

Increasing student clinical placements in primary care organisations within the Eastern CPN

Submitted by:

Whitehorse Community Health Service

In partnership with:

Eastern Clinical Placement Network

Authored by:

Elisa Cassin, Eastern CPN Strategic Project Officer

CEO, Whitehorse Community Health Service Project Lead

20 April 2012

Table of contents

Executive summary	3
Background and context	3
Objectives	4
Project activities and methodology	4
Scope	4
Evaluation of NWMRSPPP2 key components	5
Information gathering	5
Literature searching	6
Questionnaires/surveys	6
Student placement numbers	6
Student clinical placement process model and resource kit	8
Rollout and implementation	9
Project management.....	9
Government arrangements	9
Communication strategy.....	9
Stakeholder engagement and consultation.....	10
Timelines	10
Outcomes and impacts	10
Limitations and management strategies	11
Evaluation	11
Comparative analysis	12
Evaluation of process model and resource kit	13
Key learnings and recommendations	14
Future directions	15
Conclusion	15
References	16

Executive summary

This Eastern Metropolitan Clinical Placement Network (EMCPN) strategic project sought to build the capacity of organisations in the primary health care sector to provide quality clinical placements to meet the needs of the EMCPN. The main area of focus was on improving coordination and planning of student placements in this sector to increase capacity and to ensure and enhance the quality of learning opportunities for students undertaking placements in these settings. This would contribute to the future workforce needs of these sectors by supporting student education in positive learning environments and improve the supply of suitably qualified staff for the future.

Through the engagement of key stakeholders, commitment was obtained from Community Health Services (CHSs) and Divisions of General Practice (including Medicare Local) within the EMCPN to participate in the project. These organisations are committed in providing quality clinical learning experiences that support the educational outcomes of health professional students. Information gathered from these organisations supported the direction of the project and revealed many opportunities for improvements in the coordination of student placements.

The project identified significant variation among the participating organisations with respect to the coordination and management student placements. This project provided an opportunity to develop a more cohesive cross-disciplinary and sustainable approach to student placements by building on successful attributes across each of the organisations.

The development and implementation of a student clinical placement process model together with a complementary resource kit addressed the needs of the participating organisations in relation to improving their existing processes, whilst incorporating recommendations from previous research and aspects of the current statewide clinical placement initiatives. Formal feedback from participating organisations has indicated that not only will coordination and planning of student placements improve, so too will capacity and quality, along with continued involvement in clinical placement initiatives. Organisation (not sector or region-wide) benchmarks have been established, however whilst information from the participating organisations supports the potential to increase student capacity due to the limitations of this project actual capacity increases cannot be evaluated prospectively.

Looking to the future, an EMCPN Primary Care Special Interest Group/Consortium would be responsible for many advocacy and leadership initiatives in the student clinical placement arena. This group could be responsible for addressing the key learnings and recommendations identified from this project and many other initiatives. Preliminary work has commenced in establishing this group.

Background and context

Health services are currently under significant pressure in respect of delivering clinical education to undergraduate and early-graduate trainees across the broad spectrum of health professional disciplines. This situation is likely to worsen due to a range of factors, including workforce shortages, large increases in the numbers of students and early-graduates, more education providers entering the arena, significant variability in course structures and educational models, changing models of patient care and limited funding.

In Victoria, clinical education is predominantly undertaken in acute-based services, which places undue pressure on resources in these organisations. Whilst exposure to acute clinical environments is important for students, these placements are not always representative of the range of settings involved in the delivery of health care today. Non-acute health settings (i.e., primary health care) offer exposure to alternative work models and provide a range of valuable learning opportunities for students in an interdisciplinary environment.

The primary health care sector currently takes a number of students across all disciplines and has the capacity to increase participation in clinical education. These non-acute organisations are committed to providing quality clinical learning experiences that support both the educational outcomes of students and future needs of the health workforce.

The North West Metropolitan Region Student Placement Project – Phase 2 (NWMRSPPP2), demonstrated significant achievements in relation to capacity building measures to improve the internal business processes and structures within participating CHSs and as a result the CHSs are now better placed to achieve positive outcomes for student placements in the North West Region.

The EMCPN identified a strategic need to build on these learnings and adapt and implement the key components of the NWMRSPPP2, along with other recent projects (Expanded Settings for Clinical Placements projects 2010 and Clinical Placements Innovation Project 2007) in the EMCPN. This project sought to strengthen, expand and/or establish clinical placements in primary health care settings within the EMCPN (such as CHSs and Divisions of General Practice) and develop and implement innovative models to support and coordinate student clinical placements in these particular settings.

Objectives

The aim of this project was to build the capacity of organisations in the primary health care sector to provide quality clinical placements, by adapting and implementing relevant key components identified in the NWMRSPPP2 to meet the needs of the EMCPN.

This project sought to:

- Improve coordination and planning of student placements in relevant primary health care settings across the EMCPN and to take additional numbers of students on placement, thereby increasing capacity,
- Ensure and enhance the quality of learning opportunities for students undertaking placements in these particular settings,
- Contribute to the future workforce needs of these sectors by supporting student education in positive learning environments and by improving the supply of suitably qualified staff for the Victorian health workforce; and
- Focus on the provision of quality clinical placements and learning experiences with opportunities for innovative exposure for the entry-level health professional student.

Project activities and methodology

This section provides information relating to the project methodology and the activities that were undertaken throughout the project.

In order to implement the project representation was sought from both primary care organisations and education providers within the EMCPN to form a cross-sector Strategic Project Advisory Group.

The Advisory Group was responsible for reviewing and approving various plans, strategies, models and other project documentation.

Terms of Reference and a Communication Strategy were developed and adopted by the Advisory Group. Advisory Group meetings were scheduled on a regular basis throughout the life of the project.

Scope

The target audience for this project was primary health care organisations within the EMCPN. Primary health care organisations consist of a number of sectors, including but not limited to; aged care, community health, community mental health, alcohol and other drugs, Divisions of General Practice and psychiatric disability support services. In order to ensure successful delivery of the project, the Advisory Group decided on piloting the project in two sectors – CHSs and Divisions of General Practice (and Medicare Locals). This resulted in the following nine organisations involved in the project:

- EACH
- Inner East Community Health Service (IECHS)
- Knox Community Health Service (KCHS)
- Manningham Community Health Service (MCHS)

- Ranges Community Health Service (RCHS)
- Whitehorse Community Health Service (WCHS)
- Eastern Ranges General Practice Association (ERGPA)
- Greater Eastern Primary Health (GEPH)
- Inner East Melbourne Medicare Local (IBMML – previously Melbourne East General Practice Network)

Yarra Valley CHS decided that they would not take part in the project as their student placements were organised by Eastern Health.

MonashLink CHS was not involved in the project as they are not situated within the EMCPN boundary (although they are part of the Eastern Metropolitan Region (EMR)). MonashLink CHS chose to be linked with relevant projects conducted by the Southern CPN.

Inner East CHS whilst not located within the EMCPN boundary expressed an interest to be involved in this project and to also be involved in other EMCPN activities.

Disciplines included in the scope of this project are as follows:

- Alcohol and other drugs
- Counselling
- Dietetics
- Health promotion
- Medicine
- Nursing, including aged care, community health, mental health and practice nursing
- Occupational therapy
- Oral health
- Pharmacy
- Psychology
- Physiotherapy
- Podiatry
- Speech pathology
- Social work
- Evaluation of NWMRSPPP2 key components.

Evaluation of NWMRSPPP2 key components

As previously mentioned, the relevant key components from the NWMRSPPP2 were to be adapted and implemented to meet the specific needs of the EMCPN. Of the seven key components detailed in the NWMRSPPP2 report¹, four were considered to be relevant to this EMCPN strategic project and three were considered out of scope. Of the three considered to be out of scope, one was adapted to be made more relevant to this EMCPN strategic project.

The evaluation of these key components further supported the activities proposed in the approved project plan.

Information gathering

For the purpose of this project, information was gathered from a search of relevant literature and from a questionnaire, which was developed and distributed to the nine participating organisations. The aim of the questionnaire was to identify systems and processes currently used by the participating organisations to coordinate and manage student clinical placements and to establish areas for further improvement. Additional information was sought from each of the participating organisations in relation to actual student placement numbers, as opposed to capacity.

¹ North West Metropolitan Region Student Placement Project Phase 2 Final Report, November 2010

Literature searching

In order to both scope out the project plan and create a process model and associated resource kit, that could be implemented across the participating organisations it was important to ascertain and understand the vast amount of work which had already been conducted in the field of student clinical placements and identify the key learnings and recommendations from these.

One project activity was to identify actual and potential barriers to increasing student placements.

Information documented in a DHS report² articulates the barriers that exist with current arrangements of coordination and management of placements and provides useful information for agencies to consider when participating in student placement activities. Verification of these existing barriers was necessary in order to develop an effective process model and the processes to facilitate/improve the coordination and management of quality student placements in primary care organisations.

Questionnaires/surveys

Two questionnaires were designed (and approved by the Advisory Group) in order to gather information from each of the participating organisations.

The first questionnaire was developed specifically for the Chief Executive Officers (CEOs) of each participating organisation and focused on gaining information in relation to future workforce planning and student clinical placements in general.

The second questionnaire examined internal processes around planning and coordination of student placements and was aimed at the placement coordinator level within each participating organisation. The questionnaire consisted of a total of fifty questions mostly requiring 'yes or no' responses with some requiring an explanation or comment.

During development of the aforementioned questionnaires, information was also sought in relation to the development and implementation of the Statewide CPN Profiling Project in order to avoid duplication of information to be collected from the organisations. Barriers to student clinical placements was not a focus of the questionnaire as this information had been previously well-researched and documented.

Information gathered from the two questionnaires clearly supported the planned activities within the project plan. In particular, the need for improved coordination and planning of student clinical placements and the need for resource tools such as, relevant policies, templates and forms to assist with the process of planning through to completion of a student clinical placement. It was noted that all participating organisations managed their placements primarily in an ad hoc reactive way. There was no identified form of proactive planning across any of the organisations.

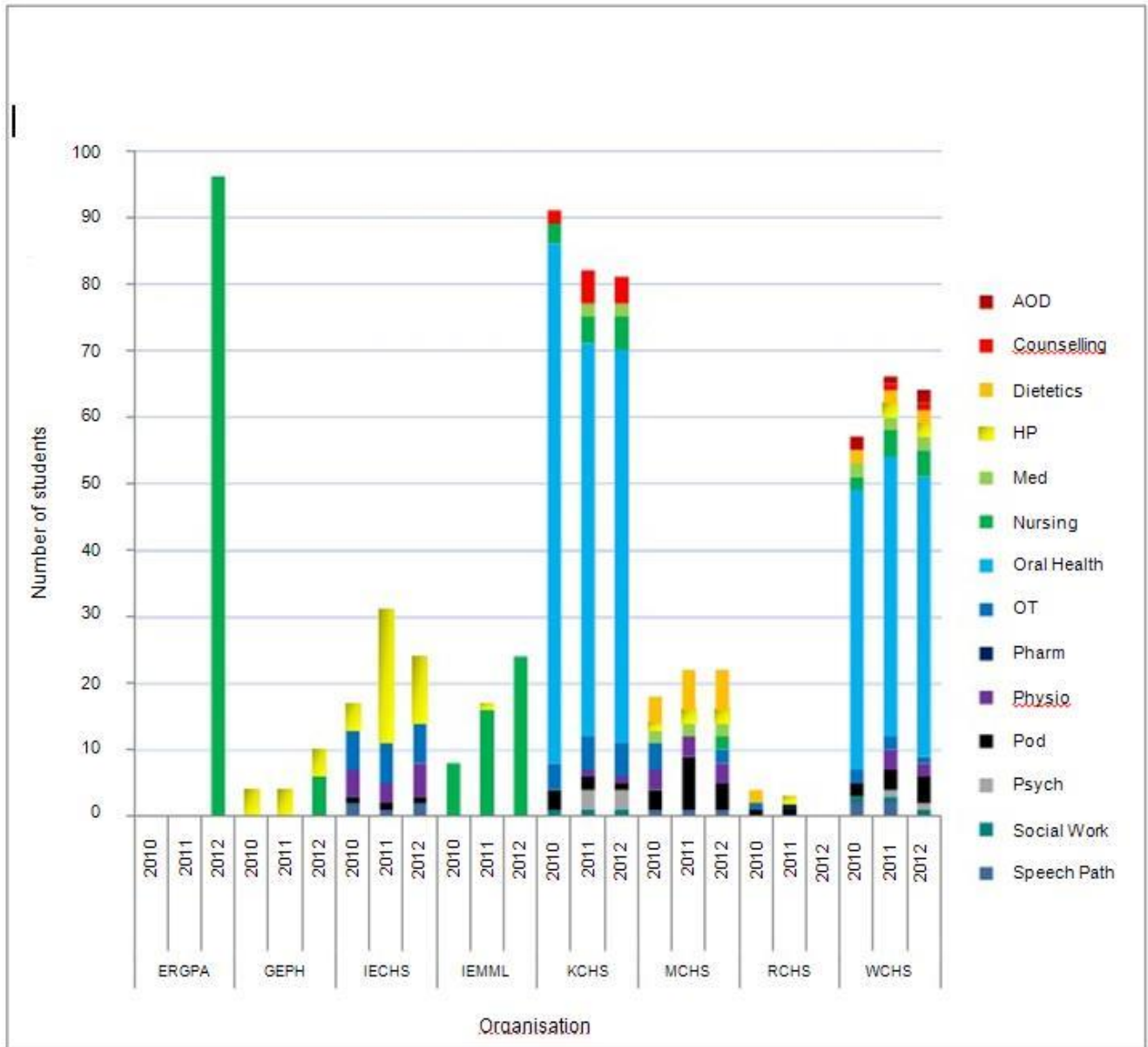
Further, the findings from the second questionnaire formed a baseline in regard to the state of preparedness for student clinical placements for each participating organisation, which was used as part of the project evaluation to determine the effectiveness and usefulness of both the process model and resource kit.

Student placement numbers

Information was requested from each participating organisation in regard to their current student placement numbers and plans for the upcoming academic year. Figure 1 displays the total number of students (across all disciplines) for eight of the nine organisations in 2010 and 2011 and the total student clinical placements planned throughout 2012. As previously mentioned students were placed across all relevant disciplines. It is important to note that there was some difficulty for some participating organisations to provide relevant placement data due in part, to inadequate record keeping in relation to student clinical placements.

² Department of Human Services (DHS), 2007 publication Clinical Placement Innovation Projects Report pages 7–8

Figure 1: Number of student placements (2010–12) by organisation

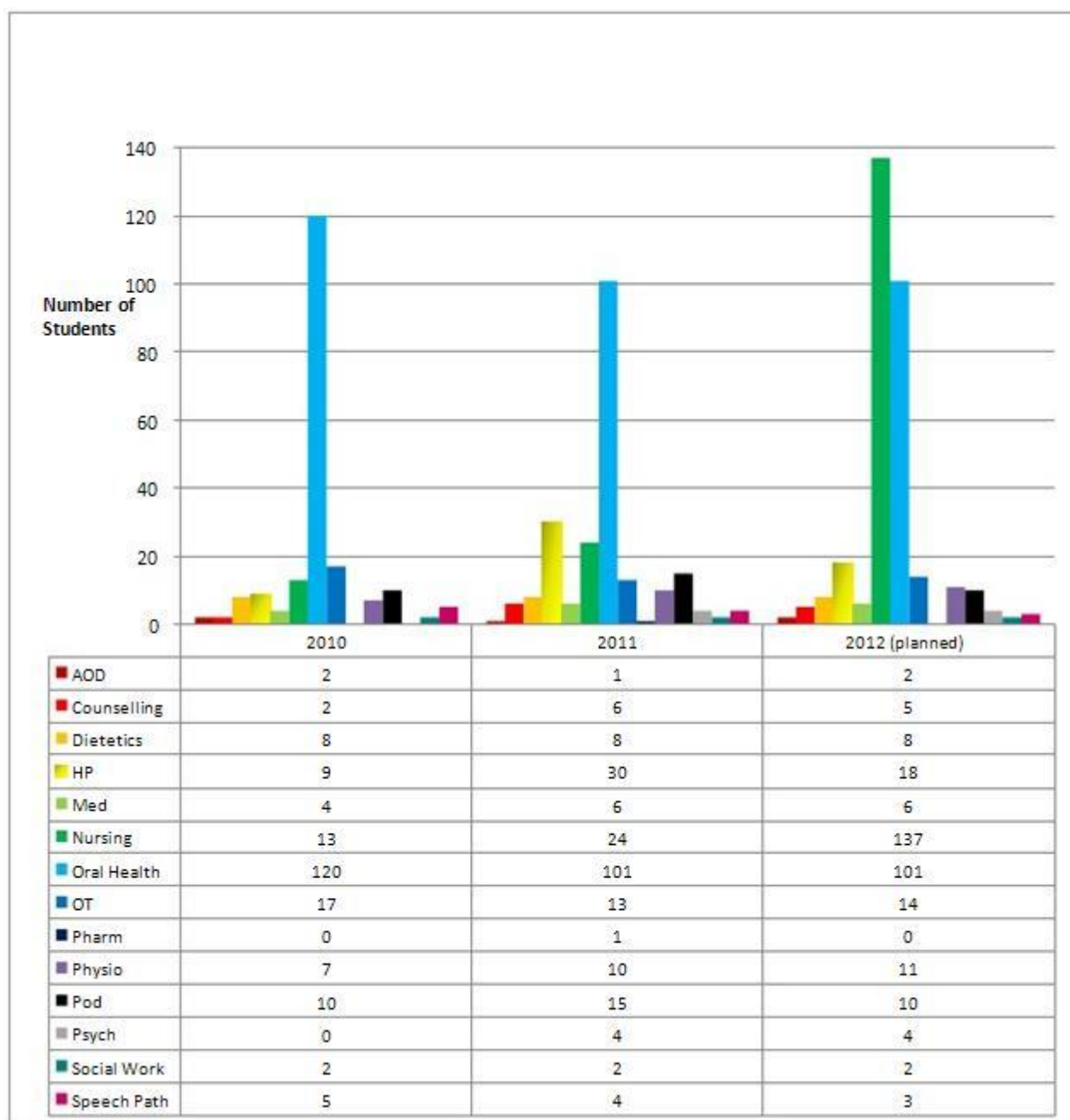


Please note: No student placement data was available for EACH (although students are placed across the organisation). Additionally, ERGPA did not have any student data available for 2010 and 2011. Traditionally, ERGPA have only been involved in placing mental health nursing students. However, in 2012 ERGPA agreed to also place nursing students (undertaking a new course at Monash University’s Berwick campus) within the general practice environment. At the time of collection of this information, RCHS had not yet discussed their intake for 2012.

Both KCHS and WCHS have an extensive student clinical placement program with the University of Melbourne’s Dental School. Hence, this explains why student numbers are greater than the other participating organisations.

This information can also be examined from a different perspective. On the following page, Figure 2 displays the total number of student placements by discipline across the eight organisations from 2010 to 2012.

Figure 2: Number of student placements (2010–2012) by discipline across pilot organisation



Student clinical placement process model and resource kit

A student clinical placement process model was developed based on all the information and recommendations gathered during the project. The process model was reviewed and endorsed by the project advisory group and consists of two pages. The first page identifies the crucial planning steps in the process of coordination and management of quality student clinical placements (i.e., planning, requests, confirmation and placement) and includes the strategies and considerations and the responsibilities of all key stakeholders (i.e., clinical placement providers, education providers and students). The second page provides further detail in relation to the three main phases of process and provides structure, direction, clear timelines and responsibilities. The model also promotes proactive planning, rather than an ad hoc reactive approach and incorporates the resource tools and statewide clinical placement planning activities. The resource tools were developed to assist clinical placement providers with process implementation and provided opportunities to improve placement quality (through improved organisation and planning, policies and procedures, clear expectations, tracking of students and orientation tools).

The resource tools were developed to accompany and complement the student placement process model. The information gathered from participating organisations revealed significant gaps with respect to procedures and tools. During stakeholder consultations, much support was provided by organisations in sharing tools and resources. Many of the templates in the resource kit were a combination of tools provided by several organisations. Their contributions have been acknowledged. The resource kit list of documents was also endorsed by the project advisory group.

Rollout and implementation

The student clinical placement process model and resource kit were individually presented to each organisation participating in the project. Each organisation was provided with an implementation plan which provided guidance on identifying gaps in the organisation's processes (compared to the newly created process model) and opportunities to address these gaps and implement changes within an agreeable timeframe. The completed implementation plans were then monitored for their progress on relevant activities.

It should be noted that despite wide variation across the organisations with respect to placement coordination and management, all organisations identified gaps in their processes and prioritised strategies to implement changes within their organisations. All organisations timelines for completion of their activities extended beyond the timelines of this project. However, activities relating to priority areas had been addressed by the completion of this project.

Project management

Government arrangements

A Strategic Project Advisory Group was established as a representative group from key primary care organisations within the EMCPN. Members were identified as key organisational representatives to support the development, trialling, implementation and evaluation initiatives for the project. Members also provided advice, leadership and strategic direction aimed at enhancing the quality and capacity of clinical placements across the defined health disciplines and sectors within the EMCPN. Membership of the Advisory Group represented the following sectors and organisations:

- Eastern CPN Project Manager
- CHSs: WCHS, Project Lead and IECHS
- Community mental health – EACH
- Division of General Practice – Melbourne East GP Network (of which became the IEMML during the project)
- Aged care – Benetas
- Higher education sector – La Trobe University
- Department of Health (EMR).

The Advisory Group met seven times between June 2011 and May 2012.

Monthly project status updates were also provided to the EMCPN Executive Committee throughout the project.

Communication strategy

Enabling key stakeholders to be active participants in the establishment of this project, in conjunction with timely communications was vitally important to the success of this project. Successful implementation of an improved student clinical placement process required well-targeted communications to ensure that project objectives could be met and that all stakeholders were informed and prepared for active participation in the project.

A communication plan was developed and endorsed by the project advisory group. Requests for input and information from the stakeholders were effective as can be shown by the engagement and commitment from all stakeholders and the response rate from the questionnaires and online survey.

The key stakeholders and target audience identified in the communication plan were; the EMCPN Executive Committee, the Strategic Project Advisory Group, the Department of Health, the relevant clinical placement providers and education providers.

Stakeholder engagement and consultation

The success of the project was dependent on successful engagement and consultation with key stakeholders from the nine participating organisations.

The project objectives and summary plan was presented to the EMR CHS Chief Executive Officers (CEOs) meeting on 8 July 2011. The purpose of this was to provide the CEOs with a brief summary of the project and to request commitment from the CEOs to provide support from their organisations with respect project initiatives and activities. This step was considered vital in obtaining both engagement and commitment from each organisation to be involved in the project. Each CEO completed a small questionnaire.

Further consultation with key stakeholders was also undertaken by visiting each of the nine participating organisations and meeting with people directly involved in the planning and coordination of student placements. These consultations were vital in gaining an understanding of student placements across both sectors of CHS and Divisions of General Practice. Discussions around internal processes, human resources and barriers to taking students were touched on. These consultations formed strong relationships with the stakeholders and assisted in their ongoing engagement in both the project and the CPNs in general.

In November 2011, a twilight seminar was held for all EMCPN stakeholders and was well-attended. The main purpose of the forum was to provide stakeholders with an update on both the statewide projects and the two EMCPN strategic projects, in addition to information on further CPN funding opportunities from the Department of Health.

Timelines

All project activities were conducted and completed according to the timelines in the project plan.

Outcomes and impacts

Details of the project outcomes and their impacts have been documented in an evaluation plan. This plan was approved by the project advisory group. The template used was obtained from the South Australian Community Health Research Unit.³

The plan evaluated both the process used to achieve the individual activities, and the impact/outcome for each of the ten objectives defined in the project proposal. The strategies/activities detailed in the evaluation plan are the objectives listed in the project plan.

The following summarises the outcomes of the project:

- A Cross-Sector Advisory Group was established. Involvement in the EMCPN Advisory Group raised sector representatives' awareness of and exposure to CPN activities. Cross sector representation ensured sector specific concerns were discussed and considered.
- A Communication Strategy was developed. Key stakeholders were well-informed about the EMCPN strategic project and responded to requests in a timely manner.
- The relevant key components of the NWMRSPPP2 were identified and adapted. Most of the key components were applicable and complemented the EMCPN strategic project plan.
- Available student placement information revealed wide variation amongst EMCPN primary care organisations. Therefore, only individual organisation benchmarks were possible, not sector or region wide benchmarks. The available information supports overall capacity increase potential among EMCPN participating organisations. However, a capacity increase cannot be evaluated prospectively.

³ South Australian Community Health Research Unit (SACHRU), Flinders University, Planning and Evaluation Wizard, website <http://www.flinders.edu.au/medicine/sites/sachru/tools/>

- A student clinical placement process model and suite of resources was developed and implemented in the participating organisations. The model and resources met the stakeholders' needs by providing a more coordinated, cohesive, cross-disciplinary and sustainable approach to clinical placements within and across those EMCPN pilot organisations.
- Involvement in the project has provided the potential for the pilot organisations to build a more sustainable health workforce within the primary health care sector by promoting and supporting student placements. Use of the model and resources has the potential to increase student placements offered across the EMCPN in environments that offer positive learning experiences linked to best practice.
- Additionally, ongoing engagement and involvement in statewide CPN activities has the potential to both increase student placements offered in the EMCPN and also improvements in placement quality.
- Clinical supervisors across primary health care organisations in the EMCPN have been provided with opportunities to undertake an accredited clinical supervision support program which assisted health professionals in developing/enhancing their core skills, attributes and confidence to undertake the role of clinical supervisors in primary health care settings.

Limitations and management strategies

The project plan required information from both the CPN Profiling and the Best Practice Clinical Learning Environment (BPCLE) projects. Information regarding student capacity was anticipated to be available from the CPN Profiling project. However, the specific information required for this project was not captured which led to a separate information gathering exercise on student numbers.

The BPCLE project was also producing resource tools during this project. However, information regarding the type and availability of the resources was limited. Additionally, the resources were required to complement the process model being developed. For these reasons, a separate resource kit was generated for the purpose of this EMCPN Strategic Project. All organisations involved in the pilot were informed of the BPCLE resources when they became available and were encouraged to consider their content and information when updating their own procedures and tools.

There were no other significant issues encountered during the project that impacted either the timelines or the budget.

Evaluation

The following information was gathered during the project from the pilot organisations;

- Student placement coordination and management processes and tools (prior to availability of the model and suite of resources),
- Student placement numbers,
- Evaluation of the process model and resource kit; and
- An implementation plan to address organisational gaps in the student placement process.

This information has enabled a comparative analysis to be conducted amongst the participating organisations which shows each organisation's state of preparedness for student placements both before and after the availability of the process model and resource booklet.

Additionally, key stakeholders within the participating organisations were invited to complete an online survey in order to ascertain feedback from each organisation in relation to the implementation of the student clinical placement process model and resource kit.

Comparative analysis

Item	Project start	Project end
Student placement policies and procedures	<ul style="list-style-type: none"> All six CHS had these, but noted that they were broad/general and required updating. None of the Divisions of GP (including the Medicare Local) stated that they had any student placement policy/procedures. 	<ul style="list-style-type: none"> All organisations were provided with a template student placement policy and procedure which provided clear process flows, responsibilities and timeframes. Numerous resources were also provided to complement the procedure. As part of the implementation plans, all organisations worked to update their procedures to be in-line with the model which would ensure a consistent procedure across these sectors within the EMCPN. The coordination and management of student clinical placements within the participating organisations will be consistent.
Planning of student placements	<p>None of the participating organisations plan proactively for placements. All organisations only consider student placements when approached by education providers, which occurs either late in the academic year for the following year, or only a couple of months prior to a placement. This is a reactive approach and does not consider capacity planning in a proactive manner. Additionally, these timelines do not coincide with statewide clinical placement planning activities.</p>	<ul style="list-style-type: none"> All organisations were provided with the student clinical placement process model (which was also incorporated into the template student placement procedure), the first phase being the planning phase. This promotes proactive planning and includes preferred timelines to coincide with statewide clinical placement planning activities. In addition to a clear stepped-out process, planning tools were also provided with the resource kit to assist with planning. This process model encourages proactive planning for capacity, which is very different to what was being done, and will therefore require a change in organisational planning. As part of the implementation plans, all organisations adopted the planning tools provided in the resource booklet which will assist in capacity planning for student placements. Planning of student placements within the participating organisations will be consistent and occur prior to statewide clinical placement planning activities.
Contracts and agreements	<p>Four of the nine organisations stated that they have some form of formal agreement in place with education provider(s).</p>	<p>All organisations were provided with both Memorandum of Understanding (MOU) and Student Placement Agreement templates. In addition, a simple one-page Terms and Conditions template was also provided in the resource kit, which all organisations agreed looked easier to use and clearer. As the statewide clinical placement planning activities progress and expand to include other health disciplines, education providers and placement providers, this Terms and Conditions document is a minimum requirement for placement providers to have available in relation to negotiating student placements and will need to be provided to education providers as part of the placement coordination process.</p>
Pre-placement preparation	<p>Seven of the nine organisations send students some form of information prior to their commencement, which is preferred.</p>	<ul style="list-style-type: none"> All organisations have been provided with a template letter to send their students (in-line with the new process model and procedure). The letter captures who will be their supervisor, where to go on their first day and what to bring with them. It also requests the student to complete a Student Registration Form and to read accompanying material (Orientation Manual and Code of Conduct). A Student Registration Form template was also provided which will assist in the organisation, preparation and planning of student placements. A calendar tool was also provided which is particularly useful from a Human Resources perspective. This tool

		enables HR to see when students placements are scheduled which in turn will assist with organising orientation and security access. It is a health and safety requirement for HR to know who is on site.
Student placement register	Only four of the nine organisations have a formal register of student placements. This was one of the main problems associated with the information gathering stage of this project.	All organisations have a Student Placement Register to capture summary information from all student placements including placement details, education provider, course details, year of study and whether the placement was attended and completed by the student. This will assist with future information gathering initiatives.
Student orientation	<ul style="list-style-type: none"> Although three of the nine organisations stated that they do not have dedicated student orientation procedures (either general student orientation or discipline specific orientation), all stated that orientation is conducted for students. Five of the nine organisations do not currently have student supervision included in clinician position descriptions. 	Templates were provided for Student Orientation Procedures (general and discipline specific), an orientation manual and an orientation checklist. These provide a consistent approach to orientation both within and across the organisations.
Staff	<ul style="list-style-type: none"> Three of the nine organisations stated that they do not have sufficient numbers of staff suitably trained in student supervision. 	<ul style="list-style-type: none"> All organisations noted in their implementation plans that a review of position descriptions would be conducted and updated as required. However, all noted that this was of a lower priority and would be scheduled within the organisation at a more appropriate time outside of this project. This EMCPN strategic project had a link to another EMCPN strategic project, which piloted a clinical supervision support program namely, 'Teaching on the Run' which aims to provide current and future clinical supervisors with professional development in the area of clinical supervision. A total of twenty-six people from the nine participating organisations attended this program.

Evaluation of process model and resource kit

Following the rollout and presentation of the student clinical placement process model and resource kit to all participating organisations, a nine-question online survey was distributed to the nine organisations to complete. The focus of the survey was to obtain feedback on the process model and resource kit.

The results from the survey were very positive. Eight of the nine organisations completed the survey. Of those eight organisations:

- 100% stated that the student clinical placement process model met their expectations;
- 100% stated that the resource kit met their expectations;
- 100% found that both the student clinical placement process model and resource kit were easy to follow and understand;
- 100% stated that the student clinical placement process model was either easy or very easy to adapt to their organisation;
- 100% stated that they would be using/adapting either some or most of the resource kit templates;
- Prior to their involvement in this project, only 37.5% of organisations rated their coordination of student placements as good. Another 37.5% rated their coordination as fair while 25% rated their coordination of student placements as poor.

When asked “What do you believe will be the impact on your organisation after implementation and updating of your existing process to align with the process model and resources?” the responses were very positive:

- 87.5% selected ‘Improved coordination and management of student placements’;
- 50% selected ‘Improved placement quality’;
- 62.5% selected ‘Increased number of placements offered by your organisation in 2012/2013’; and
- Only 12.5% (one organisation) selected ‘No change in either quality or capacity’.
- 87.5% of organisations stated that their involvement in this project increased their awareness of and involvement in, statewide clinical placement network initiatives.

Further to this survey, very positive verbal and written feedback has also been provided. One participating organisation in particular had adapted and implemented many of the templates (and the process model) in preparation for their first placement of the year. Feedback was received from both clinicians and student commenting on the excellent organisation and planning involved leading to a well-prepared team and a well-orientated student who commented on the preparedness of the organisation and the excellent learning opportunities experienced during the placement. An additional comment received from the student was their interest in returning to the organisation in the future.

Key learnings and recommendations

The following is a list of key learnings and recommendations identified from this project:

- The need for the participating organisations to move forward from a state of readiness to proactive student clinical placement planning and an increased capacity where applicable/appropriate.
- The need for a sector-based student placement coordination approach.
- Contingency planning by placement providers with respect to staff shortages. Three out of the nine participating organisations stated that student placements had been cancelled due to last minute staff shortages. This illustrates a need for contingency planning with respect to cover for staff shortages. This would greatly assist education providers in relation to longer term placement planning and commitments from placement providers.
- Exploring innovative ways to expand capacity and increase quality of student placements. Examples include sharing placements among organisations and investigating different treatment/supervision models including student-led clinics and interprofessional learning opportunities.
- Establishment of an EMCPN Consortium/Special Interest Group, which may address some project recommendations. At the time of this report, a strategic planning workshop had been held. A report from the workshop detailing the findings, recommendations and next steps is available.
- Establishment of a transparent and equitable fee structure for placement providers in the primary health care sector. All organisations involved in this project commented on the lack of funding available for placing students, particularly so in allied health disciplines. Primary health care organisations offer exposure to alternative work models and provide a range of valuable learning opportunities for students in an interdisciplinary environment, and as such, should be eligible to receive funding for providing clinical education of health professional students.
- Improved visibility of placement blocks by education providers which are published on their websites. This assists placement providers in capacity planning.
- Better coordination of placement blocks by education providers. Many placement blocks within disciplines across universities overlap, resulting in limited availability of placement providers.
- Re-evaluation of placement duration by education providers. Some placements are of a short duration. These require the same amount of preparation as longer placements and are seen as having a large impost on both the supervisor and the organisation.
- Development of a central repository of information relating to work conducted in student placements. Many organisations are unaware of what initiatives have been trialled and what the outcomes were, as reports are often not written or provided to a central body. This would avoid duplication of effort and enhance knowledge sharing among organisations.

Future directions

An EMCPN Student Placement Consortium/Special Interest Group was being investigated at the time of this report. A strategic planning workshop which was facilitated by Darcy Associates was held on 28 March 2012. The workshop was attended by sixteen participants who represented nine organisations plus members from the EMCPN. This workshop was conducted to scope the mission and vision of this group together with development of goals and objectives and strategies to achieve the objectives.

A report detailing the outcomes of this workshop was disseminated to the workshop attendees. The report documents the discussions held on defining the mission and the characteristics of the Special Interest Group that define its vision. The proposed scope was also discussed with respect to which primary care sectors/settings should be included. Objectives and strategies were documented before finally discussing the next steps required to further progress the establishment of the Special Interest Group.

The Special Interest Group was identified as being a community-based primary care sector focus that has a number of unique aspects of 'primary care' compared to other sectors within the CPN. The roles of the group were identified as advocacy and leadership; providing a centralised mechanism for management, organisation and coordination of high-quality clinical placements; drive the development of identity and shared purpose across the sector and to provide local practical support for a range of initiatives, including development of innovative approaches that address capacity, quality and sustainability issues.

IEMML will be the auspicing body of the Special Interest Group and work is progressing in the establishment of the group.

Conclusion

Primary health care organisations offer health professional students exposure to alternative work models and provide a range of valuable learning opportunities in interdisciplinary environments. These organisations are currently under-utilised for clinical education and have the capacity to increase their participation in this area, which will in turn assist in addressing the future workforce needs of this sector.

This project set out to build the capacity of primary health care organisations to provide quality clinical placements by improving coordination and planning of student placements. Through collaboration with key stakeholders, a new process model and resource kit was developed and implemented. These resources directly addressed coordination and planning of student placements and provided a consistent approach for each organisation.

Additionally, this project demonstrated the commitment of primary health care organisations, namely CHSs and Divisions of General Practice, in providing quality clinical learning experiences that support the educational outcomes of health professional students.

Through this work, the organisations involved are now better prepared for the coordination and management of student clinical placements. Furthermore, each participating organisation has been provided with a variety of resource tools which will support clinical placement planning and provide a platform from which to provide quality student clinical placements within their organisations. Formal feedback from the primary health care organisations identify that the project has improved coordination and management of student placements, improved placement quality and will increase the number of placements offered in future years. Furthermore, this project has increased their awareness of and involvement in, statewide clinical placement network initiatives.

An EMCPN Primary Care Special Interest Group has the potential to further enhance the capabilities of student clinical placements in the region. This group will provide advocacy and leadership and will seek to address the skills of the future health professional workforce and the funding inequities currently experienced with clinical education in the primary health care environment.

References

North West Metropolitan Region Student Placement Project Phase 2 Final Report, November 2010

Department of Human Services (DHS), 2007 publication Clinical Placement Innovation Projects Report, pages 7-8

South Australian Community Health Research Unit (SACHRU), Flinders University, Planning and Evaluation Wizard, website <http://www.flinders.edu.au/medicine/sites/sachru/tools/>