Increasing student exposure to the aged care service system

Project summary

The primary objective of the project was to trial a generic clinical placement program that provided student exposure to the continuum of care opportunities and services in the aged care service system. The pilot sought to increase capacity for student placement by engaging agencies not traditionally included in student clinical education and to determine the feasibility and efficacy of an innovative placement in the aged care setting. It also sought to determine the student learning outcomes and perceptions of the value of the innovative aged care education placement.

Drivers and challenges

The Mornington Peninsula CPN catchment is one of the highest demand areas for aged care services in Victoria (Sweeney, 2012). It has the third largest veteran population and has an aged care service system that is extensive, complex and well supported. Aged care is not typically a preferred practice placement for students of any health profession and aged care has traditionally suffered from an image issue, negatively impacting on longer-term recruitment. Furthermore, clinical placement in aged care typically focuses on only one part of the aged care service system (e.g., acute care or rehabilitation or high-level care). Students are not routinely exposed to the continuum of care opportunities or services available to support the aging population in the community. These issues formed the primary drivers for the project.

This pilot is Phase 2 of a two-phase project. Phase 1, reported in February 2012, delivered a review of literature, providing the foundation for a clinical education aged care placement that involved exposure to a variety of services. It also undertook a survey of local aged care providers and identified agencies that might be considered for clinical placement. The literature review by Jolly, Sutton and Workman (2012) confirmed that for education to be effective, the learner needs to be an active participant. The review highlighted the positive impact of effective interprofessional practice on the quality of patient care but also noted that interprofessional experiences could be 'difficult' unless the learner had a clear sense of their own professional identity. The report recommended students should be cognisant of active and healthy aging and that a placement that focussed on ill and bed ridden institutionalised patients was not reflective of the total aging population. Studies of targeted aged care placements suggest that the learner needed to be able to contextualise the experience, build on previous knowledge and the learning had to be in an appropriate environment. The pilot was designed to provide students with an organised, structured and stimulating exposure to the continuum of care that supports older people and maximises an aging persons' capacity to remain an active participant in the community.

Strategic priorities for the project were to:

- Create a generic interprofessional clinical placement model
- Utilise services with a community-based focus, not commonly offered for clinical placement
- Engage students with a positive model of aging
- Improve students' knowledge of aged care management that optimises quality of life of older people
- Create student interest in aged care employment through positive experiences
- Identify opportunities for clinical placements in the aged care sector.

The challenges for the project were to assemble targeted aged care objectives, content and competencies that would have relevance and 'value-add' to the practice of all disciplines. It was also important that the content had enough attraction to recruit volunteer students and that the time required was appropriate for student volunteers. An additional challenge for the pilot was the three-month period to design the project, obtain ethical approval, seek out volunteers and complete the placement in a fully timetabled clinical year.

Arriving at a solution

A five-day experiential programme was planned and built as interlinked modules, around a continuum of services that may be commonly encountered in an older person's interaction with aged care services. The modular structure would facilitate evaluation of content but also allow selection of discreet components or the entire programme in the future. The short duration acknowledges the existing requirements of discipline-specific work integrated learning placements and the reality that any outcome from the project would need to easily fit within these requirements.

Discharge planning plays a pivotal role in client management and as it involves the entire interprofessional team, was nominated as the starting point for learning. Curriculum design catered for the need to expand the current knowledge of students to be effective but also acknowledged that students from various disciplines would bring different knowledge. It was important to ensure all participants had a starting point of adequate knowledge to equally engage with the teaching and learning activities that were planned. Student diversity was utilised as strength of the programme and interprofessional activity was designed to enhance learning from each other and other health professionals, to develop students' working knowledge of the aged care team. A conscious decision was made to engage with services underpinned by interdisciplinary activity to achieve effective aged care service delivery, so that students were exposed to this positive modelling. To maximise the potential of the placement model, it was also vital that the services or agencies to be approached had staff that were committed to their role in aged care and who were committed to an education role.

Implementation process

Aged care agencies in the Peninsula Region were invited to participate in the project. Meetings followed to determine appropriate engagement for each service and to identify learning opportunities and ideas that each agency thought would be valuable. Ten learning modules were then designed, based on the services available; these were then reviewed by each agency in collaboration with the project manager. Learning objectives were developed to ensure constructive alignment of the teaching and learning activities. Ethics approval for the project was obtained through Monash University.

Volunteer students from final year medicine, nursing, physiotherapy, occupational therapy, nutrition/dietetics and social work were targeted for recruitment. Six student volunteers were recruited: medicine (two), social work (two), physiotherapy (one) and nutrition/dietetics (one).

Modules delivered included the Transitional Care Program (TCP), Mt Eliza Aged Care Assessment Service (MEACAS), Frankston City Council Home and Community Care services, Brotherhood of St Laurence Frankston (HACC), Village Baxter (multi-tiered residential accommodation), Agestrong (Community Exercise Class) and the interprofessional student clinic (Peninsula Health). Students interacted in groups, peer-assisted learning pairs and individually under supervision. Pre and post-surveys were designed to assess students' perceptions of their knowledge of aged care services, the role of various disciplines, interest in working in aged

care and their assessment of the value of the week. A focus group was also run at the completion of the project to elicit qualitative feedback of the educational experience.

Outcomes and impacts

The pilot project design is innovative in creating a generic clinical model in aged care that is valued by students from a range of disciplines. It identified there is untapped capacity and valuable learning opportunities in areas of community-based aged care services. Short patient interactions, supplemented with active learning tasks and facilitated reflection, can provide students with additional and valued knowledge and insight to the range of services available to support older people and their health care needs. Students valued the physical engagement with the services and their activities, as opposed to just names in a lecture and reported both an increased knowledge of the breadth of services available and a positive attitude to aging.

Limitations and management strategies

The small number of participants, together with only four disciplines being represented, is the major limitation of the project. The short development time, and when the pilot was delivered (school holidays) may also have impacted on the availability of other learning opportunities that could further improve the programme in the future. Engagement with students could also have been a challenge. However, the project team had extensive experience in clinical education and health service provision, and used this to target learning objectives in each of the work integrated learning areas to optimise learning opportunities. The enthusiasm and dedication of the staff from all the involved agencies is noted with appreciation as it minimised the potential for disengagement of students to occur.

Evaluation

Students

- Found the interprofessional activity (supervisor and student) extremely valuable and endorsed the value of the activities for incorporation as a regular component of undergraduate clinical education;
- Valued being able to observe aged care agencies in action and learning about what the service actually did;
- Improved their knowledge on how an aging population can be supported to maintain independent living in the community and remain socially connected;
- Improved their ability to refer to services within and outside their own profession;
- Reported an increased interest in seeking employment in the aged care sector.

Future directions

To consolidate the findings of this pilot study an expansion of this clinical model is indicated. To enable this project with a larger sample, a greater breadth of professions and an extended lead time to integrate into regular clinical placements would be recommended. The emphatic student support of interprofessional activities and their support for the benefit of first hand interaction with services, calls for education providers to consider how this model or independent modules can be incorporated into core curriculum.

Further information

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References

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