|  |
| --- |
| SGV 541 as RGB - 2cm wide at 300dpi1009016 VCP A4 newsletter portrait_Word setup top  Final project report  Expanded Settings for Clinical Placement Program |

Innovative allied health primary care chronic disease management, health promotion and private practice placements

INNOVATE PROJECT

Educating allied health students for beyond the acute setting

Submitted by:

Department of Physiotherapy. The University of Melbourne

In partnership with:

Doutta Galla Community Health, Djerriwarrh Health Services, Merri Community Health Services, Western Health, Yooralla Independent Living Centre, Transform Physiotherapy, Western Region Health Centre, ISIS Primary Care, St Vincent’s Hospital, Northern Health, Goulburn Valley Health, Wangaratta, Austin, Albury Wodonga Health, Ballarat Health Services, Revita, Absolute Physiotherapy, Advanced Personnell Management, Back In Motion Group, Balaclava/St Kilda Physiotherapy Centre, Beleura Health Solutions, Bellbird Sports and Spinal, City Baths Spinal and Sports Medicine, Coburg Physiotherapy, DMA Clinical Pilates and Physiotherapy, Glen Eira Physio and Physiolates Centre, Hawthorn Physiotherapy Centre, Hoppers Crossing Physiotherapy Centre, Integrated Health Group, MD Health Physiotherapy, Newington Physiotherapy Clinic, Olympic Park Sports Med, Physiohealth Group, Physiosports Brighton, Solutions Physio and Pilates, Symmetry Physiotherapy and Sports Medicine, The Joint Physiotherapy, The Sports Injury Clinic, Vigor Sports Medicine, Wilson Physiotherapy

**December, 2013**

Executive summary

During 2012–13 the Innovate Project, in partnership with the Central Clinical Placement Network (CPN), contributed to and enabled an increased capacity for, and quality of, allied health clinical placements in expanded settings such as primary care, chronic disease management, private practice (PP), health promotion and aged care. The project fostered interprofessional learning and linked primary care public and PP agencies with an education provider to participate in Central CPN network-based activities and further built allied health education and training partnerships.

The demonstration project for this innovative clinical program was based within The University of Melbourne’s Doctor of Physiotherapy (DPT) program. This newly established graduate-entry degree trains students with a previous degree to become physiotherapists, which is an area with a marked workforce shortage across Victoria and in particular, the Central CPN.

The Innovate Project successfully increased both the capacity and quality of students’ placements in settings beyond the acute sector and significantly increased the number of placement settings within the Central CPN who will benefit from participation with the clinical education program and increased student engagement. During the two years from 2012–13, a total of 120 students completed a new Chronic Health Conditions (CHC) clinical placement, 47 students completed the new PP placement and 54 new partnerships were formed between community healthcare providers and the Physiotherapy Department at The University of Melbourne. The project achieved 98% of its target of number of students to have completed the CHC placement and PP placement, and more than tripled (330%) the target number of healthcare providers that are now established clinical placement providers from community-based public, private or not-for-profit centres.

Essential to this achievement and to its sustainability was the development of a relationship between primary care health care workers and academics at the University. This collaboration supported the development of new coursework subjects ‘Chronic Disease and Disability’ and ‘Leadership and Management’ which provided the necessary theoretical framework to prepare students for the CHC and PP placements respectively. The primary care healthcare providers advised on current practice and provided ongoing advice during this project, as well as providing feedback at the end of the placements. Further, some clinicians assisted with the development of resources for clinical educators on best practice strategies to scaffold student learning within the clinical context to be shared with the wider community.

As these clinical placements were new and many clinicians were unfamiliar with supervising students, clinical educator resources were collated and new ones developed which included training videos and the Innovate website. Links were made with other HWA funded project teams such as Inner East Melbourne Medicare local (IEMML), Supervisor Training and Education Program (STEP) and Cultural Respect Encompassing Simulation Training (CREST) to share in the development of resources. The website was designed as a readily accessible format, presenting a wide range of useful information and resources for clinical educators, academics and administrators looking to establish similar clinical placements. The key learning from the Innovate Project are synthesised in the website to increase the quality and effectiveness of student education and allied health interventions throughout Australia, to the benefit of the community.

A team with expertise in different knowledge domains (curricula development, content expertise and project management) governed the project and provided the necessary skills and experience to ensure project deliverables were achieved. The project team met regularly to review progress, to plan the project activities and to ensure the budget remained on target. Clinical educators were engaged at key intervals with organised workshops, and with regular and ongoing communication by telephone and email with appropriate members of the project team. Successful strategies that were employed to enhance clinician engagement with the workshops included attendance payments, presentations by internationally recognised keynote speakers and student and clinician presentations on their experience of best practice within this program.

The sustainability of the Innovate program is based on developing relationships between clinical partners and the educational institution; the development of two subjects that were guided by clinician input on theory, skills and attributes important for preparing students for the clinical placements; the development of resources to support clinical educators and the explicit commitment of the Physiotherapy Department to the continuance of the clinical placements by including additional clinical payment funding into their annual budget.

This project has successfully addressed a key local need by increasing the number and quality of allied health placements. The principles that enabled this within the DPT program’s physiotherapy students can readily be generalised to other allied health disciplines, such as social work, speech pathology, psychology and occupational therapy, which in turn can then be applied broadly across the CPN. In addition to providing an increased number of student community placements, positive feedback from students and clinical educators across both clinical settings provide strong evidence that high quality learning environments have been provided.

The key outcomes of the project were an increased number of allied health students who completed a community placement; an increased number of healthcare provider partnerships across the Central CPN; the provision of a high-quality placement experience; and the development of clinical educator resources. Educating allied health students to work in settings beyond the acute sector is essential to position the future workforce to better meet the needs of the health sector strained to manage the financial cost of a community with an aging population and an increasing burden of chronic disease.

Background and context

The Innovate Project aims were to increase capacity for, and quality of, allied health clinical placements in expanded settings such as primary care, chronic disease management, PP, health promotion and aged care. In the past, The University of Melbourne physiotherapy clinical placements focused primary on training students to work in acute and sub-acute care settings, such as within tertiary hospital and rehabilitation placements. In recognition that Australia’s burden of disease is increasingly linked to chronic disease and an aging population, the value of explicitly preparing students to better meet the needs of the community sector and for practice beyond the acute setting formed the basis for this project.

A risk identified early in this project was that student education had the potential to be viewed as a burden for busy clinicians; increasing their workload and reducing the time they could spend on quality client care. Therefore a core objective of this project was to focus on how students could add value to as well as learn from the clinical placement. Strategies to support this objective included:

* Preparing students well for the placement, ensuring the development of knowledge and skills highlighted as important by the clinicians and building clarity on the tasks that students could do while on clinical placements.
* A list of activities that students could perform that would directly contribute to quality client care, reduce clinician workload and add to the positive culture of clinical practice were identified and shared during workshops and are included in the Innovate website.

Further efforts were directed to preparing clinicians for their role as clinical educators through resource development and academic support.

To achieve the aims of the Innovate Project, four new subjects were developed and integrated into the new DPT program. Two theory subjects were designed to prepare students for clinical placement and two new community clinical placements were established and integrated into clinical subjects. Each theory subject was linked to a clinical placement with the objective to better prepare students for the theory, skills and attributes needed to learn successfully in the clinical placement. ‘Chronic Disease and Disability’ was the theory subject designed to prepare students for the ‘Chronic Health Conditions’ placement and ‘Leadership and Management’ was designed to prepare students for the PP placement. Clinical educators contributed advice on the development of these subjects and clinical placement content through initial workshops and stakeholder interviews.

Chronic health conditions placement

The key objective of the CHC placement was to provide students with an opportunity to promote the health and wellbeing of community members, particularly those who have chronic diseases or are elderly or who have mental health conditions. This was a novel initiative as previous clinical placements have had a major emphasis on acute or subacute care in defined practice areas such as orthopaedics, cardiopulmonary and neurological impairments. In contrast, the CHC placement had a primary focus on a person and community centred approach that integrates needs to reduce disability, and empowers clients to self-manage their condition and improve their quality of life using a more holistic perspective.

These CHC clinics were established across a wide variety of primary care clinical environments that provided physiotherapy students with unique experiences and opportunities for clinical placements. During their placements the students were involved in aspects of patient case management, advanced care planning, education in health promotion and self-management, exercise programs for elderly people and those with chronic diseases, and facilitation of health behaviour change. These clinics also ensured that each student on placement developed skills in multidisciplinary team approaches to client management to achieve comprehensive person centred healthcare. During their clinical placement all students had considerable opportunities to work with a wide range of other health professional disciplines, such as those from medicine, nursing, speech pathology, psychology, exercise physiology, social work, occupational therapy, podiatry, dietetics and pharmacy.

In addition to the management of patients, students were involved with a variety of clinical specific activities such as clinical quality assurance projects specific to organisations, health promotion projects and evidence-based strategies to promote the priorities of the organisation. Students could spend time observing and assisting a range of other health professionals in their work with clients, develop resources for patients and for the health professionals, assist in running group classes and assist with home visits. They were able to interview other health workers and learn more about the priorities and challenges of developing and sustaining specialised community health services and the governance of such organisations, all important knowledge for future practice beyond the acute setting. The assessment tasks included the production of evidence-based resources that can be used by the clinical staff and their clients. This served a reciprocal educational function where students, clinical educators and university academics learnt from each other, and recognised the value of working together.

The structure of the CHC clinics was a full-time clinical placement for three weeks, Monday to Thursday for a total of 28 hours per week. While the key ‘supervisory’ role was taken by a physiotherapist, it was not essential that students be supervised solely by a physiotherapy clinician, nor did they need to spend all of their time in direct patient contact in these clinical placements.

In partnership with the clinics, there was close adherence to the pedagogical model used in the DPT program. A constructive alignment approach was used in which learning outcomes, learning activities and assessments tasks were aligned for each of the four subjects. This ensured a rigorous educational framework for the clinical placements and provided clarity on learning outcomes for clinical educators and students, and focused student learning around explicit and meaningful learning and assessments for learning.

PP placements

A new approach to PP placements has been developed with the support of a PP ‘network.’ This network has included practitioners, academics and a specialist educator from the Business and Economics Faculty of the University of Melbourne, who worked together to design and develop a subject to prepare students for effective practice in the PP context. Research completed in 2011, found that private practitioners were cautious of taking students in the belief that they are not adequately prepared to work in the PP setting and lacked business knowledge and exposure that was important to the practice context. This information was added to through interviews with private practitioners and a curriculum that focused on the business needs of PP was developed. The lecture series focused on aspects of business management viewed as essential basics and private practitioners contributed to the lecture series in the ‘Leadership and Management’ subject. Practical knowledge and skills needed for this context were viewed as developed through the existing DPT curriculum.

While a small number of students had previously attended PP clinics as part of an elective placement, a new and sustainable approach to PP placements was developed, situated within a ‘Professional selective’ component of a major capstone subject in the DPT program. Within this project, over 50% of students were able to attend a PP placement in their final year of the DPT program. Given that more than 60% of registered physiotherapists and other allied health practitioners work in PP and primary care settings, this initiative addressed training needs that are closely aligned with the current and future allied health workforce needs.

A workshop specifically designed to meet the needs of supervisors in the PP context ran at the end of 2013. Further, resources were developed to inform practitioners on how students could contribute to their practice and how students could assist with their future workforce. The PP network will continue to work on refining the ‘Leadership and Management’ subject content, working closely with a senior lecturer from the Business and Economic Faculty at The University of Melbourne.

Primary care health care provider engagement

Engagement with primary care health care providers was key to the success of this project. During the two years, a total of four workshops were conducted, two of which were interdisciplinary. Outcomes of these workshops were summarised and made available to workshop participants via the University Learning Management System (LMS).

The learning from the development of this subject has been synthesised into an e-learning resource that is available to other educational institutions on the Innovate website. This resource focuses on the development, structure and processes implemented for the development of the expanded settings within the Central CPN. It is also anticipated that the outcome of this two-year Innovative Project will be shared by presentations at conferences and through the publication of papers on the development of alternative interprofessional clinical experiences for students.

Project objectives and expected impacts

Project objectives

* In expanded settings beyond acute care, to increase the number of clinical education and fieldwork training partnerships across the Central CPN and between public, private and not-for-profit health providers and education providers.
* To identify new expanded settings within the Central CPN that would benefit from additional investment in clinical education and develop new training programs and initiatives to enable greater capacity for clinical placements in these settings.
* To increase the project partners from 6 to 16 during the two years of the project, with a focus on community health, primary care, aged care and PP clinics.
* To build interprofessional linkages and applications whilst fostering excellence and quality control at the discipline level.
* To support the development of interprofessional teaching and learning teams and facilitate communication and collaboration between representatives from different health professional groups.
* To ensure a sustainable model of clinical education that fosters sustainability of outcomes, to be achieved through local planning and strategic application of project activities at the Central CPN level.
* To address a key local need, in this case to increase the number and quality of allied health placements in expanded settings.
* To achieve successful outcomes that can be applied broadly across the CPN.

To ensure value for money and collect data that will provide evidence that the project outcomes can be sustained in the longer term.

Expected impacts

Workforce preparation will be improved by a considerable increase in the number of allied health clinical education and fieldwork training partnerships across the Central CPN and between public, private and not-for-profit health providers and education providers, especially for the discipline of physiotherapy but also for other allied health disciplines.

New healthcare providers in expanded settings within the Central CPN have become involved in providing clinical education and fieldwork training, and this number will be increased in future through sharing of the positive outcomes of this project. Interprofessional linkages will be increased during the process of clinical education within the Central CPN, building students’ knowledge and skills to engage more fully with interprofessional practice beyond the acute setting.

Clinical education providers will have greater communication with the Central CPN and universities and will work more closely with the Central CPN. Regular workshops and communication though clinical placements will add value to clinical, academic and student learning experience.

This model of clinical education has pedagogical principles that could be used throughout Australia and will increase the quality and effectiveness of student education and allied health interventions, to the benefit of Australians.

Project management

Governance and staffing

An expert team governed the Innovate Project and met regularly to ensure the project deliverables were achieved. The value of a project team with diverse expertise was central to these successful outcomes. Since this project was dependent on various skill sets such as relationship building, negotiating clinical placements, informed curriculum development, project evaluation, differing expertise was called into play at different stages of the project. Close communication on all aspects of the project was important and essential to enable early detection and effective management of any emerging problems. While the quarterly reporting was challenging at times due to competing workload demands, it provided an exceptionally helpful framework for keeping the project on track.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project job title | Name | Position within Department | Responsibilities | EFT fraction |
| Project Manager | Dr Louisa Remedios | Deputy Head, Department of Physiotherapy;  Coordinator, DPT program | Provided overarching leadership for the project and ensured deliverables remained on target | 0.1 |
| Project Clinical Liaison | Mr Rob LoPresti | Director Clinical Education Major Projects School of Health Sciences and Manager Clinical Education Department of Physiotherapy | Managed the logistics of the project and worked with clinical partners to establish placements for the physiotherapy students | 0.2 |
| Project Officer | Ms Joanne Bolton | Project Officer (Grade 3 clinical physiotherapist in chronic health/community care) | Provided administration support to the project development and supported the curriculum development | 0.4  May – July 2012  April – December 2013 |
| Expert in community/ chronic disease physiotherapy | Dr Jenny McGinley | Senior Lecturer, Department of Physiotherapy | Provided expertise in the development of educational materials on contemporary theories of chronic condition care | Casual basis to assist with curriculum and workshops |
| Expert in PP | Mr Patrick Foley | Senior Lecturer, Faculty of Business and Economics | Provided expertise in business and management and worked with PP representatives to identify learning needs for PP placements | Casual basis to assist with curriculum |

Stakeholder engagements and consultations

Clinicians were engaged at key stages during the project with organised workshops as well as with regular correspondence by means of email and telephone. Clinical educators were also provided with access to the University’s LMS where a ‘clinical community’ was established to provide another forum for the sharing of information relevant to the project and placement activities. The workshops were instrumental in providing a forum to share best practice and successes amongst the clinical educators, as well as for gaining group consensus and sharing pertinent information regarding elements of the project. However, being conscious of the high demands that exist on clinicians’ time, they were only used when necessary for developing project activities. These were run twice a year for CHS educators and once for PP educators.

During the two-year project a total of four workshops were required as outlined in the following project timeline. An initial workshop was organised in February 2012, prior to the first CHC clinical placement to share with the clinicians the background of the project objectives, to discuss and review the content of new curriculum with the current practising clinical experts in this field, and to discuss and conceptualise the initial clinical placement aims and objectives. A second workshop ran in July 2013 to review current areas of strength and improvement that had been highlighted in feedback obtained from both students and clinical educators, and to develop action plans with the assistance of the clinical educators that would seek to address the highlighted areas for improvement. In addition, feedback was also sought on the developments of the curriculum for the CHC theory subject, and the aims and objectives were discussed, explored and refined. A final workshop for the CHC placement ran in October 2013 to review and share the project achievements and successes and to plan for the continuation of the clinical placements beyond the life of the Innovate Project.

A workshop that targeted PP providers was also held in November 2013 after the first group of students had completed their PP placements. In addition to being mindful of the frequency and timing of workshops, all clinicians’ who attended the workshops were provided with financial reimbursement at a set rate per metropolitan and regional site. Leading experts in their fields as relevant to each placement specialty were also organised as guest speakers for the workshops to further enhance engagement and attendance. A clinician and student presentation on elements of a successful placement experience was also presented and received positively.

Budget management

The governance committee were collectively responsible for the budget management, and as such decisions were made early in the project life about how the finances would operate and specifically how the project funding would be spent. As the project was conducted through the University of Melbourne, institution-specific standard financial processes provided additional governance for this process. Regular meetings were held with the School of Health Science’s Finance Manager throughout the life of the project who also provided expertise and assistance in financial reporting and reconciling of invoices. Decisions were made to delay aspects of the project and to shift funding from one element to another to ensure adequate funding for the project officer and cost management of professionally developed websites and video resources.

Project timelines

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Semester | 1 (2012) | | | | | | 2 (2012) | | | | | | 3 (2013) | | | | | | 4 (2013) | | | | |
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| **General project activities** | Project Team meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project reporting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Create video resource |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Create website |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CHC placement activities** | Research, develop and deliver CHC curriculum |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initial consultation with CHC community healthcare providers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CHC workshops |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Students on CHC clinical placements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Analyse CHC feedback students and supervisors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PP placement activities** | Research, develop and deliver PP curriculum |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initial consultation with PP providers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Students on PP placements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PP workshop |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Analyse PP students, educator feedback |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Project activities and methodology – performance against stated deliverables

|  |  |  |  |
| --- | --- | --- | --- |
| Project activity | Project deliverable | Due date | Status |
| Increase the number of clinical education and fieldwork training partnerships across the Central CPN and between public, private and not-for-profit health providers and education providers. | 130 allied health students to complete the three-week CHC community placement.  40 allied health students to complete the four-week PP placement. | December 2013 | Achieved (98%)  120 students completed the CHC placement.  47 completed the PP clinical placement. |
| Identify new expanded settings within the Central CPN that would benefit from additional investment in clinical education and recruit these for the Innovate Project in these settings. | At least 16 new healthcare providers recruited in the Central CPN from PPs, community settings, aged care, mental health and other primary care settings. | December 2013 | Achieved (exceeded):  19 healthcare providers participated in the CHC placement and 35 providers participated in the PP clinical placement |
| Devise and implement a completely new clinical education placement subject ‘Chronic Disease Management and Health Promotion’ clinical placement as part of the new DPT program at the University of Melbourne. | New subject conceptualised, negotiated with partners and delivered in 2012 and 2013. | July 2012 | Achieved |
| Establishment of ‘Chronic Disease Management and Health Promotion’ clinics across a wide variety of primary care clinical environments. | New clinics established across a range of expanded settings. | July 2012 | Achieved |
| Organise 2 interprofessional discipline workshops, one at the end of 2012 and one at the end of 2013, where the findings of the Innovate Project can be communicated to educators and healthcare providers to enable other disciplines to consider putting in place similar programs. | Delivery of 2 interprofessional discipline workshops, one at the end of 2012 and one at the end of 2013. | October 2013 | Achieved |
| Produce an e-learning resource on ‘Tips on how to develop a sustainable, interprofessional clinical experience for students beyond the acute setting.’ | Package to be developed over 2012/13 and trialled and refined in 2013. | December 2013 | Near completion: website company engaged and currently in the design process. |
| Establish PP network with representatives from PPs and academics from the University of Melbourne. | Meet every two months to manage the PP component of this project. | December 2013 | Achieved: a PP Working Group has now been established and will continue to operate in 2014. Regularity of meeting to be decided by group. Two-month target was overambitious given the heavy workload of practitioners. |
| Devise and implement a completely new clinical education placement called the ‘Integrated professional practice’ clinical placement which will include the proposed PP clinical placements as part of the new DPT program at The University of Melbourne. The key objective of this placement is to train students for primary care practice within the private sector. | New placement conceptualised and negotiated with partners and delivered in 2013 | December 2013 | Achieved |
| Run three, three-hour supervisor workshops that meet the needs of private practitioners.  Develop two resources for private practitioners to support student placements. | Deliver these workshops across 2013; Two resources to be developed with support of PP network; The resources 1) How students can help your practice 2) How to educate your future workforce | December 2013 | Activity achieved via alternative process – see discussion below. |

Project outcomes and discussion

Increasing the number of student placements and healthcare providers

The Innovate Project has successfully achieved the key outcome of increasing the capacity of allied health clinical placements in expanded settings such as primary care, chronic disease management, PP, health promotion and aged care. The project achieved (98%) the combined target of number of students who have completed the CHC placement and PP placement, and more than tripled (330%) the target number of healthcare providers that are now established clinical placement providers from these community-based public, private or not-for-profit centres. A number of factors in the way in which clinical placements were established, assessed and supported enabled this high number of partnerships and students who completed the placement. The decision to make the clinical assessment of the CHC placement a pass/fail grade only was believed to be a significant contributing factor that enabled an easier uptake of this clinical placement within these settings, as this required less formal responsibility for the clinical educators to provide detailed clinical assessment, and allowed greater flexibility for planning student activities within the clinic. Instead, students were required to complete a 2000-word university assessed assignment task on an agreed theoretical topic relating to chronic health condition management within their clinical setting post-completion of the placement. In response to feedback collected in July 2013 and in collaboration with the clinical educators, a decision was made to modify the task to also include a client case study from placement to further engage students at a clinical level during the placement and to further enable students to develop and demonstrate linkages between theory and practice. Another factor that was thought to be important for the high uptake of this new clinic was the encouragement of a collaborative supervision approach within the clinics. This meant the daily time taken to supervise and educate students could be shared amongst a team consisting of multiple disciplines with the only requirement being that at least one of the main supervisors must be a physiotherapist. To enhance a teaching-learning environment within the CHC placements, the assignment tasks were returned de-identified to the clinical placement sites for the clinics and clinical educators to use as a resource.

This success in placement numbers may also be partially attributed to the financial remuneration of $25 per day per student made as a partial compensation for the extra workload and responsibilities of clinical education. It is anticipated that this funding will increase to $35 a day to be consistent with the Governments standardised rate for clinical placements.

Increasing the quality of student placements, developing curriculum and engaging workshops

Importantly, while increasing the number of clinical placements, our project evaluation also reflects that a high-quality placement experience has also been achieved. Feedback collected from both students and clinical educators highlighted significant areas of strength of the placement, and an overall positive experience by both parties. The feedback identified several strategies that were instrumental to this success, predominately concerned with providing adequate preparation and resources for both the students and the clinical educators to ensure a high quality placement. It was imperative that the students arrived to the CHC placement with a sound knowledge of the theory of contemporary chronic disease management which they received during the new Chronic Disease and Disability subject. The Innovate project contracted a Senior Lecturer who was an expert in chronic disease physiotherapy to lead this subject and to develop new curriculum. The Chronic Disease and Disability subject provided new learning of a range of theoretical health behaviour change frameworks and current health policy, with invited external experts from fields including health psychology and Indigenous health. A Senior Lecturer in the Faculty of Business and Economics at the University of Melbourne was also contracted to liaise with the PP clinical educators to construct and deliver a new Leadership and Management subject that contained theoretical topics relevant to the PP environment. These new subjects, that were designed specifically to support the new clinical placements, allowed students to engage appropriately during their placements and ensured a high-quality learning experience. Attendance at the CHC clinical educator workshops was also seen as a significant contributing factor to preparing the CHC clinical educators to successfully establish a quality CHC placement within the clinics, as reported by clinical supervisors.

Development of clinical educator resources

During the life of this project, it became apparent that a number of similar clinical educator resources were in development with support from HWA funding. The decision was made to collaborate with other teams to allow for the development of a more comprehensive range of resources, minimise duplication of resources and be more cost effective in producing material to support clinical educator and student’s preparation for clinical placements. The development of videotapes and clinical resources have been collated and are accessible via the Innovate website.

The Innovate website was developed to share resources for partners in this project as well as to share learning gained through the project with the larger community of clinical educators and academics. The website was specifically designed for three audiences:

* Clinical educators working in CHC management settings,
* Private practitioners, and

Academics, clinicians and administrators from Institutions interested in producing a program similar to the Innovate project.

The website contains video material, brief narrated power points, documents including best evidence literature and links to other relevant websites such as IEMML, STEP and CREST (see below). The objective is that the Innovate website will operate as a ‘go to’ resource for up to date information on clinical education as well as chronic condition management.

Specific resources developed as a result of collaboration and available for clinical educators to access as part of this project include:

* IEMML placement essentials. A series of nine, brief training videos for clinical educators were developed and provide ‘Tips’ for clinical educators from students, clinical educators and academics. Innovate team members, clinical educators and students participated in the development of these resources.
* STEP was an interprofessional clinical educator series of seminars and workshops. The lecture series was videotaped and made available to clinical educators. Information for clinical educators included advice preparing for the role of the clinical educator, giving student feedback in a safe environment and to facilitate students’ clinically reason capability.

CREST was an interprofessional project that developed a series of case studies for building students’ cultural competence. A website and series of video vignettes were developed to expose students to a variety of culturally complex clinical experiences and provided resources to assist student to develop their competences in this area.

The Innovate website will be updated regularly to include additional resources developed relevant to the anticipated audience. Resources developed by students that are suitable for sharing will also be published on the website, extending and sharing the value of student clinical research and learning.

PP clinical educator training and engagement

A different approach was required to establish the PP network and deliver the workshops to meet the needs of PP clinical educators. In early discussions between the Project Clinical Liaison and the clinical educators in PP, it was identified that regular attendance at bi-monthly meetings and multiple training workshops was difficult to achieve and sustain, due to the high time demands of staff working within these business settings. A decision was made to replace attendance-based training workshops with the creation of the Innovate website including a dedicated section for PP clinical educators. This website contains a number of freely available resources and information that is directly relevant to the PP placement and easily accessible within the busy clinical environment. Regular bi-monthly meetings to engage PP clinical educators were replaced with individual consultations throughout the project life and one evening workshop following the first cohort of students. A leading international expert was engaged to deliver a seminar on recent research on chronic disease management to further encourage attendance. This approach proved to be successful in promoting productive discussion about the student placement experience, and a major outcome of this workshop was the establishment of a ‘Working Party’ which will steer and shape future student placements and relevant curriculum. Given that the PP placement closely coincided with the project completion date, there was not sufficient time within the project life to interview the clinical supervisors individually about their experience. It is anticipated that the formation of the Working Party will enable this to be explored in greater detail in 2014.

External collaborative relationships

In addition to the collaborative relationships discussed previously, collaboration with a concurrent HWA funded project (IEMML) in the production of posters and videos to support clinical educators in community settings provided an unexpected, cost-effective opportunity to pool expert resources to produce high-quality, practical clinical educator training resources. This did however present some challenges, as it required a significant amount of additional time which often clashed with other major project activities such as workshops, feedback analysis and student placements. Other collaborations with STEP and CREST brought both value and challenges. Increased resource development for clinical educators was a constructive outcome, while the increase in workload also offered its challenges, which are discussed in more detail below.

Challenges

Clinicians’ confidence in adopting the role of clinical educator in addition to their clinical workload has been an issue requiring attention. Knowing ‘what to do with students’ and how to give them an appropriate learning experience without interfering with client care was an issue that existed in both the CHC and PP settings. Limited knowledge about the capability of students or their ability to safely and effectively work with clients further aggravated this concern. This initially led to extended periods of time with students observing practice, rather than being able to develop skills through practice. Limited ‘hands-on’ training was identified as a problem by students in their early placement feedback and was a source of dissatisfaction for a small number of students. Workshops were used to communicate students’ capabilities, prior learning and clinical experience, as well as identifying activities that students could safely complete with minimal supervision while on placement was helpful in managing this challenge. Further, these workshops highlighted successful placement experiences, building a better understanding of the range of contributions that students could make to the setting that would improve on students’ perception of their learning experience.

Internally, project team challenges to the smooth running of this project included major internal workplace changes that occurred during the project life and which coincided with major reporting deadlines placed of additional stress on achieving the project’s activities and timelines. At the end of 2012, the Department of Physiotherapy re-located premises to a new building within the University, and in early 2013 there was a complete restructure of the professional staff for the Faculty of Health Sciences, including significant changes in staffing of the Finance Management Team.

Development of the website was also a significant challenge to be completed within the project life as commencing this activity had to be delayed until the PP placement and both final workshops were completed, to ensure that the content was responsive to the current needs of the clinical educators. This left little time to undertake and complete this activity within the project timelines. The decision to employ an external web design company to develop the website added to the learning and the challenges as communication needs with a team unfamiliar with educational websites were worked through. However, with an engaging and professional website presence, this decision was judged a success.

Sustainability

The Innovate Project has successfully expanded clinical placement opportunities beyond the hospital setting into community and private sectors. This achievement means that there is less reliance on the acute sector which has traditionally been approaching capacity in clinical placement opportunities. This not only means more flexibility and sustainability for future clinical placement options, but also provides students with improved work preparation with exposure across a number of different health settings providing greater insight to a patient’s journey and health service availability. This has achieved the aim of improving capacity and quality for student placements.

The Innovate project investigated the specific needs of the community and PP areas. Within community health it was identified that patient care was delivered with a very team oriented focus, and the challenge with physiotherapy specific supervision was that in many organisations, full-time physiotherapists were not present. Therefore, the assessment and structure of the clinic was designed with the focus of understanding the health service, where clients come from, what services are available and which health professions operate within the team. Through consultation it was decided that it was not essential that students be supervised solely by a physiotherapist but rather be supervised within the allied health team with the physiotherapist taking a key lead. This flexible model opened up many new opportunities within this sector and will add to the sustainability of the program in this area for the future.

A number of e-Learning resources have been developed as part of this project and in collaboration with other HWA funded teams. This information has assisted in improving the experience of clinical providers and made the process of taking on students for these placements more transparent and supported.

The major running costs of this program are costs involved for clinical placements. Traditionally, no funding has been provided to these types of placements in previous clinical programs for physiotherapy. This project enabled some financial incentives to be provided in the form of $25 per day for clinical placements. With the introduction of the Government’s $35 a day support for clinical placements, the additional $10 a day per student is a requirement for the future.

This funding has had a dual effect:

* It has assisted in opening up the conversation for possible clinical placements in areas that traditionally have not taken students for placements. Modest funding and active strategies to develop mutually beneficial relationships were viewed as important. There is a risk that if funding is removed; there will be less incentive to take students, even if clinicians can see clear benefits in taking students.

It has created an appetite for financial reward among clinical providers and an expectation that this would be provided for placements. The requirement for universities to find sufficient funds to cover the cost of clinical placements may be problematic and can challenge the sustainability of any project, especially if funds cannot be found to cover the cost of placement.

The introduction of a standardised rate by the Victorian government of $35 per day per student at the same time of this project has also contributed to this expectation. While this $35 per day is primarily directed at the acute sector and hospitals in particular, it has raised issues of equity amongst other sectors. Following this project, the following recommendation was made to the physiotherapy department which has now been supported from 2014 onwards:

Community and PP placements be regarded as a core physiotherapy experience for students and as such be treated equitably to hospital placements in the form of future financial payments of $35 per day.

This recommendation has been accepted by the physiotherapy department and all placements from 2014, regardless of sector will be paid the same rate. This has been an important issue to resolve as it has a significant impact on the sustainability of maintaining these newly established partnerships.

Other issues with sustainability are personnel time to maintain these new relationships from an engagement perspective. The University of Melbourne has committed to the ongoing sustainability of this project by incorporating a number of the project’s critical functions within the ongoing Clinical Education Manager’s role. These functions include negotiating number and timing of placements, maintaining relationships with the clinical educators and acting as the link between academic subject coordinators, students and clinical educators and ensuring that any issues of concern are identified early and resolved with the support of the appropriate academic coordinator.

Two new committees have also been formed – CHC Working Group and PP network. These committees are in-line with other core areas of practice and will meet four times per year with the university to discuss any issues pertinent to clinical education in their respective areas.

All clinical resource materials are reviewed by the Clinical Education Manager, Academic Clinical Coordinator and individual subject coordinators. The materials created as a result of this project will be reviewed on a yearly basis by the Clinical Education Manager. Any updates required will then be delegated to all members of the clinical team within the department. These resources are not for sole use by the physiotherapy department at the University of Melbourne. They have been developed as a guide to direct how to set up this type of placement and how to assist with engaging clinical providers in these settings. They are applicable for use by university and clinical providers across a range of settings and disciplines.

Limitations and solutions

Educating students is most effective when students are motivated by learning and when educators understand the students learning needs and have the skills to scaffold these learning needs. In both the CHC and PP settings, clinicians were unfamiliar with students’ capabilities, their existing knowledge and skills set relevant to the practice setting or their motivation to learn within the clinical context. The concern that students may not want to be attending community clinics was voiced early in our engagement with clinicians. Private practitioners asked to interview students to confirm their motivation to attend the clinics and CHC practitioners expressed anxiety with how to keep students motivated during the clinics. Past experience with physiotherapy students suggested that they would prefer working with patients with acute conditions which allows for a more ‘hands-on’ encounter and an opportunity to use their skills and knowledge to achieve a more visible and rapid improvement in the patient’s condition. The more client empowering approach taken in CHC is often explicitly ‘hands off’ and seeks to empower and enable the client for independent self-management of their chronic condition and for behaviour change over time. This often requires lengthier engagement between client and practitioner and change in health status can be slow and less visible. Difficulty maintaining student motivation in the CHC context was anticipated, although their interest in PP was expected to be strong, given than more than 60% of the students were interested in working in PP on graduation.

This concern with student motivation was managed by ensuring that the pre-clinical subjects were designed to emphasise the importance of chronic condition management and aged care to future employment and workforce needs. Students were encouraged to see the CHC case load as complex and requiring high-level cognitive and psychomotor skills as well as higher order clinical reasoning. Passionate educators in the area of chronic condition management participated in the lecture series and intellectually challenging assessment tasks were designed to expose students to the practice context. The combination of student preparation and clinical organisation is likely to have managed this issue, as post-clinic evaluation indicated that the majority of students saw the value of the clinical placements and learnt through client engagement and interprofessional practice.

Developing adequate resources to support the transition of clinicians to the additional role of clinical educator was also a consistent challenge. Knowledge of resources needed was not matched by the time available to develop these resources. The development of resources is costly and requires an extended range of skill sets not readily available within most academic and clinical teams and needed managing within this project. Collaborating with other existing teams who were developing resources for clinical educators and/or students allowed access to an increased range of resources and to influence the development of resources to align with the purposes of the Innovate project.

The workshops that ran though this project to support communication with clinicians were very successful, with good attendance and outcomes. Through this process, ‘champions’ were identified who were enthusiastic about taking students and who were able to share their experience of scaffolding student learning. Enthusiasm for taking students and recognition of the value students bring to the workplace further emerged during this process. Relationships between educators and clinicians were reinforced and communication facilitated. Clinician workshops will now be a regular feature of the DPT program for both CHC and PP placements.

Evaluation

Number of student placements

The number of student placements was organised and recorded on an excel database by the Project Clinical Liaison during the project life. As well as adhering to standard university protocols, this enabled details concerning both the number of students and healthcare providers who had participated in the placement to be accessed at any stage of the project, which was essential for reporting requirements and ensuring project deliverables were met.

Quality of student placements

Quality was measured by means of self-completed online surveys specific to each placement setting following the completion of each block of placements. The surveys consisted of both qualitative and quantitative questions that enabled detailed insight into areas of strengths and areas for improvement from the students’ perspective. The surveys were analysed and synthesised at three key stages during the project life, in June and October 2013 for the CHC placement and in November 2013 for the PP placement. The response rate for the three blocks were 49%, 63% and 45% respectively. In May and June 2013, semi-structured interviews were conducted with CHC clinical educators at the workplace of a selection of the clinics. Five locations of a possible sixteen were identified and consented to the interviews, and collectively these five locations had hosted 47 of the 75 students. While a similar approach to individual interviews with the PP clinical educators could have added value to the evaluation, the timing of the student placement at the end of 2013 did not allow for this within the project timeframe. Instead a general group discussion was held during the workshop in November, with the view that this will be explored further with the working party into 2014.

Summary of positive aspects and challenges

The major areas of successes within both clinical placements were:

* A positive relationship being formed between clinical supervisors and students;
* Appropriate student theoretical preparation for the placement;
* Successful integration of theory and clinical experience;
* Adequate student resources;

Overall, good organisation of the unit.

In particular, the CHC placement also provided:

A multidisciplinary/interprofessional exposure.

And the PP placement provided:

Gaining ‘hands-on’ experience with ‘real’ clients.

*Rationale for these areas is provided and explored in greater detail in the table in Appendix C.*

The areas identified as areas for improvement for the CHC placement were:

* Greater clarity on the specific aims and objectives of the clinical placement for both the students and supervisors;
* Guidance for clinical supervisors regarding appropriate types and quantity of student activities during placement;
* Guidance for clinical supervisors and students on the expectations regarding the amount and type of student feedback on performance during the placement;
* More resources for clinical supervisors, specifically more details regarding students’ coursework in both the CDD subject and other core subjects such as musculoskeletal physiotherapy;

Clarity on the appropriateness of asking students to do presentations for the clinical staff during the placement.

The areas identified as areas for improvement for the PP placement were:

* Providing more ‘hands-on’ experience (despite it being an area of success, it seems there was a degree of inconsistency in the amount and type of ‘hands-on’ activities during the placement between the different clinics);
* Greater practical opportunities within the DPT program to better prepare students for this placement;
* Guidance for the clinical supervisors on the billing implications of students’ providing client assessment and treatments within this environment.

The identified areas for improvement for the CHC placement were the main topics discussed during the July 2013 CHC workshop where solutions were explored and developed. The second block of feedback obtained in October for this placement indicates that some of these challenges, particularly providing clarity of the clinic’s aims and objectives will require continued collaboration with the clinical educators and university academics. These results were thought to be consistent with the fact that there were new healthcare providers who hosted the placement for Semester 2, 2013 and therefore had not attended the previous July workshop. It will be an ongoing challenge to utilise a number of methods in order to maintain open lines of communication with current and new healthcare providers to ensure that important information is effectively sent and received in both directions concerning these new placements.

The identified as areas for improvement for the PP placement were also the main discussion points at the November 2013 workshop. The formation of the working party, which consists of clinical supervisors and academics, aims to explore and resolve these challenges into 2014.

Future directions

Areas that need further development include building a more explicit interprofessional competency framework for student to operate within during the CHC placement. Learning from other health professionals improves client outcomes, reduces replication of services to clients and supports efficiencies of practice and a better client experience. Further opportunities to learn with other health professional students within the clinical context offers will be explored in the future.

While the collaboration between clinicians and educators has been deemed a success in meeting the learning needs of students, the voice of the consumer is missing from this work. Inclusion of consumer advocates into this collaboration to inform on the client voice is seen as a future objective. Best practice student learning would include being responsive to client voice and finding a way of including the consumer as a key stakeholder into this project is under consideration.

Future work will also include expanding the resource base for the Innovate website, drawing together the range of good quality resources already available to clinicians and to students. Use of case studies, narrated power points and the latest evidence on chronic condition management and care will be readily included on the website. Further, linking of Innovate with selected consumer chronic condition management websites is also under considered.

Conclusion

This project has successfully addressed a key local need by increasing the number and quality of allied health placements. The principles that enabled this within the DPT program’s physiotherapy students can readily be generalised to other allied health disciplines, such as social work, speech pathology and occupational therapy, which in turn can then be applied broadly across the CPN. In addition to providing an increased number of student community placements, feedback from students and clinical educators across both clinical settings provide strong evidence that high quality learning environments have been provided.

The key outcomes of the project were an increased number of allied health students who completed a community placement; an increased number of healthcare provider partnerships across the Central CPN; the provision of a high-quality placement experience; and the development of clinical educator resources. Educating allied health students to work beyond the acute setting positions the future workforce to better meet the needs of the health sector strained to manage the financial cost of a community with an aging population and an increasing burden of chronic disease.

Attachment C

|  |  |
| --- | --- |
| Summary of positive aspects of clinical placements | |
| Key theme | Supporting evidence |
| **CHC placement** | Positive relationship between supervisor and student | * 89% of students agreed they found it easy to communicate with their supervisor. * 92% of students agreed that there was appropriate support offered when needed. * 90% of students agreed that the supervision they received was of an appropriate amount and type. * Qualitative data stated that students felt the best feature of the clinic was the supervisors themselves, and that the staff and supervisors were the most useful resource. * Supervisors commented that students were eager to learn and that they are enjoying the supervisor experience, and all placements interviewed would like to continue to host students on this placement. |
| Provided multidisciplinary and interprofessional exposure | * 93% of students agreed that this clinic assisted in developing knowledge of other disciplines. * 89% of students agree that the clinic provided interprofessional learning opportunities. * Qualitative data stated that students felt the second best feature of this clinic was “working with other disciplines/learning about other disciplines.” * Supervisors reporting offering a wide variety of opportunities for interprofessional exposure including observing client sessions with other health professionals (both centre and home-based), attending multidisciplinary disease specific groups, observing and performing interprofessional team assessment and by exposure to trans-professional roles. |
| Appropriate theoretical preparation | * 85% of students agreed that there was appropriate theoretical preparation. * 77% of students agreed that there were clear assessment procedures. * Qualitative data stated that the CDD lecture notes/manual were the second most useful resource (after the supervisors). * Supervisors felt that students had a good to high level of chronic disease theoretical knowledge. |
| Successful integration of theory and clinical experience | * 73% of students agreed that they have successfully integrated their knowledge with the clinical experience. * Supervisors reported observing students progression in their application of their theory to practice throughout the placement, and felt the Chronic Disease and Disability subject and placement was a valuable part of the DPT program. * Supervisors appreciated and valued the opportunity to expose students to their professional specialty area of chronic disease management/community health. |
| Adequate student resources | * Students consistently reported that there were no further resources required for the placement. |
| Overall good organisation of the unit | * Majority of qualitative responses from students’ were positive, representing all locations. * Supervisors all reported timetabling the students’ placements in addition some provided orientation folders/pre-clinic learning needs forms. |
| **PP Placement** | Positive relationship between supervisor and student | * 95% of students agreed that the supervision they received was of an appropriate amount and quality. * 91% of students agreed that they found it easy to communicate with their supervisor * Qualitative data stated that students felt the best feature of the clinic was the supervisors themselves |
| Gaining ‘hands-on’ experience | * 95% of students agreed that this PP clinic helped improve my confidence in feeling ready to practice as a new graduate in the sector. * Qualitative data stated that students felt the second best feature of the clinic was gaining a ‘hands-on’ clinical experience. |
| Adequate theoretical preparation and successful integration of theoretical knowledge and clinical experience | * 95% of students agreed that they had successfully integrated their theoretical knowledge with the clinical experience. * 86% of students agreed that the theoretical content of the DPT program helped prepare them for this PP clinic. |