

Increasing capacity of clinical placements for
entry-level allied health and nursing, midwifery
students by exploring clinical placement
opportunities outside regular business hours

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In partnership with:

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Executive summary

It is common in midwifery services for students to be given placement opportunities outside of regular business hours. It has been well-recognised and noted that midwifery student exposure to natural births is greater overnight; affording an invaluable experience to students who are rostered on around the clock throughout the week for placements. In considering sustainability of any clinical placements model however, it is important to note that the constant student presence can be a strain on staff responsible for their supervision. From a student perspective the personal and financial implications can be numerous. Some of the issues include; reduced ability to work part-time jobs at weekends or in the evenings to help subsidise the costs of study, greater cost associated with inability to rely on public transport at non-peak times and the need to rely on costlier parking options to ensure safety to and from one's car at the start and finish of shifts.

In considering the evaluation presented in this report it is critical to make note of the fact that none of the placements occurring, piloted or considered were exclusively outside of regular business hours but rather a combination of both this and regular weekday hours. This suggests that placement activity outside of regular business hours has a place but not in isolation. In developing future placement models, it is proposed that placements need to be well-rounded; utilising the entire week, both day and night where service need exists, as well as reflecting the reality of the specific discipline workplace environment. Placements have often been driven from the perspective of the clinical placement provider and the student but in line with real-world work practices may need to shift to being more client-centred in future. Being on placement outside of regular business hours provides students with an otherwise missed chance to gain insight into the broader functioning of the hospital community.

Although weekend services for allied health are currently somewhat limited, there was a suggestion that this was changing over time within hospitals in an effort to increase the patient and family friendliness of services; thus the opportunity for greater services and students attending placements in the evening and on weekends may well be on the increase. The evolution of weekend services has to date been closely linked to demonstrated service need or 'busy-ness'. Being constrained by this mode of thinking might limit capacity to explore interdisciplinary learning opportunities and supervision from different disciplines (to that of the student) outside of regular hours. In addition to this, the different pace and context of outside regular hours placements can offer a different type of learning experience (with greater time available for reflection, consultation and broader case management alongside interpersonal and communication skills development).

Consideration will always need to be given to whether professional regulation bodies pose any limits to the amount or timing of clinical placements. Although this no longer exists it has been reported that there used to be limits placed on the proportion of a nursing/ midwifery student's clinical experience that could be gained at the weekend or on night duty shifts. The Australian Association of Social Work regulates the amount of direct clinical supervision required per week, leaving greater opportunity for interdisciplinary supervision to occur in combination with social work supervision to increase the capacity for some services to offer student placements. The introduction of the social work pilot enabled social work staff who were keen to take students but who only worked weekends, to pick up this responsibility and potentially enhance their job satisfaction. It seems likely that this model will progress from pilot to core placement activity in the future.

Key findings to highlight on completion of this project include the essential pre-existence of out of regular hours services into which students might be placed for such a placement to be financially viable. Many an opportunity exists for students to be placed outside of hours but if a service is not already in operation, the supervision becomes challenging if not prohibitive to source and fund. It is also apparent that a 'champion' is needed to drive the implementation of a new clinical placement model. Without a passionate and determined individual(s) committed to making a new placement model work, it becomes a far greater hurdle to overcome.

Background and context

The challenges experienced by a) tertiary education providers in attaining the required number and breadth of clinical placements for their students to attain professional graduation competencies, and b) clinical placement providers to increase clinical placement capacity; have necessitated more creative and flexible approaches to be reviewed and wherever feasible, adopted. This multi-agency, multi-disciplinary project explored and piloted opportunities for health professional clinical placements occurring beyond the regular business hours, Monday to Friday model commonly used by many disciplines.

The nursing and midwifery workforce operates around the clock, thus providing numerous opportunities for student clinical placements in various shifts throughout the day and night. Allied health services are more concentrated in (although not entirely limited to) regular business hours thus an opportunity to pilot a new placement model in allied health was apparent.

Objectives

The objective of this project was to use the current available literature and a mapping exercise to inform the evaluation of current models and implementation of new models of clinical placements that incorporate outside of regular business hours components. The overarching intention was to provide a useful investigation that would increase service capacity for the provision of high-quality clinical placements for nursing, midwifery and allied health entry-level students.

Project activities and methodology

The project activities were:

- To conduct a systematic review of the available literature in order to identify successful models of clinical placement outside of business hours to improve knowledge around models that already work that can inform the development of a set of guidelines;
- To systematically map the current placement activity outside of business hours occurring in the Northern Clinical Placement Network (CPN) across nursing, midwifery and allied health, in order to consolidate knowledge of current service provision and clinical placements activity outside of regular business hours;
- To evaluate a current model and pilot a new model of clinical placements occurring outside of regular business hours by conducting focus groups of students and staff involved and conducting a thematic analysis on the gathered data (see Focus Group Report for full details of methodology and data management); and
- To produce a 'How to Guide' for those wanting to extend/commence the delivery of clinical placements outside of regular business hours. The above three documents make up this guide but a one-page summary of key success criteria has been created as a quick reference.

Project management

A project Advisory Group was established on commencement of the project with representatives from multiple clinical placement providers (health services) and higher education agencies. The key agencies able to consistently attend and contribute were La Trobe University, Australian Catholic University, Mercy Hospital for Women and Northern Health. Considerable effort was made to include community health agencies, however this did not eventuate. Project Leads (Karen Dodd and Sam Pilling) were based at La Trobe University.

A project officer was employed to manage the project activities, consult and engage stakeholders broadly. The project budget was managed by the project leads. Every effort was made to adhere to timelines set out in the project plan; however a number of issues, outlined further on, prevented final project reporting from being completed until February 2013.

Outcomes and impacts

Evaluation of the out of regular business hours components of midwifery placements lent support to the notion that students should be provided with pre-graduation experience that will enhance their work readiness once employable. Challenges experienced by the students included logistical personal issues related to getting to and from placements and the impact on life outside of 'work/placements'. Staff described a pressure related to never having student-free down-time when student attendance is spread across all shifts throughout the week. Overall the impact of this evaluation supports the incorporation of outside of regular business hours shifts being included in entry-level midwifery placements in order to spread the student load, enhance opportunities for all staff to take up supervision or precepting of students and provide greater opportunities for hands on clinical experience sometimes limited during daytime weekday shifts. Mercy Hospital for Women will continue to use this placement model into the future.

Evaluation of the social work implementation of weekend and evening components to placements suggested a key positive outcome was that staff who had recently been unable to supervise students (due to their preference to work only weekends) were again afforded this opportunity. Students were comfortable with the 'new' placements arrangements. Social work students and staff reported positives emerging from the pilot and supported the ongoing inclusion of this model into placement practice at Northern Health.

Unsuccessful implementation of a physiotherapy student placement pilot highlighted to all involved the need for current services outside of regular business hours to be operating with greater than what might be considered skeletal staffing. Without a well-staffed, established service and a champion to drive the project implementation, financial constraints proved prohibitive.

Limitations and management strategies

A number of issues were encountered during the program that presented management hurdles for the project team, as outlined below.

- The systematic review of the literature uncovered a dearth of available, relevant published and/or grey literature. What was found was reviewed and included, however the unlikely success of publishing this review due to the perceived amount and calibre of its content prevented the project team from submitting the report for publication.
- Requiring ethics approval from three organisations (La Trobe University, Mercy Hospital for Women and Northern Health) is an extremely time-consuming process. One ethics process proved particularly convoluted with final (interim approval had been granted) written approval only having been received in January 2013.
- The mapping exercise highlighted the lack of significant allied health services existing out of regular business hours. With such services being scarce the opportunities to implement placements outside regular business hours was extremely limited. This lead discussions down the path of identifying service development opportunities outside of regular business hours, however this was clearly not within the scope of the project nor financially viable as an option to provide placement opportunities.
- Stakeholder engagement proved challenging and seemed a likely result of general work pressures and the high number of projects underway currently focusing on clinical placements. Regular reports being provided at NMCPN executive committee meetings facilitated distribution of updates on projects and allowed for other stakeholders interested in the project to be included beyond commencement.
- The first project officer employed was unable to continue beyond February 2012 and the second resigned mid to late 2012. Continuity was a challenge with this recurrent changing of the guard. Recruiting a project officer for the completion of the project seemed unwise thus the project leads needed to take over this function which proved a huge burden alongside normal work requirements.
- Recruiting students for participation in focus groups was challenging as they were generally completing their last couple of weeks of placements for the year. Motivation to participate in a non-compulsory activity was lacking. Clinical support staff at Mercy Hospital for Women provided encouragement and support to be freed up from ward activity. Focus groups were organised at times that overlapped when maximum numbers of students were rostered onto shifts.

Evaluation

- A systematic review of advantages, disadvantages and factors to successfully implement off-peak clinical placement models for nursing and allied health students (Discussion Paper 1).
- Mapping out-of-hours clinical placements in the Northern Metropolitan CPN in 2011 (Discussion Paper 2).
- Focus groups were run late 2012 with some specific observations related to the three disciplines explored included below (Focus Group Report).
- How to Guide produced.

Midwifery

Out of regular business hours shifts are normal for midwifery students and they accept the reality of a variety of shifts as part of their chosen profession. In summary, the findings for midwifery echo those of the systematic review in that they endorse the ideas of the students experiencing all shifts including out of regular business hours shifts. This can support transition to practice as students experience the different shifts, a different work environment from shift-to-shift, and increased responsibilities; particularly at night when there are fewer experienced staff to consult. As the pace is more relaxed at night and at the weekend there are more opportunities to practice skills and competencies that are often difficult to demonstrate during regular business hours.

Social work

It was agreed that the out of regular business hours placements shifts are a new area for students to experience and will take time to bed down properly. However, as out-of-hours practice will most likely be a reality for the future, it is important to get students used to the idea of shift work in an effort to graduate work-ready professionals. In summary, it is recommended that a) out-of-hours experience be incorporated into the student curriculum during penultimate and final-year placements, and b) staff in the general ward environment be better prepared for the student presence in the evening and on weekends.

Physiotherapy

It was agreed by both clinicians and educators that there are placement opportunities for students across the hospital. Although, at the moment services in hospitals are limited outside of regular business hours, the future in clinical care will probably be very different. Certainly it was agreed that being able to participate in a clinical placements across the entire week would better equip students for the reality of their profession. In summary, the costs of employing suitable supervisory staff outside of regular business hours is a major hurdle for the physiotherapy profession and this issue needs to be addressed before the out of regular business hours placement can be made a reality.

Conclusion

In nursing and midwifery, many health services offer placements that incorporate components occurring outside of regular hours. This experience is viewed as representative of the workplace students are to be graduated into and is broadly accepted as work-ready preparation that allows student load to be spread throughout the week.

In allied health there are far fewer examples of clinical service delivery occurring outside of regular business hours. Services that do exist are often limited and do not readily lend themselves to accommodating a student presence. For an allied health placement to incorporate an outside of regular business hours component, it is essential for there to be an existing, adequately staffed service operating (in terms of both service level and being equipped to supervise students). A champion is also indispensable for a successful implementation of such an innovation to succeed.