# health

# Small Capital and Equipment Program

Final project report

## Improving clinical placement

Date completed: 1 August 2012

#### **Background and context**

Kyabram and District Health Services (KDHS), is committed to providing health staff for the future by providing quality student placement.

Over the past few years Kyabram's reputation for student placement has grown particularly in our acute sector, however the same has not occurred in our community health facility. KDHS has identified the ability for increase student in community health but has had poor uptake due to staff confidence and infrastructure. The student program has grown over the past two years for nursing and medical students but we have had no increase of allied health students.

KDHS has identified capacity for community health student growth in nursing, physiotherapy, speech therapy, occupation therapy and dietetics. Through the Clinical Placement Network we have identified the capacity to take community health students, have increased educator EFT and the organisation has systems in place to provide quality placement.

However, despite improved systems and requests from training providers, our uptake of allied health students has not occurred. An example is that other than one first-year physiotherapy observational placement; the physiotherapy department has not taken any other physiotherapy students despite the department having three experienced physiotherapists and a wide variety of clients. Also, KDHS has not accepted any occupational health students.

- Together with staff supervision training to increase confidence, the infrastructure grant will support the quality of the student experience.
- The community health building services a population of over 17 000 people and incorporates satellite units in Tongala and Stanhope.
- Through the grant we plan to install computers for self-directed learning, install a projector and screen for educational purposes and install speaker phones to the outreach centres, educator office and community health building so that students will feel less isolated when learning offsite.
- The infrastructure will help in meeting the learner's needs and also assist the service to adopt the Best Practice Clinical Learning Environment (BPCLE) Framework.



#### Project objectives and expected impacts

- Increase student numbers and accept students from non-traditional disciplines (physiotherapy and occupational therapy);
- To adequately support learners with appropriate technologies to meet their learning needs;
- Increase learner satisfaction with the clinical learning experience offered at KDHS.

### **Project activities**

| Project activity   | Project deliverable   | Status            |
|--|---|-------------------|
| Purchase and installation of equipment   | Progress report with receipts of purchase   | 30 June 2012      |
| Risk assessments and procedures for installing, maintaining and using infrastructure completed | Progress report demonstrating risk assessments and procedures for installing and using infrastructure have been completed | 30 September 2012 |
| Training in the use of the equipment provided to staff and students                            | Progress report demonstrating training in the use of the equipment provided to staff and students have been completed     | 30 September 2012 |
| Development of evaluation of objectives and impacts  | Evaluation and aggregate evaluation data to demonstrate the level of success in achieving objectives and expected impacts | 30 April 2013     |

#### **Project management**

Project management working party structure includes:

| Role            | Name             | Designation                |
|-----------------|------------------|----------------------------|
| Project Manager | Vikki Ough       | Deputy Director of Nursing |
| Committee       | Carolyn Jones    | Community Health Manager   |
| Committee       | Brendin Trudgett | Facility Manager           |
| Committee       | Michael Dunn     | Maintenance Manager        |

On receipt of the successful application a working party was established. We allocated roles and reviewed the list and budget.

Next, we developed a communication strategy and consulted with staff, students, educators, IT staff and executive staff. The wish of the group was that infrastructure and equipment were sourced locally. All items were risk assessed and matched to the budget.

It was at this time the projector and monitor allocated for the Pat Hayes centre was suggested by IT staff and supported by executive staff to consider a 'smart' TV and laptop as an IT savvy solution with less maintenance and cost. Quotes for both the smart TV and projector/screen option were obtained and as they were in the same price bracket, the smart TV option was preferred by the working party.

## Project performance against stated deliverables

| Project activity  | Status    |
|---|-----------|
| Five handset/Cisco speaker phone  | Completed |
| Computers and equipment   | Completed |
| White board, wall mounted and fitted                                      | Completed |
| Dishwasher supply and fit including remodelling of cupboards and plumbing | Completed |
| Electronic media  | Completed |
| Electronic whiteboard   | Completed |
| Wire projector to speakers  | Completed |

The project has met its objectives. The project focused on supporting current infrastructure by adding additional aids such as electronic media, dishwasher, and speaker phones to offsite campuses to support student placement.

Already we have accepted occupational and physiotherapy students placement for the first time. The education staff and community health staff have given positive feedback to the equipment purchased and morale is high.

Student debriefings and education is supported with IT infrastructure.

#### **Project outcomes**

The project has supported the increase to student numbers and we have already accepted allied health students for occupational therapy and physiotherapy.

#### **Evaluation**

The team worked well together to achieve outcomes before the deadline. KDHS already had good relationships with local providers so costs were competitive and goods arrived quickly.

Through clear communication pathways; the community health team and educators were aware the improved infrastructure was to support student placement. To this end, the community health team were accepting of student placement and have been stimulated with the increase in student placement.

#### Conclusion

Having identified the need for infrastructure a small working party was established to purchase and install equipment and infrastructure to support student growth in the community health facility at KDHS.