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Implementing pertinent and sustainable clinical placement models for Gippsland CPN

Project summary

This project sought to identify models of clinical placement and supervision that could provide Best Practice Clinical Learning Environments (BPCLEs) and support greater placement capacity, including in expanded settings, across the Gippsland Clinical Placement Network (GiCPN). Other aims were to audit existing supervisory capacity to establish baseline data, expand the pool of trained clinical supervisors, engage agencies that were under-utilised to explore opportunities for collaboration between health services, develop case studies and enlist the support of agencies to pilot selected models.

Partner organisations representing aged care, mental health, Aboriginal health, private sector, public hospitals and community health were engaged, baseline supervisory capacity was established and a focused literature review undertaken to identify existing models of supervision and placement that could be utilised within the GiCPN to support organisations to increase their placement capacity. Three supervision workshops were provided to build capacity, case studies of established models of placement and supervision were evaluated and two new models developed and piloted as a basis for developing a pertinent and sustainable approach.

Drivers and challenges

A range of models, often developed to support the learning of students in large urban and regional public health facilities, are utilised for clinical placements and supervision in the health professions without evidence that any are more suitable (Kilminster and Jolly, 2001; Lekkas et al., 2007) or pertinent and sustainable in the rural context. Some heath sectors and smaller health services are under-utilised for placements because the models are unsuited to their environment, potential learning opportunities available are overlooked and/or devalued, or they lack the supports or resources required to promote student supervision in a culture of education and learning (Billett, 2004; Darcy Associates, 2009). The additional students required to meet projected workforce needs cannot be provided by traditional placement providers hence, there is an urgent need to: build placement capacity by targeting new or under-utilised areas; to develop new models that are pertinent and sustainable in expanded settings; promote flexibility in the breadth of placement and supervision; and expose students to the spectrum of contemporary health care and career opportunities in areas of workforce shortage.

Arriving at a solution

Increasing the number of rural clinical practice opportunities for students, coupled with ensuring health service staff are trained, supported and understand the needs of students are strategies likely to enhance the quality of clinical placements (Brazen et al., 2007; Killam and Carter, 2010; Lea, et al., 2008) and promote the recruitment of rural health professionals to areas of workforce need (Department of Health, 2010). This project addressed the challenge to build supervisory capacity and capability, identified opportunities to engage new placement providers in non-traditional areas and examined the evidence for current or alternative models of placement and supervision that a) provide a best practice clinical learning environment and b) work for specialist or smaller providers in different sectors. The methods adopted provided a coherent and integrated package that addressed each of the drivers and gave all stakeholder groups opportunities to network and input.

Implementation process

Six strategies were adopted to produce an informed insight to models of placement and supervision that could be pertinent to health services and sustain growth in placement activity in the GiCPN. A project team was established, approval obtained from key GiCPN stakeholders to engage with staff, explore models of placement and supervision and enable staff to participate in supervisor training. Existing supervisory capacity was audited and relevant literature reviewed. To build supervisory capacity and capability, two basic and one advanced supervisor training programs, Advancing Clinical Education (ACE), were delivered by clinical education consultants. A workshop showcasing a range of placement and supervision models in use for medical, nursing and allied health students was provided together with an overview of the BPCLE Framework and progress of the pilot BPCLE project to orientate key stakeholders to alternatives, stimulate new ideas and facilitate networking. Three models of supervision were examined as case studies by surveying students post-placement. Interviews were undertaken with stakeholders in 15 organisations to explore opportunities for building capacity; devising new and innovative models, collaborative composite models and inter-sectoral and interprofessional collaboration. Two models were piloted; a composite chronic care model for nursing and hub and spoke model for social work mental health. Surveys were developed to evaluate the ACE program, models workshop, students’ placement experience under different models of supervision and the pilot models.

Outcomes and impacts

Sharing of information and resources regarding placement models generated ideas and opportunities for building placement capacity in the GiCPN through partner organisations collaborating to implement hub and spokes models that transcend traditional disciplinary and sectoral boundaries. Hub and spokes models of placement have the potential to expand opportunities for students to undertake a range of innovative clinical placements across Gippsland. Engaging education providers, placement providers and students in examining existing models and identifying and trialling new models of placement and supervision in the GiCPN has increased opportunities for a variety of placement choices to accommodate students from more education providers. This engagement also informed a strategic, integrated approach to developing a BPCLE Framework in the GiCPN and sustaining models of placement and supervision relevant to the rural context that expose students to the continuum of care, interprofessional learning (IPL) and career opportunities.

Engaging placement providers, auditing supervisory capacity, examining existing models and identifying and trialling new models of placement and supervision in the GiCPN identified additional latent placement capacity in under-utilised areas such as aged care, mental health, Aboriginal health, sub-acute care and the private sector, subject to further supports being implemented in these settings. It also identified supported preceptorship and hub and spokes models as being well-suited to the rural context. These models could be meaningfully applied throughout the GiCPN and in other expanded settings to build placement capacity in pertinent and sustainable ways.

The project increased the skills and supervisory capabilities of 76 health professionals in 13 organisations thereby creating additional capability of rural placement providers to effectively service and support students undertaking clinical placements in the GiCPN. It also increased capacity for quality student placements by facilitating progress towards the development of BPCLEs across the GiCPN.

Limitations and management strategies

The scheduling of clinical placements limited the progress of the project and potential to achieve optimal outcomes. To minimise delays, the principal education provider was approached to discuss the best time to access students. Some individuals who registered to undertake the ACE program did not attend or notify the organisers of their withdrawal. Failure to advise the project team of their intentions undermined this opportunity to provide local, affordable, quality supervisor training because it mitigated any chance to re-allocate places. To optimise the uptake of ACE programs and allow for contingencies, a waiting list was established so vacancies could be filled. Not all who registered to complete the advanced program were able to attend the final day, although they were encouraged to complete at a later date. To promote engagement with Indigenous health providers the steering group membership originally included an Indigenous representative. However, despite numerous attempts to engage this sector, there was very little direct engagement in the project.

Evaluation

The project:

* Created additional capability of placement providers to effectively service and support students undertaking clinical placements in diverse settings across the GiCPN by identifying placement models that are pertinent and sustainable for their environment.
* Increased capacity for quality student placements by increasing the skills and supervisory capabilities of 76 health professional staff in the GiCPN.
* Identified additional placement capacity in under-utilised areas including aged care, mental health, Aboriginal health and the private sector, subject to further supports being implemented in these settings.
* Facilitated 13 organisations across Gippsland to progress their development towards establishing and promoting BPCLEs.
* Examined models and case studies that have broad application in the GiCPN and elsewhere.

Generated ideas and opportunities for stakeholders to collaborate and implement innovative new composite and hub and spoke models through sharing of information and resources regarding placement models.

Future directions

To maximise potential to increase and sustain placement capacity, rural and regional health services and education providers that place students in Gippsland need to continue exploring opportunities to collaborate with other providers and professionals to devise new and innovative placement and supervision models that are pertinent and sustainable in the local context. Future directions include: consolidating the gains achieved; continuing to map supervisor capacity and capability; continuing to progress an integrated GiCPN policy regarding clinical education and supervision; and to establish a career path in clinical supervision. These needs are being addressed through an additional HWA Clinical Supervision grant and a funded position for expanded settings which will be utilised to invest in supports to promote BPCLEs and harness the latent placement capacity available in sectors such as aged care.

To progress insights gleaned from this project, further research is required to examine: the criteria pertinent to calculating clinical placement capacity; the characteristics of models of placement and supervision that are pertinent and sustainable in the rural context and consistent with providing rich learning opportunities in a BPCLE; the attributes of a sustainable supported preceptorship model; the role and merit of a dedicated clinical facilitator; what constitutes a reasonable student and preceptor load; and the phenomenon of burnout in the context of clinical supervision.

Further Information

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