons for the previous responses and the answers were illuminating. Some indicated that they would be more confident about employing a new graduate who had completed an H2Co or similar placement because of the experience gained in different settings, while the majority were hesitant because of the project placement, which was spilt across two agencies, meant time spent at each agency 'wasn't really long enough', as these comments attest:

"… I think the timeframe to which the H2Co placement is inadequate. In my opinion, a final placement of eight weeks within the same setting would be more beneficial to the student…"

"With limited clinical knowledge the benefits are limited – students have the potential to develop a multidisciplinary mind-set however a better understanding of chronic conditions is needed to fully grasp such concepts."

Unexpected outcomes

Achievements

Students provided a wide range of answers in relation to any unexpected positive experiences from their H2Co placement. The students clearly enjoyed being exposed to the variety of clients, health services and roles within health services through their placement as these answers indicate:

- Seeing a wide range of clients, enabled me to highlight areas I could continue to develop… Having supportive supervisors made the placement in three settings easier to adjust in.
- Gathering an understanding of multiple roles at differing agencies allows a greater understanding of the occupational therapy role and different types of service provision. These positive aspects of this H2Co placement outweigh the negative aspects.

Supervisors' responses were less positive in comparison to the students. When asked 'were there any unexpected positive experiences (e.g. for yourself, the student, your organisation) from the H2Co placement?' two simply stated 'no'. However, the positive responses centred on the interaction with the students themselves:

- Good first hand experience working with the … uni students, and able to discuss some interesting ideology and understanding about CDSM, health literacy and community health as a whole.
- Students who otherwise may have missed out on an acute or community placement get to gain experience across both settings and have a greater understanding of the areas they may wish to pursue after graduation.

Disappointments

A clear message came through in the student's responses to the question 'were there any aspects of the H2Co placement that you were disappointed with?' that they felt the placement was not long enough. The comments below show that they were disappointed not to have longer at each agency or to have had greater opportunity to practice:

"Perhaps at times too much observation and not enough time to practice my physio skills."

"Feeling rushed. Starting to feel comfortable and understanding how things operate and then having to move onto a new setting and starting all over again. Not having the time to develop competency in skills as much in two four-week placements compared to students with a single eight-week placement."

Supervisors were disappointed with a number of issues about the H2Co placements:

* The lack of student preparedness for the placement
* Lack of individual information about the student for the placement agency/supervisor
* Time constraints
* Completing the two student practice evaluation forms (SPEF)
* Confusing handover process between sites.

Some responses included:

"On arrival the student didn't appear clear about the purpose of the placement."

"It was very confusing with the report and handover process between sites. I felt like there was not enough time within the first two weeks to write the halfway report as this was very early and students felt they were just getting orientated to the work area and multidisciplinary team…"

Limitations and management strategies

The barriers identified in the H2Co project, pertaining to the delivery of clinical placements are consistent with findings from existing clinical placement research, an in depth analysis of these factors is found in the report (Health Care Management Advisors, 2010). These issues and others specific to the H2Co project are discussed in detail below.

Table 10: Summary of limitations and management strategies

Limitations	Management strategies
Competing interests across the various sectors involved in the project.	The facilitation of simultaneous discussions with all partner agencies in negotiating the number of students to be placed.
Workload concerns versus capacity versus existing arrangements versus curriculum/assessment.	Participatory action research approach to the project to ensure maximum engagement.
Reduction in the planning period of H2Co project.	Revision of project scope, to include three disciplines, approval gained from WCPN executive.
Limited student numbers due to: • Limited capacity for agencies to place students. • Existing university placement arrangements with other agencies.	The facilitation of simultaneous discussions with all partner agencies in negotiating the number of students to be placed. H2Co placement agreements were developed and signed to highlight agency commitments.
New university curriculum wasn't clearly defined for agencies, which left supervisors 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 unsupported and unable to accept students.	The dietetics placement model was designed but not delivered.
Existing university curriculums and assessment requirements, and national accreditation requirements limiting placement design options, and resulted in more onerous assessment procedures.	Working group members explored innovative placement design options at working party forums, in consultation with university contacts, and designed a communication strategy do address assessment requirements.
Agency concern that there is limited clinical placement funding available to community agencies.	Developed project documents that highlighted additional funding arrangements were external to the scope of this project.
BPCLE pilot project coincided with delivery of H2Co project – meaning the resources which were to be shared were not	Partnership with BPCLE representative from the DH in order to clearly define the BPCLE pilot and resources.

properly reviewed or readily available for circulation. Agencies were not as willing to participate in BPCLE activities until they were finalised.	
Turnover of staff throughout the project affected consistency of representation on the advisory group and working parties, and affected the quality of evaluation data captured.	Clear and consistent communication from project officer and project document highlighting project objectives and roles and responsibilities. Evaluation data gathered as soon as placements were completed.

Limitations

Cross-sector interests

The concept of working with three different disciplines, from three tertiary institutions, along with various health care agencies from multiple different settings, including acute and community, is a challenging concept. From first inception of this project, there was strong support from the WCPN executive and partner agencies, with the general appreciation the potential benefit to students, supervisors and agencies involved in a hospital to community type placement.

The 'bringing together' of all the various agencies and sectors was a key component of the project. The advisory group and working party representatives were extremely experienced professionals and brought with them a great deal of insight about the challenges and successes in clinical placements. The knowledge, experience and decisions made by the advisory group were a key factor in the direction and outcomes of the H2Co project and helped overcome the challenge of working with such a diverse group.

Reduced planning period of H2Co project

The H2Co project faced a number of delays in the early planning phases. The most significant was the delay in getting access to the project advisory group. This delay was caused by administrative processing at the executive level and meant the H2Co project could not commence consultation until the advisory group members were confirmed.

Once consultation did commence, it became apparent that the original scheduling of project deadlines, did not align well with the start date of university placements. University allocation deadlines occur in November, the year preceding the actual placements. As such, the project planning phase had to be completed in a much shorter amount of time, with placement numbers negotiated and confirmed with the universities before this date.

Limited student numbers

Despite the collective appreciation across the partner agencies that there was an underutilised resource of clinical placements in community settings, the project was limited in the amount of students it could engage for the pilot placements. There were a number of factors that contributed to this limit of student numbers, and these considerations are consistent with findings in other major studies (Health Care Management Advisors, 2010), the main factors being:

Agency capacity – workload

Staffing levels within agencies, both in acute and community, dictated the number of students that could be supervised. With a focus on maintaining the quality of the placements, agencies were hesitant to increase the number of students they could supervise at any one time. Research has shown that generally workers who supervise students do so within existing workloads. (VICSERV, June 2011) As such, concern for the increased workload attached to supervising a student, and an effort by managers to not overburden already strained staff, meant that the number of students was capped.

Existing university agreements

In recent years tertiary institutions have acknowledged the growing importance of finding additional clinical placements for their students and have been proactive in securing such agreements. "… a number of organisations have well-established and beneficial relationships with partners across the health and education sectors which include firm commitments to place specific numbers of students." (Victorian DH, May 2011).

These agreements have helped to ensure adequate number of placements for all their students, and as a result, there is reduced demand to explore other placement opportunities. This was a consistent finding in the H2Co project, where institutions that had existing university agreements had less incentive for to find additional placements in the H2Co project for their students.

University curriculum and university support systems

University curriculum and support systems play a large role in the success of a multi-agency placement. The H2Co project was working with two new curriculums, dietetics and physiotherapy, which gave us the unique opportunity of shaping the way their placements were designed. Along with this positive however, came the challenges associated with the development of any new curriculum.

The placement content and supervisor information for these new curriculums, including assessment and learning objectives, were not completely developed or communicated to supervisors in time for the placements This made it difficult for the students and supervisors to distinguish between placement challenges as being due to the H2Co project or the new curriculum.

Another significant obstacle faced by the project, resulting from working with a new curriculum, was that not all the intended support systems were in place before the placements commenced. The dietetics course was unable to recruit a student supervisor, a role that was vital in supporting the two participating agencies, who had never supervised clinical placements. This resulted in a cancellation in piloting the dietetics model. The process undertaken to design this model is still a highlight of the project, and the features of a lead agency supported by a student coordinator role, is one that would be easily applied to multiple expanded settings in future.

Existing curriculum and assessment requirements

The occupational therapy course had been successfully delivering clinical placements across the region for a number of years. The H2Co project sought to complement these placements and offer their students additional learning opportunities. Due to the supervisors being familiar with the existing placement and assessment arrangements, the project was limited in the way supervisors could approach the placement design.

As opposed to only having to complete one assessment for each student, as is the case in a traditional placement model, the shared supervision arrangements across two agencies, meant the supervisors felt they had to complete twice the amount of assessments.

The Working parties were challenged to be creative in the way they designed the multi-agency placement, but unfortunately the rigid approach to the assessment limited their capacity to be more innovative. This resulted in some negative feedback about additional workload in the H2Co placements in the evaluation.

Existing accreditation requirements

Fortunately, two of the disciplines involved in the H2Co project were confident with the interpretation of their professional accreditation requirements, to provide clinical learning experiences in community settings.

However, this is a complex matter, with accreditation authorities recommending standards to national boards for approval, how these standards are interpreted causes a challenge for innovative placement designs.

It is the accreditation requirements that determined majority of the existing assumptions and practices around clinical placements. Curriculums have been designed around students achieving their learning outcomes in the acute settings, so it is 'routine' for placements to occur in this sector. Therefore, placing students in the community sector for clinical placements is a shift in thinking for some tertiary institutions, and requires continued work.

Clinical placement funding

A consistent theme throughout the agency consultation period was the concern from community agencies regarding the inconsistency of clinical placement funding across sectors. Concerns regarding the funding for clinical placements has been identified in a number of reports into clinical placements in Victoria, with funding arrangements being a complex network of agreements. The Federal government is responsible for funding the university sector, with some courses receiving explicit clinical training funds; however, allied health courses are not included in this category. (National Health Workforce Taskforce, February 2009).

DH reports such as Victoria's Strategic Plan for Clinical Placements 2012–15, highlight the need to adequately fund education activities undertaken by health agencies, however to date these arrangements have been fragmented and inconsistent. Such reports have made recommendations about funding to 'stimulate the further development of clinical placements in non-acute settings (for example mental health, aged care, Aboriginal health and community health)'. (DH, November 2011).

BPCLE pilot project

During the planning phase of the project, strategies were developed to address the objective of 'developing and implementing strategies to improve workplace culture, increase organisational and regional capacity and further enhance systems supportive of student placements'. Original strategies included working with other CPN projects to implement the resources they had developed for the BPCLE Framework. However as discussed in the agency education of BPCLE section of this document, a separate DH BPCLE pilot project was later introduced, which focused on a suite of BPCLE tools and resources. The H2Co project plan was therefore reviewed to include the use of the department pilot resources, despite the recommendations not due for release until after May 2012.

In essence, the H2Co project was required to educate agencies and share resources that had not been piloted or reviewed. With a statewide implementation of the pilot resources due in 2013, a number of agencies were tentative about using the resources before they were finalised for release. The project overcame these concerns by partnering with a DH representative, who agreed to provide the background and education session on the use of the pilot BPCLE resources.

Staff turnover

There was a significant amount of staff turnover throughout the eighteen-month duration of the project, resulting in a number of advisory group and working party members not completing the process evaluation surveys. This affected the quality of evaluation data gathered.

Evaluations

The evaluation was conducted through the collection of information via online survey tools. The range of survey tools is outlined below:

- H2Co beginning of placement student survey administered in March, May and August, as students commenced their placements (ten respondents) 83% response rate.
- H2Co end of placement student survey administered in April, June and August, as students completed their placements (eleven respondents) 92% response rate.
- H2Co end of placement supervisor survey administered from June to September (eighteen respondents)
- H2Co working party survey administered in November (five respondents), a 55% response rate of working party only members.
- H2Co advisory group survey administered in November (six respondents) a 66% response rate.

The advisory group was consulted during the development phase to ensure that the survey tools covered the key aims of the placement. The 'beginning and end of placement' surveys were designed to align but there are some slight variations between the two tools.

The student and supervisor surveys contributed to the summative evaluation of the project and focussed on investigating the achievement of outcomes. The working party and advisory group surveys focussed on the process evaluation of the project.

In terms of factors that reduced the number of working party respondents, turnover of staff was a factor, as discussed in the 'limitations' section of this report, as well as a number of working party members (six in total) also representing their agencies at the advisory group level.

Key findings

In terms of the process for managing the H2Co project, a project advisory group was established as the governance body and the working party was established to support the project's implementation. Not all members felt that these groups received the appropriate level of commitment from representatives or that there was appropriate representation from the various agencies.

Enablers for the project included good project design and good networking from agencies, however, it was perceived that there were more barriers to the project implementation than there were enablers.

Barriers and assumptions identified through the process evaluation suggest that the project was ambitious in design, requiring well-developed understanding of the project goals and implementation strategies. Feedback from stakeholders suggests that there was not a consistent enough level of understanding of the project and its goals, nor evidence of committed participation, for the project to fully reach successful implementation.

Most students reported an increase in knowledge and understanding about the breadth of the health and community sector and two-thirds of supervisors felt that H2Co students had fulfilled their learning objectives through the H2Co placement. However, fewer students or supervisors thought that learning had increased in relation to the ways in which hospitals and community agencies work together, compared to other learning areas.

Qualitative feedback shows that H2Co placements have provided opportunities for students to understand the breadth of the health and community sector, and in particular to understand the role of the allied health practitioner in different settings and within different teams, as well as the gaining a greater appreciation of the experience of working in a multi-disciplinary approach.

Student knowledge about allied health, in a practical, clinical setting and the client journey through the continuum of care increased during the placement.

The evidence suggested that the BPCLE resources had only been partially taken up, although some planned to use the resources in the future.

There was wide variation of opinion in relation to whether the H2Co placement increased the potential number of students that could be supervised. Most supervisors and working party members did not think the number of placements could increase but most advisory group members thought that they could.

Students were more likely than supervisors to have a positive view of the placement experience, and half would recommend the experience to a fellow student. Around one-third of supervisors would take on another placement, one-third would not and the final third would 'probably' take on a placement.

Students enjoyed the variety of settings, locations, people, professionals that they encountered through the placement. Some supervisors engaged in interesting dialogue with the students, enjoyed the students' interest in chronic disease management and derived satisfaction from seeing development.

Students and supervisors agreed that the placement was not long enough. This impacted on each differently – in four weeks, students did not reach the level of confidence to be able to extend their practice and therefore spent considerable time observing, which they found disappointing. They also found changing workplaces, just as they were settling in, was frustrating. From the perspective of most supervisors, with two assessments to be completed within four weeks, and possibly inducting more than one student, the process felt rushed, intense and unsatisfying.

Supervisors were disappointed that students appeared unprepared and unclear about expectations when they commenced the placement. Some supervisors also found the agency handover process for students added to the feeling of being rushed and administratively burdened.

The majority of supervisors did not find that the H2Co supervision project made supervision less of a strain, less time consuming or increased the potential number of students they could supervise in the future. However, around one-third of supervisor thought that H2Co could increase the potential number of students supervised.

All students reported gaining greater familiarity with the agencies and the WMR in general. Only half of the supervisors thought that students had developed this knowledge or that the profile of the region had been raised.

Most students (58%) indicated that they would consider working in the WMR after graduation and 25% that they would possibly consider working in the region. Three-quarters of the students would recommend one of the agencies as an employer of choice to their peers.

Supervisors were lukewarm about employing H2Co graduates, with 58% of supervisors 'possibly considering' this. Their reasons for this centred on the most common criticism of the placement; that the placement time was too short and that they would be more confident with a graduate with experience of an eight-week placement.

Key learnings

The H2Co project has generated significant learnings.

The timing of placement negotiations is the critical component for exploration of expanded settings in future. Consideration to the schedule highlighted in Phase 1 of this report, cannot be emphasised enough. Planning needs to take place at least six months before the placements are due to commence. The most important consideration is to plan around the universities placement allocation cycle, which experience has shown for most institutions and agencies occurs in October. It is imperative to ensure that any future expanded setting work be done with these time constraints in mind.

A change in interpretation of standards for clinical education is needed, in order for tertiary institutions to be confident that their students can fulfil all their clinical learning objectives when placed in a community setting.

Agencies should be challenged to be more innovative and creative in how they can deliver a placement across multiple agencies. Whilst it is important to consider curriculum and assessment requirements, a degree of flexibility and willingness to compromise on historical arrangements is vital to exploring expanded settings

The importance of commitment from all partner agencies cannot be emphasised enough, with engagement from the tertiary sector being a critical component of any placement negotiations. It is critical to establish university/discipline need for additional placements before beginning multi-agency negotiations. The consultation process of the H2Co project, and feedback from advisory group representatives, highlighted that the university demand for additional placements was a prominent factor in the relationship development between agency representatives.

Ensure that university curriculums and expectations are clearly defined – as the H2Co project was working with some new course structures, supervisors and agency representatives highlighted the importance for clarity of university expectations and assessments. This consideration is twofold:

• Firstly, to ensure that expectations are communicated across all agencies
• Secondly, to ensure agencies feel supported and capable of accepting students.

It is evident that there has been consistent feedback from all involved about areas where the project did not reach its potential. However, it is also important to consider the feedback of a differing sentiment, such as:

"In principle, I really like the idea and hope for further opportunity to experience and discuss it."

"Students are still new to the changing course structure-perhaps not as fully equipped, as they need to be."

"I think the model has great potential."

"Having the experience of hospital and community setting is beneficial."

"H2Co students will have had more experience in different settings than those students from other universities who have had longer placements."

If many of the difficulties with the current program structure could be addressed (e.g. by making the placement longer, or holding the placement in the third rather than fourth-year), the experience of the program could be radically different. Similarly, if all university partners had been able to continue with the project, there would have been a more robust base for comparing experiences.

None of the project outcomes suggest that the program was misconceived or had the wrong purpose. In fact, the intention of the program is generally well-supported. The feedback suggests that elements of the mechanics of the program and the working relationships between key agencies and institutions need some time to mature.

Future directions

The H2Co project is not due for refunding specifically, however the key learnings from this project will continue to inform the direction of expanded setting work in the region. Despite the emphasis on exploring expanded setting placements (DH, 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. An important factor will be to match appropriate placements to meet curriculum outcomes within the catchment of the west.

"While there is no gold standard model of clinical education and placement, evidence-based health care philosophy suggests integration of best evidence with the clinical expertise of those who will utilise and integrate it with the values and beliefs of the consumer." (Health Care Management Advisors, 2010) As such, this project is unable to recommend a specific model or activity for implementation, as this is dependent upon the unique environment of each health service. Instead, these examples are presented for each health service to consider as part of its individual strategy for increasing clinical placement capacity and quality.

The decision-making process of choosing a model of clinical education or placement should be underpinned by recognition of available evidence, its applicability to local features (such as the health profession's requirement, locality where clinical placement is undertaken or local clinical supervisor's perspective) and relevant stakeholders' perspectives (including academic institutions, health services and students). (Health Care Management Advisors, 2010).

Conclusions

Students made a range of constructive suggestions for improvement to the H2Co placement:

- Ensure the student is provided with as much opportunity to practice as possible. Highlight expectations to the students in each setting, this can greatly prepare them as to what they need to achieve:

".. better suited as a year one placement due to the amount of observation that occurred."

"Increase student independence – allow students to run consultations. Increase range of conditions students were exposed to."

"It was great to experience hospital and community however it was difficult only being four weeks."

Supervisors were asked, on the basis of their H2Co experience, for recommendations for future placements that provide students with experience across hospital and community sectors. One respondent suggested having further clinical knowledge development prior to attending.

The majority of answers related to one of two suggestions:

- A longer placement or conducting the placement with students in earlier years of their degree. Comments from supervisors included: "Students to have comprehensive theory on self-management support, chronic disease models of care etc. beforehand so that they can practice it in the placement rather than learn the theory in the placement. Then they can get a caseload."

The H2Co experience may be more suited in third-year placements, rather than the final-year. This would give the student the opportunity to experience the different sectors, begin to develop occupational therapy skills but then have the opportunity in their final-year to decide which sector they would like to further explore and develop their skills/knowledge.

Summary of conclusions

- Consideration 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 the hospital and community sectors does increase student knowledge of the continuum of care.
- 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 and curriculums are adapted to suit it.
- 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.
- A commitment to the communication strategies across agencies needs to be maintained
- Curriculum expectations need to be clearly developed and communicated
- There is an appreciation of the BPCLE Framework and resources, coordination from concurrent initiatives will assist implementation.

In terms of increasing clinical placement capacity through the models developed in the H2Co project, future placements that encompass adaptions to curriculum and assessment requirements, in combination with these innovative placement models, 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 WCPN, 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.

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