

Increasing student exposure to the aged care service system

Submitted by:

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Executive summary

The primary objective of this project was to trial an innovative generic clinical placement program that provided student exposure to the continuum of care opportunities and services in the aged care service system. The context of aged care was identified for the project by the Mornington Peninsula Region as it has high demand on aged care services and continues to be challenged in staff recruitment. It is also difficult to create student interest in placements in aged care services and to attract graduate employment in the sector. Phase 1 of the project was a literature review and survey of agencies, which has previously been reported. Phase 2 was development of a model and its pilot.

In addition to acknowledging the recommendations from Phase 1, the research team utilised extensive clinical education experience in developing the pilot. Three assumptions guided the project design. The first, any program design had to be flexible and relatively short in total time. To be considered by education providers in the future, the educational design needed to allow for competing accreditation requirements of various disciplines and not be too time consuming. Secondly, content had to be new and relevant to students, be engaging, and be relevant to service delivery knowledge and skills they would value and use as a professional. Thirdly, the community-based agencies/services to be utilised were not to be commonly engaged in work-integrated placements for most professions.

A mixed-methods research project was chosen. The educational structure was modularised and was delivered across a five-day period. Content was deliberately iterative and sequential, aligned to a typical encounter of an older person with aged care services following discharge from a tertiary setting. Each module had specific learning objectives. The educational emphasis was on community delivered services with which many disciplines would interact. Students were engaged in work integrated learning with a discipline other than their own on most occasions. Six volunteer final-year students participated in the project from four disciplines: medicine, nutrition/dietetics, physiotherapy and social work.

As evidenced by pre and post-survey evaluation and a post-intervention focus group, participants were unanimous in acknowledging the value of the interprofessional learning from both student and supervisor interactions. Seeing and engaging with what a service did provided knowledge for effective referral and a greater understanding of what community-based services provide. Engagement with active older people during the pilot encouraged reflection by students and a change in some pre-conceived ideas of aging being limited to 'growing old in a chair'.

In an era of growing community-based services for the aging population, it is vital that work integrated learning prepares graduates for providing optimum management and advice to older people. Work integrated learning should create opportunities for students to engage with aged care services commonly involved in the care of older people, to interact with different professions and to recognise there are positive experiences in aging. This pilot suggests there are untapped, rich placement opportunities in community-based aged care services. It has demonstrated that an effective generic model in aged care, based on interprofessional activities, can be implemented and that students can enjoy and value the learning opportunity in aged care. The outcomes of this small pilot suggest, given adequate lead-time for planning, placement capacity for a spectrum of disciplines could be increased through utilising a generic community-based aged care model.

Background and context

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 and retention. With a larger than average percentage of older people, the Mornington Peninsula CPN catchment is one of the highest demand areas for aged care services in the state (Sweeney, 2012). It has the third largest veteran population and has an aged care service system that is extensive, complex and well supported.

This pilot was Phase 2 of a two-part project. Phase 1, reported in February 2012, delivered a review of the literature, providing the foundation for a clinical education placement involving exposure to a variety of aged care services. It also undertook a survey of local aged care providers and identified agencies that might be considered for undergraduate clinical placement. Phase 2 provided students with work integrated learning in a structured exposure to the continuum of care that supports older people, and that maximises their capacity to remain active participants of the community.

Objectives

The objectives of Phase 2 were 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 of an innovative placement in the aged care setting. It aimed to determine student learning outcomes and perceptions of the value of experiences following participation in an innovative aged care placement.

Project activities and methodology

Study design

- Mixed-methods research.

Sample size

A target of six to eight students was set due to the short lead-time on the project and limited access to students during the previously scheduled clinical placements semester.

Inclusion and exclusion criteria

Students

Any final year student from the disciplines of medicine, nursing, nutrition and dietetics, occupational therapy, physiotherapy and social work at Monash University was eligible.

Placement

Any health service or agency in the Mornington Peninsula Region engaged in community-based services, or transitioning clients into the community was eligible. Any activity facilitating physical activity in older persons or social connectivity was eligible. Any tertiary hospital or dedicated high-level aged care facility was excluded.

Ethics

Ethics approval was obtained from Monash University (CF12/2217 – 2012001186). In addition, approval was obtained from the MBBS Executive and Head of Nursing respectively for permission for their students to be approached in relation to the research project.

Subject recruitment

Clinical coordinators from the disciplines of medicine, nursing, nutrition and dietetics, occupational therapy, physiotherapy and social work were requested to email an invitation to final-year students to participate in the interprofessional one-week long project. Students were then required to email their expression of interest to the project manager.

Methodology

The findings of the literature review (Jolly, Sutton and Workman, 2012) informed the construct of the educational pilot. In particular, attention was given to the learner needing to be an active participant, to be able to contextualise the experience, and build on previous knowledge. The report noted that interprofessional experiences were more effective when learners had a clear sense of their own professional identity. The report also recommended that students should be cognisant of active and healthy aging, that the ill and bed-ridden patients they frequently see in institutionalised environments are an incomplete representation of the total aging population.

The program was designed around a theme, work integrated learning moving from client discharge from the tertiary sector to community-based services that would typically be involved in aged care support. This was to provide a framework to the education. It was acknowledged that a single location would not adequately expose students to the breadth of community-based aged care services.

The teaching and learning activities of the placement were designed to include practitioner-delivered presentations, community visits, patient interactions, and community group interactions. Group, peer learning and individual tasks were included. Theory-based presentations were included to provide context for the planned work integrated learning. They were also included to address knowledge gaps that may have existed given known differences in discipline-specific educational backgrounds.

Activities were designed to be engaging, and engender participation of the volunteers in activities they recognised as relevant to their practice. With background knowledge of existing program content for Monash University, agencies providing services to older people not typically used in work integrated learning were approached. Agencies/services were contacted based on their geographical location on the Mornington Peninsula, and were integral to enabling or providing support for older people moving into or living in the community. The service/activity provider needed to have direct relevance to the majority of the professions. Although interprofessional work integrated learning was the corner stone of the plan, it was also considered important to try and include one encounter where the student would interact with a health professional from their own profession during the program.

Researchers were mindful there needed to be an element of flexibility if the program was to be made available to all participants and be reproducible. Therefore the program was designed in modules that could be delivered when opportunities for students were available. Participants were expected to complete a pre and post-placement survey and participate in a focus group at the completion of the week.

The following student learning objectives were developed to focus the placement:

- Demonstrate an awareness of the breadth of services within the community and the relevant referral processes;
- Recognise barriers and facilitators to maintaining independent living in the community as people age;
- Identify the physical and psychosocial benefits experienced through participation in an older persons activity group in the community;
- Identify the physical, social and emotional demands of placement in low level and high level aged care facilities;
- Recognise key interdisciplinary roles in working with older persons to optimise quality of living.

Contact was made with agencies offering services that would enable the students to meet the learning objectives. All agencies contacted were supportive of the project and willing to assist with presentations, or work integrated learning as required.

The project manager met personally or communicated with all agencies in the development of each module.

Table 1: Placement outline

Day	Time	Module	Description
Day 1	AM	1	Pre-survey, introductions/induction/presentations (discharge planning, Transitional Care Program (TCP), ACAS, HACC, TCP case history review
	PM	2	Transitional Care Program
Day 2	AM	3	Home And Community Care (HACC) visits (or module 7) (full or half-day)
	PM	4	TCP case conference
Day 3	AM	5	Multi-tiered accommodation – Baxter Village. The residents.
	PM	6	Multi-tiered accommodation – Baxter Village. The services.
Day 4	AM	7	Aged Care Assessment Service (ACAS) visits (or module 3)
	PM	8	Interprofessional student-led clinic
Day 5	AM	9	Activity groups – ‘Agestrong’
	PM	10	Post-survey, focus group, debrief

A teaching plan was developed for each module, and the specific objectives together with teaching and learning activities were provided to both educators and students.

The Transitional Care Program (TCP) experience was developed with a purposeful sequence. It commenced with an interactive presentation by the manager of TCP on the role of this service, the disciplines employed in TCP, and included a summary of the positive impact the service has had on client destinations since its inception. Students then each reviewed the medical history of a client up to discharge from the tertiary setting (within Module 1). They were provided with a framework of questions to guide the activity in Module 2, focusing on determining client goals in TCP and their goal destination and what they are currently undertaking to achieve those goals. With this guide, students worked in pairs to plan the interview for the client in the afternoon.

Module 2 was structured around students working in a mixed-discipline pair, interviewing the clients within TCP for which they had previously reviewed the acute medical history. A peer-learning model was utilised, each student taking turns as the observer of a student partner. The pairs were brought together to discuss each interview, receive questions/feedback from the observer and then individually prepare a discharge plan from TCP for case presentation to the group. The day concluded with a facilitated presentation and discussion on the rationale for each discharge plan.

It was organised for these same clients to be discussed in the TCP case conference the following day in Module 4, where students could be observers to the multi-disciplinary case conference. The plan was for students to be able to compare the clinical reasoning and discharge plan of the health professionals to the discharge plans they had constructed the previous day.

The HACC and ACAS (Modules 3 and 7) enabled students to go out, one-to-one with the clinician, into clients' homes for assessment of their needs. Some students were scheduled full-day, others half-day in duration, dependent on the timetable and service availability. Both modules were included to enable the students to differentiate between the services. Where possible, the clinician was from a discipline other than that of the student. It was arranged so that each student utilised a template assessment document that they completed when they were on some visits and they were given the opportunity to discuss their decision making and compare it to the health professionals' assessment. Mt Eliza Aged Care Assessment Services, Frankston City Council and Brotherhood of St Laurence provided these components of the placement.

The day at Village Baxter (Modules 5 and 6) was designed to enable students to see firsthand the various levels of accommodation and services offered in this innovative village complex. Module 5 had several components. A combined presentation/discussion given by the manager of community services and manager of care services introduced the setting. The presentation included the range of accommodation offered, the various support services, social inclusion activities and challenges associated with providing quality services with finite

government funding. A morning tea session was designed to enable students to meet a group of active residents, drawn predominantly from independent living. The objective was to explore the activity levels of these residents, their social networks and their views of living in a residential village. A tour of the Village completed this module. In Module 6, the students were divided into disciplines to engage in activities closely aligned to those provided by their respective profession in this aged care setting. This session concluded with a discussion group that brought all the students back together again.

An aged care interprofessional student-led clinic in operation at Peninsula Health Community Rehabilitation Centre provided the structure for Module 8. Within this clinic, older people, recently discharged from the acute setting, are reviewed by a mixed-discipline student team, with the aim of identifying any unmet health care needs and minimise factors that might lead to readmission. Students were required to identify and write appropriate follow-up referrals, write a summary letter to the older person's usual general practitioner and present their findings in a team meeting for discussion and reflection. Although this clinic is not currently reproduced elsewhere, it was perceived to be an excellent opportunity to continue to extend student thinking and interprofessional learning in the area of supporting independence in the community.

The objective of Module 9 was for students to interact with socially engaged older people, either through participation in a physical or community activity. 'Agestrong' was organised for this pilot, which is a community-based weight-training group for older people. Activities could also have been drawn from aquatic, walking, or over 55's groups. Students, as well as participating in the class, interviewed clients regarding their motivation to attend such activity and their view of associated benefits.

The main purpose of Module 10 was for student debrief and reflection and to enable the research team to reflect on ways to further strengthen the aged care modules. The post-placement survey and focus group were also conducted in this module.

Project management

This project was managed by Health Professions Education and Educational Research (HealthPEER), a unit in the Faculty of Medicine, Nursing and Health Sciences at Monash University. A project manager was employed 0.4 EFT for five months to develop and deliver the project in collaboration with a lecturer from Health PEER.

A progress report was delivered to the Mornington Peninsula CPN during the project development phase and a brief report submitted for the MPCPN newsletter. The project design was also presented at the Mornington Peninsula CPN information forum.

The total budget for this part of the project was \$33 333. A travel allowance of \$30 per volunteer was paid to offset student travel costs that would be incurred during the pilot. Other identified costs were transcription of the focus group discussion and kilometre allowance for the project manager who travelled to meetings with agencies in establishing the modules and in rolling out the pilot.

Table 2: Timelines

Date	Activity
2 July 2012	Project manager employed
9 August 2012	Ethics approval granted
24 September 2012	Pilot five-day generic aged care placement
29 November 2012	Report completed

Outcomes and impacts

Ten volunteers were initially recruited and following drop outs, attributable to competing commitments that took precedent to participation, six volunteers from the final-year of four disciplines completed the pilot: two from medicine, two social work, one nutrition/dietetics and one from physiotherapy.

All students were approaching graduation. The pre-survey revealed two of the six students had not had any aged care placements, only one had participated in a placement in an aged care centre and two had participated in a placement in high-level care. No student had experienced low-level care typically provided to support community dwelling older people. All students had experienced at least one interprofessional activity during their entry-level program, although typically this was for short duration sessions.

Agencies involved with the project were very welcoming of the students and staff demonstrated their enthusiasm and commitment to working in this sector. All shared interest in improving student engagement with the aged care sector and improving recruitment potential. Two agencies had already started work integrated learning placements on a small scale and others were willing to consider such placements. The readiness of managers and staff to engage with the pilot was a factor in the project achieving its goals.

The project was not able to use all the work integrated learning opportunities offered to the five-day period. Examples of additional placements that were possible but not utilised included additional HACC and ACAS visits, ACAS case conference, 'Good Food Matters' and social inclusion groups.

Pre-survey and post-participation surveys utilising both quantitative and qualitative data collection were conducted. A focus group was undertaken on the final day to further expand qualitative data. Participants positively reviewed the project week. All students valued the opportunity to work in a structured interprofessional program to learn about aged care services. Despite feedback that some day-long modules could be shortened to a half-day, there was unanimous support for the value in engaging with TCP clients, ACAS and HACC visits, interacting with residents and viewing the accommodation levels. Participants valued learning in these settings and the interprofessional teaching and learning activities.

When asked if they had any further comments on the week in the post-survey, students reported:

"Very informative and enjoyable."

"A great, rewarding experience. I have learnt a great deal more about the aged care services in the community."

"Just wanted to thank you. I had a really great time and really value the opportunity to learn so much about the aged care system."

"Overall potential to be extremely valuable program for all student health care."

The majority of participants thought the placement should be considered for inclusion in their professional-entry programs. The exception was from a student, where their discipline clinical time is minimal and whilst supportive of the value of the interprofessional structure and aged care content, suggested this could be an elective so as not to comprise their already limited work integrated learning.

Limitations and management strategies

Short lead-time restricted the number of volunteers and disciplines in the available pool. It also impacted on the project design, in that it could not be incorporated into existing clinical placement education. These limitations would be countered by making the placement options visible to clinical coordinators at the time that usual placements are allocated.

A University holiday week was nominated for the pilot in the hope of capturing volunteers and a preliminary approach was made to clinical coordinators to evaluate if there might be some students available in this period. Based on their response, it was decided to continue with the proposed timing.

Another challenge was that the holiday week also coincided with school holidays, meaning certain activity groups were not in operation on this morning. It was planned in Module 9, to split the group across two different activities, to enable discussion in the debrief of the impact of two different activities. Restricted availability in this particular week necessitated that all students attended an 'Agestrong' class each (one hour), as opposed to spending the morning engaged in the activity.

During the pilot week, volunteer absence due to illness was encountered. This did require last minute re-shuffling of placements mid-week, to try and provide student experience across modules.

Evaluation

- This placement was effective in educating students about community-based aged care.
- There was an increase in student interest ($p=0.02$) in seeking employment in the aged care sector.
- There was significant increase ($p<0.01$) in students' self-assessment of:
 - Knowledge of TCP, HACC and ACAS services
 - Ability to refer to professions other than their own
 - Recognition of the physical and social well-being benefits associated with community-based activities.

Students also set personal learning objectives on day one and on day five, evaluated their success on achieving them. All students rated that the pilot enabled them to extremely or very successfully reach their personal goals.

The project accomplished its objectives, by involving services and agencies not commonly utilised for work integrated learning in the community-based aged care sector. It was innovative in that the learning was developed in the context of a generic, interprofessional model. Students acknowledged the interprofessional teaching and learning activities applied to this placement was an innovative approach to enabling learning. The placement provided a relevant and valued learning opportunity to students.

"The pilot has helped me to understand better about aged care and to look forward to a career in this industry."– Student quote.

Future directions

The placement developed for this pilot is readily adaptable to the work integrated learning of health professions in the aged care sector. The modular design lends itself to being delivered in five days, or as individual modules as appropriate for different students' learning needs. The outcomes from this small pilot lay the foundation for a further study to investigate its applicability on a larger scale, incorporated into the usual work integrated learning program of health disciplines.

Conclusion

The pilot project was successful in creating a generic clinical placement providing students with an innovative learning opportunity with community-based aged care services. The project uncovered opportunities for increasing capacity through aged care services and agencies not regularly used by most disciplines. It delivered a package of effective and relevant aged care learning in a model that was valued by students.

Project team

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