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| SGV 541 as RGB - 2cm wide at 300dpi1009016 VCP A4 newsletter portrait_Word setup top  Case study  Expanded Settings for Clinical Placements Program |

Introducing clinical placements for undergraduate students in Aboriginal, general practice and community settings

Project summary

This project introduced an additional 35 (356 clinical days) undergraduate nurses, allied health and medical students to Dhauwurd Wurrung Elderly and Community Health Service (DWECH) settings in partnership with mainstream health services, a GP Super Clinic and a retail pharmacy outlet.

Culturally safe support resources were developed to support clinical placements including manuals to support students, clinical supervision and community orientation kits. A low fidelity primary health care laboratory, student library and five student studio apartments were also developed to support the delivery of quality placements at DWECH.

Drivers and challenges

Dhauwurd Wurrung Elderly and Community Health Service is an Aboriginal Community Controlled Health Service located in Portland, in the far south west of Victoria. Like many other small rural health services, its solo capacity to host students is small especially for allied health practitioners where these services are delivered on a part-time basis and therefore not providing adequate student supervision.

In 2011, DWECH hosted six graduate nurses for thirty clinical days in partnership with Portland District Health (PDH), however recognised this capacity could be expanded in both numbers and disciplines. DWECH provides a range of health and community programs to the community. It also has an Aboriginal health clinic supported by a general practitioner, practice nurse and manager, Aboriginal health workers, mainstream staff servicing the Aboriginal community and partnerships with other services including a range of allied health services and visiting services from the Great South Coast Medicare Local and private providers.

Arriving at a solution

The main dilemma for DWECH was its capacity to host new disciplines on a fulltime basis given many allied health and visiting services were only part time, it is from this point that the DWECH clinical placement partnership model developed to increase both capacity and quality of placements

When the partnership model was being considered, DWECH was conducting a successful Closing the Gap project focusing on improving access to culturally secure health services across the municipalities of Glenelg and Southern Grampians. This project developed a specific change management effort at PDH. The association between DWECH and PDH was strengthening and so DWECH initiated the discussion about the feasibility of a clinical placement partnership model where students were shared across organisations and where all students could have access to cultural safety training.

The existing PDH Clinical Placement Student Coordinator recognised the barrier to DWECH student capacity was shared with other smaller local health facilities and from here the partnership developed.

Implementation process

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| Key activities | Evaluation approach | Tools and resources developed |
| Partnership model across DWECH, PDH and Super Clinic | Survey Monkey post-placement questionnaire | Roles and responsibilities for Student Placement Coordinator, One CP roster across CP settings / Common establishment checklist / Common safety checklist |
| Provide Best Practice clinical placement for 23 students from allied health, nursing and medicine each year providing 455 clinical days | Student Handbooks for three settings  Including organisational history, relevant policies, safety checklist as well as:  Useful tips – Developing learning goals  Useful tips – Questioning for student assessment  Useful tips – Student assessment  Receiving feedback from your clinical supervisor  Community Orientation Kits for Portland and Heywood:  8 Kits developed and distributed across settings  Clinical Supervision Handbook:  One handbook was developed for all settings |
| Develop Aboriginal Cultural safety training education materials for students | Cultural awareness safety student education materials 93% of students participated in cultural safety training with 73% being satisfied (48% very satisfied). Comments included:  “I enjoyed the time at DWECH and would encourage all students to participate in attending there. Very educational and a terrific learning experience” to “Very, very boring. Largely a repetition of what we had learned repeatedly in class”  It was an oversight of the project team to consult with the education provider regarding the cultural safety training previously received in their undergraduate course |
| Establish a partnership for pharmacy student clinical placement across DWECH, the Pharmacy Guild of Victoria, Portland Guardian Pharmacy and PDH. |  | The project did not establish a partnership however the Guild supported the introduction of pharmacy students within an ACCHO environment.  During the project, 10 pharmacy students were placed for 145 clinical days. The placement of pharmacy students across three settings (DWECH; PDH and the Guardian pharmacy) was very successful and this can be attributed to the contact between the Monash University Student Coordinator and the settings.  Monash remain keen to place students across settings in 2014 |

Outcomes

Clinical placement coordination model

Co-ordination of clinical placement planning, expanded clinical placement capacity by 35 students / 356 clinical days, relationships with education providers, student checklists, clinical supervision handbook common across settings; community orientation resources; student handbooks; interdisciplinary cultural safety training materials and delivery

DWECH infrastructure

Refurbishment of five aged care units into contemporary student apartments; refurbishment of DWECH facility to provider for a training room, student and student liaison officer study rooms, meeting room and low-fidelity primary health care laboratory.

Evaluation

Post-placement questionnaire (77% response rate), in summary: The majority of students were either very satisfied or satisfied with their placement with areas for improvement needed in all domains including: orientation, access to clinical educators, feeling valued; communication with education providers; communication to facilitate clinical learning and teaching; feedback from clinical educators; cultural safety training and access to the internet and other learning resources.

Limitations and management strategies

Winda-Mara did not place any students. The reasons for this can be attributed to: 1. readiness to host students in partnership with others; and 2. capacity to host students at the time, given their difficulty recruiting a practice manager and registered nurse. These roles provide clinical supervision for the students and without these roles filled, students could not be placed.

DWECH Aboriginal health workers were challenged working with students because of the gap in educational attainment (Certificate IV verses Bachelor Degree) and being challenged by their capacity to express cultural safety and security issues within the context of the health service and their daily work. To manage these gaps, five student activities were developed focused on: Aboriginal Health; Closing the Gap; Best Practice in Self Identification; Cultural Respect and Communication and Quality Use of Medicines. Students were able to complete these activities and review their work with DWECH staff.

The project incurred unexpected costs for the Clinical Placement Coordinator time purchased from PDH, the management strategy was to reduce the EFT of the Project Coordinator. DWECH facility refurbishment also incurred unexpected costs to meet OH&S standards and unexpected building costs, the DWECH capital budget was accessed to address the budget shortfall.

Future directions

Without continuing funding to support the Clinical Placement Partnership Coordinator at 0.2 EFT, the project partnership has disbanded. However, partners remain collegiate in their approach for student placements as this project has enabled increased the numbers of students placed.

The organisational capacity across the partnership to coordinate the placements is the problem simply due to financial constraints and the recognition of the additional time burden coordination of students across placements has on staff.

Nevertheless, the partnership will continue to seek funding to build on the achievements of this project and expand capacity and quality of clinical placement opportunities in our rural setting including Aboriginal Community Controlled Health Services.

Further information

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