

# CPN Strategic Projects

## Case study

## Increasing capacity through student-led clinics

### Project summary

To expand opportunities for clinical placements, Mornington Peninsula Clinical Placement Network (CPN) elected to investigate the feasibility of a student-led clinic where patient care could be delivered by mixed-discipline student teams working under clinical supervision. Rather than the traditional clinical education model of single discipline patient care, a student-led clinic offers the potential to deliver interprofessional clinical education, where students across professions work and study together and learn about each other while delivering patient-centred care. The objectives of the first phase of this project were to review existing clinic programs, identify unmet needs for expansion and propose a model for student clinic implementation. The second phase objectives were to implement and evaluate a pilot program for student-led clinics.

### Drivers and challenges

There were both legal and clinical governance considerations in the establishment of a student primary care clinic. Primary care is traditionally conducted by a medical practitioner and student supervision across all disciplines is traditionally undertaken by educators of the same discipline. An interprofessional student clinic aspires to allow a mix of student disciplines to undertake a consultation and supervision to be provided at times by educators from disciplines other than that of the student.

Additional challenges encountered during the establishment of the interprofessional student clinic are similar to those previously reported in the interprofessional education literature. The establishment of a mixed-discipline student clinic required communication between six disciplines, a university and health care network and acute and primary care. Each department holds their own unique perspective, management hierarchy and approval processes for new projects or research.

Finally, the recruitment of sufficient patients to an after-hours student clinic, the identification of a suitable location and the establishment of a sustainable source of funding proved to be challenging.

### Arriving at a solution

A working party was established to ensure the pilot study addressed the educational and organisational requirements from all perspectives. This group was made up of representatives from all participating disciplines. In addition to wide consultation, a line of communication between all stakeholders was imperative, so an 'interprofessional learning' all-access staff folder, within the intranet public folders, was created. This folder was continually updated with information and resources created through this project, including: a definition of terms, staff timetable, patient brochure, learning objectives, PowerPoint presentations and the research protocol.

## **Implementation process**

A literature review evaluating interprofessional student-led clinics was undertaken. An audit was conducted of existing clinics within Peninsula Health and their waiting lists. An operational management survey and consumer survey was also undertaken to identify the appropriate focus for a student clinic. Funding models and potential sites for operation were investigated and a clinic model was proposed. An interprofessional working party was established by a mixed-discipline group of educators and ethical approval was sought to investigate a student clinic focussing on the review of older patients after acute hospital admissions. Volunteer final-year students from dietetics, medicine, nursing, physiotherapy, occupational therapy and social work were recruited and patients were recruited from the acute hospital wards. An after-hours student clinic was then established at the Frankston Community Rehabilitation Centre, which ran for two months, two evenings per week. Mixed-discipline student teams completed a semi-structured interview consisting of questions regarding mobility, falls, activities of daily living, toileting, cognition, nutrition, social status and foot care in light of the patients' recent hospital admission. The student teams were required to work together to ascertain the need for further follow-up or specific services. When health issues were identified by the interview, the student teams were responsible for writing a referral to the appropriate service. A summary of findings was also directed to the patient's GP.

## **Outcomes and impacts**

The student clinic proved to be a useful initiative from the perspective of all participants. This pilot study triangulated three complementary elements: a patient group with a wide range of needs, students who needed to practice interview and observation and who had time to make a comprehensive assessment and circumstances in which students and educators across disciplines could learn with and from each other. Importantly, student teams demonstrated the ability to identify and act on care needs in a vulnerable patient population that is well suited to an interprofessional model of care.

## **Limitations and management strategies**

The interprofessional student clinic was established without a precedent for either undergraduate interprofessional education or student clinics within the public health network. At the core of this problem was a lack of understanding about what interprofessional education was, why it was needed and the realisation that the project was not 'owned' by any particular department, yet input from most departments was required. Flexibility in the development stages, education of staff, liaison with all stakeholders and a central storage of all documentation was necessary to ensure an inclusive and transparent process of implementation.

The student consultation was limited to a screening tool to address the clinical governance and legal requirements of a student clinic, which was not the initial vision for this project. Furthermore, the financial sustainability of student clinics remains unresolved as interprofessional outpatient consultations do not fit into regular SACs or MBS funding models.

## **Evaluation**

The student clinic established an additional clinical placement site for eighteen students from across dietetics, medicine, nursing, physiotherapy, occupational therapy and social work. The students typically completed thirty hours of voluntary placement activity over eight evening sessions. A total of twenty-five patients attended the student clinic and a range of referrals were generated by the students to address the health care needs of this group. Student learning outcomes were; the development of a holistic perspective of patient care, knowledge of role, teamwork skills and interprofessional communication skills. Patient perceptions of the consultation, as measured by the 'patient experience questionnaire', indicated that this was a very well received patient-centred intervention, that the student teams provided useful information and education about how to manage their condition and that patients subsequently felt more equipped to manage their health condition.

## **Future directions**

With the support of the Department of Health, Health Workforce Australia, Monash University Peninsula GP Network and Peninsula Health an eighteen-month extension of this work is now underway. The hours of operation in the 2011 pilot were ill-suited to the patient group so the clinic will operate during regular office hours in the 2012 extension. In addition, students will be rotated through the clinic as part of their usual clinical placement experience at Peninsula Health. The impact that the student consultations may or may not have on hospital readmission rates will also be documented in the 2012 study.

The financial sustainability of a student clinic remains unresolved and will be a focus of continued attention during the expansion of this work. Although both SACS and MBS models have the potential to be applied, neither yet supports a category clearly inclusive of mixed-discipline student primary care. Despite the national call to increase interprofessional education to improve collaborative practice (Health Workforce Australia, 2011), the current funding models lag behind the education and clinical literature which remains a threat for the sustainability of future interprofessional primary care initiatives.

## **Further information**

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