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

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

Submitted by:

Dhauwurd Wurrung Elderly and Community Health Services Inc.

In partnership with:

Portland District Health

Active Health (GP and Allied Health Super Clinic)

Heywood Rural Health

Guardian Pharmacy, Portland

Winda-Mara Aboriginal Cooperative

**November 2013**

Executive summary

The aims of this project have been to:

* Introduce undergraduate clinical placements to Dhauwurd Wurrung Elderly and Community Health Services Inc. (DWECH);
* For twenty-three students, deliver 455 clinical days for medicine, nursing (general Division 1 and 2, midwifery) and allied health (dietetics, diabetes education, podiatry, social work, pharmacy, occupational therapy, audiology and physiotherapy);
* Provide for a multi-disciplinary and integrated clinical placement setting at DWECH with each placement including four (total) undergraduate students from nursing, allied health and medicine;
* Provide cultural learning training programs for students developed by DWECH Closing the Gap initiative.
* Develop a student cultural clinical placement partnership model between DWECH, Portland District Health (PDH) and the new Portland GP Super Clinic[[1]](#footnote-1);
* Build and sustain the clinical supervision capacity of Portland and Heywood health professionals working at PDH, DWECH and Active Health – GP Super Clinic and Winda-Mara Aboriginal health service;

Refurbish existing DWECH premises to provide a low-fidelity primary health care laboratory, learning and library room, supervisor’s space and onsite accommodation for four students at any given time.

Objectives

* Provide Best Practice[[2]](#footnote-2) clinical placement for twenty-three students, 455 clinical days for allied health, nursing and medicine undergraduates each year;
* Provide students with Aboriginal cultural training education manuals, materials and education sessions by Aboriginal health workers and DWECH Closing the Gap coordinators;
* Build clinical supervision capacity across placement settings;
* Provide the Portland Guardian Pharmacy staff the opportunity to attend DWECH cultural education with the view to improving cultural safety for Aboriginal people accessing medicines and health information from the local retail outlet;
* Develop a purpose-built primary health care laboratory within the existing DWECH building infrastructure;
* Develop a multi-disciplinary learning and library classroom and supervisors space within the existing DWECH building infrastructure;
* Provide onsite accommodation for four students including kitchen, bathroom and lounge room facilities;
* Develop and evaluate a clinical placement partnership model between DWECH, PDH and the Portland GP Super Clinic;
* Develop a clinical placement partnership between DWECH and the Victorian Pharmacy Guild and the Portland Guardian Pharmacy;

Develop a clinical placement partnership between DWECH and Winda-Mara.

Project activities and methodology

The project activities described below are those defined in the project submission. These are:

* Expanded clinical placement capacity, both settings and student disciplines;
* Develop a clinical placement partnership model;
* Develop DWECH student accommodation;

Develop DWECH student facilities, including low-fidelity primary health care laboratory.

Expanded clinical placement capacity, both settings and student disciplines

The partners reviewed their capacity to introduce and increase student placements.

The Clinical Placement Partnership Coordinator liaised with education providers and partner settings to confirm capacity and establish a ‘good fit’ could be achieved between the student learning goals and the placement setting.

ViCPlace was introduced to facilitate placement planning and student scheduling. Representatives across partners attended training sessions and attended planning days organised by the Barwon-South Western Clinical Placement Network (BSW CPN).

Clinical placement partnership model

The project submission defined the elements of the Model including developing a common student scheduling system, introducing Student Handbooks, a clinical supervisors handbook and Community Orientation Kits.

The Model also identified the need for a central student Coordinator and this role was seconded PDH. The role of the clinical placement partnership Coordinator was to:

* Manage the placement of undergraduate nursing, allied health and medical students[[3]](#footnote-3) across partners and settings:
* Liaise with partners to determine their ability to offer clinical placement places including: student discipline, placement type, placement dates and duration.
* Manage viCPlace on behalf of education providers and clinical placement settings.
* Keep partners up to date with viCPlace responses relevant to their clinical placement settings.
* Liaise with all students and settings to manage placement requirements including:

1. Safety checks[[4]](#footnote-4);
2. Ensuring contractual obligations between the education provider and settings are met at the commencement and completion of the student placements;
3. Direct students to accommodation option and inform accommodation providers of student placement cancellations where possible;
4. Student placement schedule within and across settings;
5. Student access to community orientation resources;
6. Student access to student manuals;
7. Identify the student liaison contact person in each placement setting;
8. Confirm that clinical supervision arrangements meet education provider requirements;
9. Confirm assessment expectations arrangements and timelines with clinical supervisors for each placement;
10. Document and communicate information relating to items 4 to 9 with all parties;
11. Complete student and placement statistical reporting to the Department;
12. PDH will provide a form letter to the relevant partners (DWECH, HRH, Winda-Mara, retail pharmacy outlets) with clinical placement detail required for the education provider to pay for student placements. This letter then be attached to an invoice and sent to the relevant education provider who would understand the placement location and the conditions under which the Portland partnership works. This system will be reviewed as needed.
13. PDH will invoice DWECH monthly for CPPC costs; $363.84 per week including GST (the equivalent of 8 hours per week) for 64 weeks (October 2012 to December 2013).

* Manage the liaison with education providers:
* Communicate with partners and education providers to achieve the best fit for student needs and placement setting.
* Promote all partners, and the DWECH partnership for the attraction of students to the region.

All partners also agreed to their responsibilities as outlined in the Memorandum of Understanding.

DWECH student accommodation

DWECH had recently moved to new premises formerly an aged care facility that included independent living units. These were considered to be ideal for students and to meet the lack of affordable student accommodation in Portland. The project submission therefore included request for funds to refurbish five units for individual studio apartments.

DWECH student facilities including low-fidelity primary health care laboratory

Existing space at DWECH was also refurbished to provide a low-fidelity primary health care laboratory, student library, meeting, training rooms and four study rooms to support the delivery of quality placements at DWECH.

Key outcomes of the project

This project was framed to achieve elements of the Best Practice Clinical Learning Environment’s (BPCLE) Framework.

There are six key characteristics of high-performing clinical learning environments in the Framework:

* An organisational culture that values learning;
* Best practice clinical practice;
* A positive learning environment;
* A supportive health service-education provider relationship;
* Effective communication processes;

Appropriate resources and facilities.



The project focused on introducing as many elements from the BPCLE Framework as was feasible (Table 1).

Table 1: The Best Practice elements integrated within the project

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| BPCLE | Project outcomes |
| * An organisational culture that values learning * A positive learning environment * Appropriate resources and facilities | The capital investment provided by this project to DWECH will improve the quality of student placements for years to come and provide training facilities within the organisation.  This investment has provided for good quality student study rooms, clinical supervisor room, a library, meeting rooms and a training room.  These facilities provide for:   * Better experiences for all learners and for staff involved in delivery of education and training; * A space to promote interdisciplinary learning for all partners and their students, leading to better relationships between partners, disciplines and between staff.   With this funding, DWECH was also able to refurbish five aged care units into onsite studio apartments for students. These high quality and affordable suites further demonstration the value DWECH places on students experiencing the culture of an Aboriginal Community Controlled Health Organisation (ACCHO). |
| Best Practice clinical practice | This project expanded clinical placement capacity by 35 students / 356 clinical days and introduces interdisciplinary cultural safety training materials and delivery to students.  All students were asked to complete a post-placement questionnaire. In summary (77% response rate): 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. |
| * A supportive health service/education provider relationship * Effective communication processes | The project developed an Memorandum of Understanding outlining roles and responsibilities for each partner and the Terms of Reference guided the business rules of the Steering Group meetings.  DWECH participated in ViCPlace planning and have introduced the scheduling tool into operational practice.  Partners adopted a common education provider relationship agreement; student safety checklist and Clinical Supervisor’s Handbook.  The Clinical Supervisor’s Handbook included sections on:   * Roles and responsibilities of the Clinical Placement Partnership Coordinator; Student Liaison Officer and supervising clinician in each setting and the education provider * Supervision – definition, function and purpose * Being an effective supervisor * Student assessment * Giving effective feedback * Working with Aboriginal and Torres Strait Islander people   These initiatives have built better relationships between health services, students and their education provider partners. |

Expanded clinical placement capacity, both settings and student disciplines

The expanded capacity is described in the following Table 2 representing the source of students (i.e. education provider) and the number of students and completed days (both actual and expected.)

Table 2: Expanded capacity

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| Education provider: Discipline | November 2013: Expanded capacity |
| Deakin IMMERSe medical students | 2/2 students; 4/12 days completed |
| Deakin interprofessional medical students | 12/16 students; 12/16 days completed |
| Deakin nursing | 2/2 students; 10/10 days completed |
| Monash pharmacy students | 10/10 students; Completed all 145/145 days |
| Monash dietetic students | 2/2 students; 80/110 days completed |
| Lawrence enrolled nurses | 5/16 students; 50/160 days completed |
| Charles Sturt University Indigenous Nursing Studies, | 1/2 student; 10/20 days. |
| University SA Occupational Therapy | 1/1 student; 45/45 days |
| Revised total at 8 November 2013 = 356 days for 35 students | |

Clinical placement partnership model

Five partners have shared the placement of students across different settings introducing Student Handbooks in two settings and a Clinical Supervisor’s Handbook for all settings. Orientation Kits to support student orientation to both Portland and Heywood communities were developed and placed in all student settings.

Cultural safety training was provided to all students and delivered in an interdisciplinary setting.

Partners cooperated and streamlined their relationships with education providers including the use of a common relationship agreement

DWECH student accommodation

Five onsite aged care units at DWECH were refurbished to student accommodation.

DWECH student facilities including low-fidelity primary health care laboratory

Existing space at DWECH was refurbished to provide a low-fidelity primary health care laboratory, student library, meeting, training rooms and four study rooms to support the delivery of quality placements at DWECH.

Conclusions

Our experience from the DWECH Expanded Settings project is described as follows:

Clinical supervision

* Clinical supervision capacity remains a risk and requires additional elements to support community, primary health; mental health, drug and alcohol and cultural placements;
* We need to work with clinicians and community support staff in small groups to hear their issues and develop local solutions for example, at DWECH Aboriginal health workers and social and emotional wellbeing staff were uncertain ‘what to do’ with students.

At DWECH we need to grow the self-efficacy of DWECH staff to share their unique skills, knowledge and experiences with students regarding the determinants of Aboriginal health, in some settings there are new graduates, especially in allied health disciplines and these clinicians also require additional support.

Interdisciplinary learning

Delivering interdisciplinary cultural safety training has been very positive. Delivered to students very early in their placement and this has supported collaborative learning.

ACCHO (DWECH and Winda-Mara) capacity to provide quality placements

* ACCHO’s readiness to host students requires investment including:
* Working with Aboriginal staff to appreciate and understand their role and others in the health care continuum;
* Increasing awareness and knowledge of cultural safety to improve Aboriginal and Torres Strait Islander health outcomes;
* Increasing awareness and experience of the continuum of care and how this is planned and conducted in a rural setting;
* Improving respect of all disciplines and their role and value across the continuum of care in a rural setting;
* Improving understanding by Aboriginal health workers of their place in the continuum of care and how to express this to students;
* Increasing training delivery competence of Aboriginal health workers to deliver cultural safety training;
* Improving partnerships and understanding between ACCHOs, mainstream partners and education providers
* Improving collegiate respect and understanding between ACCHOs staff and mainstream health providers.

Where to from here

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 ACCHOs.

Background and context

DWECH is an ACCHO located in Portland, in the far south west of Victoria. 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.

In 2011, DWECH hosted six graduate nurses for thirty clinical days in partnership with PDH. DWECH recognised this capacity could be expanded in both numbers and disciplines. The dilemma however, was the capacity to host new disciplines on a fulltime basis given many allied health and visiting services were only part-time and it is from this point, the DWECH Clinical Placement Partnership Model developed.

At the same time, 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. In addition to expanding clinical placement capacity, there was a need to increase the opportunities for student places across the Portland and district region to access cultural safety training whilst in Portland. The rationale for this aspect of the project included:

The Glenelg Shire, where Portland is the centre, has more than three times the average proportion of Aboriginal residents compared with the Victorian average and is home to approximately 400 Aboriginal residents. The demographic profile and trend analysis of the Indigenous population forecast indicates an above mean population growth of 83.3% as compared to 3.14% for the total population.

The case for improving the cultural competency of mainstream workers and to provide students with clinical placement opportunities in Aboriginal controlled health services is urgent. When compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander people have higher hospitalisation rates for cardiovascular diseases (1.7 times); three times the rate of diabetes; higher rates of respiratory disease (with hospitalisation rates for Aboriginal and Torres Strait Islander children aged 0–4 years at almost twice the rate for non-Indigenous children); worsening rates of end stage renal disease; twice the rate of hospitalisation for mental health problems; and higher rates of hospitalisation for injuries and poisoning. Many Aboriginal people consider mainstream agencies to be culturally unsafe and may only access mainstream services as a last resort, thereby contributing to poorer health outcomes, increased health admissions, longer stays and premature mortality.

Summary – project initiation

A new DWECH facility, a strengthening cultural partnership with PDH and the new Portland GP super clinic opening in March 2012, indicated there was capacity to expand clinical placements at DWECH and in partnership at other smaller health services.

The application was prepared by DWECH as lead agency and with PDH, Active Health, and Guardian Pharmacy in Portland as primary partners. Not long after, Heywood Rural Health were keen to participate and were included with Winda-Mara Aboriginal Cooperative, an ACCHO, as together they deliver services for the Heywood Aboriginal community.

The developing partnership agreed to aim for expanding clinical placements for undergraduate student nurses, medical students and allied health students. DWECH reviewed viCProfile data and identified that priority for allied health students would be given to social work as clinical placement opportunities for these students in the BSW is under-represented compared with Victoria; 0.6% of 4.5% respectively[[5]](#footnote-5). Pharmacy students were also considered a priority as this will for the first time in Victoria provide pharmacy students the opportunity to be placed in an Aboriginal controlled health service[[6]](#footnote-6). Identifying priority allied health students was useful however did not exclude other allied health students where agency capacity would provide adequate supervision.

DWECH researched the literature and departmental resources that described the critical elements of the provision of a quality placement and the conditions necessary to implement them to ensure these are included in the project design. We were aiming to provide clinical placements that successfully achieved the aims of the learning goals in each practice setting.

The Victorian Department of Health’s BPCLE was identified as an evidence-based, piloted and evaluated framework. The six elements of this framework included: (1) organisational culture, (2) best-practice clinical practice, (3) a positive learning environment, (4) an effective health service-training provider relationship, (5) effective communication, and (6) appropriate resources and facilities.

It was clear we had the capacity to increase student numbers however we also identified high priority elements to improve quality including: the capability of DWECH infrastructure to provide a good learning environment, competence of supervision, cultural safety student training and improved relationships with education providers.

The project therefore included provision to develop:

* Student accommodation;
* A low-fidelity primary health care laboratory space;
* A student library, working and croup training facility;
* Resources to assist clinical supervision especially for novice clinicians;

Cultural safety training for all students involved in the partnership settings.

Project activities and expected impacts

This project provided the opportunity to provide many benefits to partners and students.

Table 3

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| Project objectives | Expected impacts |
| Provide Best Practice[[7]](#footnote-7) clinical placement for 23 students, 455 clinical days for allied health, nursing and medicine undergraduates each year. | * Expanded Settings for clinical placements. * Increased number of disciplines introduced to new settings. * Increased number of students placed. |
| Provide students with Aboriginal cultural training education manuals, materials and education sessions by Aboriginal health workers and DWECH Closing the Gap coordinators. | * Increased student cultural understanding and awareness. * Increased awareness of race-based discrimination. * Interdisciplinary learning. |
| Build clinical supervision capacity across placement settings. | * Increased focus on student learning outcomes. * Increased clinical supervision self-efficacy. * Increase understanding of the role and function of the clinical supervisor. * Increased consistency of clinical supervision across settings. * Increased recognition of the value and contribution of clinical supervisors. * Increased collaborative practice amongst supervisors * Increased student satisfaction and attainment of learning outcomes. |
| Provide the project associate, the Portland Guardian Pharmacy staff the opportunity to attend DWECH cultural education with the view to improving cultural safety for Aboriginal people accessing medicines and health information from the local retail outlet. | * Increased cultural security delivered by the Guardian Pharmacy staff. * Improved communication between pharmacy staff and the Aboriginal and Torres Strait Islander community of Portland. |
| Develop a purpose built primary health care laboratory within the existing DWECH building infrastructure. | * Students have designated space to learn clinical skills. * Increase student satisfaction. * Increased attainment of learning outcomes. |
| Develop a multidisciplinary learning and library classroom and supervisors space within the existing DWECH building infrastructure. | Students have designated place within DWECH to undertake study, learning and reflective practice. |
| Provide onsite accommodation for four students including kitchen, bathroom and lounge room facilities. | Secure and affordable accommodation for students  Designated space for interdisciplinary learning and socialising. |
| Develop and evaluate a Clinical Placement Partnership Model between DWECH, PDH and the Portland GP Super Clinic. | Shared placements expose students to the range of specialist disciplines. |
| Develop a clinical placement partnership between DWECH and the Victorian Pharmacy Guild and the Portland Guardian Pharmacy. | Increased placement of pharmacy students in an ACCHO. |
| Develop a clinical placement partnership between DWECH and Winda-Mara. | Increase in the number of students placed in an ACCHO. |

Project management

Governance

The project was managed by a Steering Committee who developed a Memorandum of Understanding including roles and responsibilities and a Terms of Reference to provide the business rules for the meetings.

The initial members of the Steering Committee included:

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| Ros Alexander | CEO DWECH |
| Janice Huggers | Practice Manager DWECH |
| Dr Margaret Garde | Director Clinical Services, Active Health Portland |
| Elizabeth Munro  Annette Hinchcliffe | Clinical Placement Student Facilitator, PDH  Manager Primary and Community Health, PDH |
| Vicky Hunt | Medical Workforce Team Leader – Great South Coast Medicare Local |
| Fiona Heenan | Manager Primary Health Care, Heywood Rural Health |

During the project Vicky Hunt resigned and was not replaced as the Great South Coast Medicare Local was unable to provide a replacement with skills and experience to compliment the Committee, Frank Megans the Director of Nursing from PDH replaced Annette Hinchcliffe. Ruth Barton Coordinator BSW CPN and Judy Nichols, Project Worker, also attended the meetings.

Twelve Steering Committee meetings were conducted with minutes recorded for all. Monthly meets were held at the commencement of the project as roles and responsibilities were being developed and documented. As the project progressed, systems in place and students being placed, meetings became less frequent.

In hindsight, the members of the Steering Committee offered appropriate skills and expertise to manage the project.

Staffing

The project was staffed by a small part time team.

* DWECH CEO provided supervision to the Project Officer and strategic advice.
* Project Officer was appointed for 0.6 EFT for eighteen months however this reduced as an unexpected staff cost was incurred for the time given to the project by the PDH Clinical Placement Student Coordinator. Her time and expertise was invaluable to the project and money well spent however it was an unexpected incursion on the project budget and reduced the hours of the Project Worker reducing attendance at departmental workshops and partner liaison to build partnerships strength
* Clinical Placement Partnership Student Coordinator was appointed to the project from PDH for one day per week. The appointment to this role provided expert experience in clinical placement for the project and as previously stated was invaluable to the project. Unfortunately due to unforeseen illness at the beginning of the project, her expertise was not replaced easily and this resulted in a slow progress

An Aboriginal Administrative Trainee was appointed to the project for 0.5 EFT for twelve months. This role of the trainee was to compile and develop the presentation of the Community Orientation kits developed for Portland and Heywood; work with the BSW CPN viCPlace Coordinator to establish viCPlace administration systems at DWECH and to share this learning with others; to develop and manage the DWECH student accommodation system, provide administrative assistance as needed for meeting preparation and documentation.

Budget

The budget as outlined in the project submission was managed by Sylvan Ridge, a South West accounting business who provides financial management for DWECH, the project auspice.

The project encountered financial constraints including unexpected structural refurbishment costs due to the aged of the facility and unexpected staffing costs attributed to PDH requiring total reimbursement cost for the Clinical Placement Partnership Coordinator.

Timelines

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | December 2011 | January 2012 | June  2012 | December 2012 | January 2013 | June  2013 | December 2013 |
| Funding agreement signed |  |  |  |  |  |  |  |
| Governance and project management established |  |  |  |  |  |  |  |
| Project Officer recruitment |  |  |  |  |  |  |  |
| Partner MOU signed including roles and responsibility |  |  |  |  |  |  |  |
| viCPlace introduced |  |  |  |  |  |  |  |
| Community Orientation Kits developed |  |  |  |  |  |  |  |
| Student Handbooks developed |  |  |  |  |  |  |  |
| Clinical Supervisor’s Handbook developed |  |  |  |  |  |  |  |
| DWECH infrastructure completed – accommodation |  |  |  |  |  |  |  |
| DWECH infrastructure completed – student facilities |  |  |  |  |  |  |  |
| Students placed |  |  |  |  |  |  |  |

Project activities and methodology – performance against stated deliverables

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| Project Activity | Status |
| Partnership Model across DWECH, PDH and Super Clinic | Achieved: student roster, safety checklist, roles and responsibilities of project Clinical Placement Project Coordinator, Student Liaison Officers in each setting and the DWECH Accommodation Booking Officer. |
| Provide Best Practice clinical placement for 23 students from allied health, nursing and medicine each year providing 455 clinical days | Not achieved: 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. |
| Development of manuals including | Achieved: Student Handbooks; Community Orientation Kits; Clinical Supervision Handbook. |
| Transferability of model | Not achieved: the partners required more than twelve months of coordinating student placements to within their organisation. |
| Clinical supervision training | Partially achieved: ACCHOs require additional specific capacity building. |
| Develop Aboriginal cultural safety training education manuals and materials for students and student placements in DWECH, GP Super Clinic, PDH and the Portland Guardian Pharmacy | Achieved:   * Cultural safety training materials * Cultural safety training delivery   Recommendations:  That interdisciplinary cultural safety training be scheduled by the Clinical Placement Student Coordinator for all students of the partnership |
| Winda-Mara Aboriginal health service partnership  Introduce student audiology and pharmacy placements to Winda-Mara Aboriginal health service | Not achieved: Due to staff shortages, Winda-Mara did not have the capacity to host students |
| Establish a partnership for pharmacy student clinical placement across DWECH, the Pharmacy Guild of Victoria, Portland Guardian Pharmacy and PDH | Not achieved: Very good relationship established with Monash University to place students in a shared model across DWECH, PDH and the Guardian Pharmacy. The project required additional time to develop a formal partnership arrangement. |
| Develop a purpose built low-fidelity primary health care simulation laboratory within the existing DWECH building infrastructure | Achieved |
| Develop a multidisciplinary learning and library classroom and supervisor space within the existing DWECH building infrastructure | Achieved |
| Refurbish existing DWECH aged care accommodation suites to suit four students | Achieved |

Project outcomes and discussion

The project delivered against project objectives to build capacity across the partnership.

Table 4

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| Project objective | Achievements |
| Provide Best Practice[[8]](#footnote-8) clinical placement for 23 students, 455 clinical days for allied health, nursing and medicine undergraduates each year. | Partially achieved.  356 clinical days for 35 students.  Reduced placement days were due to students leaving courses; students not desiring to locate to Portland for clinical placement; inadequate clinical supervision capacity.  The post-placement questionnaire was designed to reflect the BPCLE Framework, 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. |

Deakin medical students

One cohort of students (Deakin IMMERSe students) did not value their placement at DWECH. We have subsequently considered the five elements critical to enhancing the clinical placement experience.

First, a culture for quality is required and DWECH is focused on this BPCLE factor as DWECH values positive relationships, supports learning, and promotes Best Practice in service delivery. Secondly, effective supervision of students is a necessary condition of quality placement. The Deakin IMMERSe student supervision required improved communication between the Clinical Placement Coordinator and Deakin, the education provider. Thirdly, learning opportunities characterised by supported participation in patient/client care are needed. Fourthly, quality clinical placements are facilitated by good communication and productive collaboration, within and between placement sites and academic institutions.

Finally, quality placements require a good match between the perceptions of the actual clinical learning environment and the ideal clinical learning environment they desired. DWECH also feels that students were not prepared for their placement in an ACCHO.

Nursing students

The number of Lawrence students was reduced due to the number of students withdrawing from their course.

Allied health students

The placement of Monash students was very successful across settings. The placement type for pharmacy and dietetic students was very different with dietetic students undertaking an eight-week project with a focus on access to food programs for Aboriginal people while the pharmacy students were placed across three different settings, PDH; Guardian Pharmacy and DWECH Service.

Podiatry and social work students were not placed as expected because two supervisors were required for the social work placement and this could not be accommodated and Latrobe did not identify a podiatry student for placement in Portland.

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| Project objective | Achievements |
| Provide students with Aboriginal cultural training education manuals, materials and education sessions by Aboriginal health workers and DWECH Closing the Gap coordinators | * Partially achieved. * 33/35 (90%) of students were provided with cultural safety training involving different disciplines. * The two students not completing training were not available on the day allocated for their training. * We did not specifically measure increased awareness rather satisfaction with the cultural safety training. |

Training sessions were conducted at DWECH Service. Sessions were facilitated by both Aboriginal Elder from the Gunditjmara community and mainstream cultural safety educator.

The training session were conducted over four hours and included:

* **Welcome to country**
* **The Gunditjmara landscape and life before colonisation**
* History of colonisation across the Gunditjmara country
* Arrival of the British colony and Federation of Australia
* History of local massacres
* Establishment of local missions
* The stolen generations
* Stories of the Gunditjmara Nation’s local Aboriginal hero’s
* Gunditjmara native title hero’s
* Australia’s apology
* **Aboriginal families and kinship groups**
* The strengths of the traditional and contemporary families and kinship groups
* The value of family and kinship groups in a crisis
* The experience of ‘shame’ and significance for Aboriginal health and wellbeing
* The challenges within family and kinship groups
* Lateral violence
* Healing centres – evidence-base and local initiatives
* **Aboriginal population health**
* Best Practice of Aboriginal self-identification in health services
* The role of Aboriginal Community Controlled Health Services
* **What cultural safety means to Aboriginal people living in Victoria**
* Local evidence – the cultural experience of Aboriginal people accessing services in south-west Victoria
* **Improving cultural safety in health services existing barriers**
* Cultural respect
* Communication and language
* Written health information
* Health service forms, assessment, admission, discharge and referral
* Trust building
* Workforce issues
* Transport
* Cost
* Organisational race-based discrimination
* The appearance of organisations
* **Organisational innovation to address barriers**
* **Service specific innovation to address barriers**
* **Key health services messages to strengthen cultural safety for Aboriginal people**

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| Project objective | Achievements |
| Build Clinical Supervision capacity across placement settings. | Partially achieved: 15 Portland and Heywood Clinicians attended the novice and advanced Clinical Supervisor’s training delivered by Barwon Health (Dr Deb Schultz Project).  We did not identify the role of the clinicians in delivering supervision at the completion of their training.  The project developed one Clinical Supervisor’s Handbook for use across all settings. |
| Provide the project associate, the Portland Guardian Pharmacy staff the opportunity to attend DWECH cultural education with the view to improving cultural safety for Aboriginal people accessing medicines and health information from the local retail outlet. | Not achieved: Guardian Pharmacy Staff did not attend cultural safety training as the time was not convenient. |
| Develop a purpose built primary health care laboratory within the existing DWECH building infrastructure.  Develop a multidisciplinary learning and library classroom and supervisor space within existing DWECH building infrastructure.  Provide onsite accommodation for four students including kitchen, bathroom and lounge room facilities. | Achieved: Better experiences for all learners and for staff involved in delivery of education and training.  A space to promote interdisciplinary learning for all partners and their students, leading to better relationships between partners, disciplines and between staff. |
| Develop and evaluate a Clinical Placement Partnership model between DWECH, PDH and the Portland GP Super Clinic (Active Health). | Achieved: This project demonstrates that a model where by students are shared across small rural health settings can expand local capacity. |
| Develop a clinical placement partnership model between DWECH and the Victorian Pharmacy Guild and the Portland Guardian Pharmacy. | Partially achieved: Very good relationship established with Monash University to place students in a shared model across DWECH, PDH and the Guardian Pharmacy. The project required additional time to develop a formal partnership arrangement. |
| Develop a clinical placement partnership model between DWECH and Winda-Mara. | Not achieved: Due to staff shortages, Winda-Mara did not have the capacity to host students. |

Sustainability

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| DWECH Sustainability enabler | Approach | Impact |
| DWECH Closing the Gap cultural education materials | The DWECH Closing the Gap initiative has provided the opportunity to develop a suite of education programs including self-identification based on National Best Practice Guidelines (2010), local history, cultural competency issues, strategies and reflective practice for mainstream staff and ‘on country’ visits. | Clinical placement students and the local Portland Guardian Pharmacy staff were provided with cultural education from DWECH staff and Gunditjmara Elders – This will be sustainable, however dependent on whether people are able to attend the schedule of training provided.  The cost for this ongoing activity will be borne in DWECH operational costs however specific student training for small numbers in groups will be discontinued. Students will be required to attend group training scheduled with other workplace settings however one-to-one cultural awareness with occur through engagement with the Aboriginal workforce and specific RACGP accredited training when scheduling permits. |
| DWECH Infrastructure | The low-fidelity primary health care laboratory will remain in place for all students.  Refurbishment of existing DWECH studio flats. | DWECH facilities have been developed for all future students.  This will be sustainable. The cost for maintaining the infrastructure will be borne by DWECH capital and operations budget. |
| DWECH integration with mainstream agencies | The partnership between DWECH-PDH and the GP Super Clinic will develop a model for shared clinical placements of students from different disciplines.  EFT project worker will be appointed for six months to develop the model in consultation with all parties. After one year, another appointment 0.2 EFT for three months will be appointed to evaluate the model.  The model will reflect the key elements of a Best Practice clinical learning environment including: organisations that value learning; Best Practice clinical practice; positive learning environment; good education providers relationships; effective communication; clearly defined roles and responsibilities; appropriate resources and facilities for a quality multidisciplinary learning environment and an evaluation framework.  A Clinical Supervisor’s Manual will be developed and accessed across all placement settings.  The initial project worker will also develop the partnership for pharmacy students between DWECH, the Victorian Pharmacy Guild, the Pharmacy and Winda-Mara Aboriginal health service. | * A model to ensure the clinical practice experience reflects Best Practice for clinical placements. * A model that demonstrates the integration of primary health care and secondary care practice. * A model that promotes multi-disciplinary collaboration. * A model that demonstrates the challenges of cultural practice in mainstream agencies. * A model that demonstrates the integration of services between an ACCHO and mainstream services. * A model that builds clinical supervision capacity and consistency across placement settings.   This activity is not sustainable without an ongoing central coordination and project management role to further build capacity and embed shared clinical placement activity across partners.  The BSW CPN Coordinator facilitated a meeting with partners to develop a sustainability strategy. The outcome was that this activity will not be sustained as no commitment was able to be obtained from project partners to fund an ongoing central coordination and project management role to further build capacity and embed shared clinical placement activity across partners. |
| Rural workforce recruitment and retention | DWECH and PDH have shared the placement of graduate nurses and are aware that students enjoy and value their time in an Aboriginal controlled health service.  DWECH staff also value the placement of students in the DWECH service. | Clinical placement students may return to Portland for employment and lifestyle as graduates  Workforce recruitment and retention in DWECH, PDH and the Portland GP Super Clinic may increase.  This is aspirational however, many students had a positive experience and continuing to expand clinical placements is a workforce strategy for the partners. |
| Transferability of DWECH-PDH – GP Super clinic clinical placement partnership model | Once evaluated the clinical placement partnership model for Aboriginal mainstream services may be transferable to other settings.  DWECH CEO will promote the model at VACHO meetings and present at Aboriginal and health workforce conferences.  The evaluation report will be forwarded to the BSW Department of Health regional office and Health Workforce Australia. | Increase in the number and quality of cultural placements across Australia.  DWECH has promoted the model in VACCHO forums, this will be ongoing.  The cost for this activity will be borne by the DWECH operational budget for the CEO to attend VACCHO meetings. |

Limitations and solutions

The sustainability of this project is limited by the availability of ongoing funds to build capacity and to strengthen the partnership.

Evaluation

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| Objectives | Key Performance Indicator i.e. the information it has provided | Evaluation approach | 2013 evaluation framework methodology |
| Provide Best Practice clinical placement for 23 students from allied health, nursing and medicine each year providing 455 clinical days. | 1. Number of students  2. Number of clinical days  3. Satisfaction of students and education provider with placement  4. Completion of learning objectives across each discipline and education provider  5. Number of opportunities for multidisciplinary learning Best practice audit | Record of attendances  Formal questionnaire and exit interviews with students  Annual and as requested education provider consultation.  Log book provided in laboratory and for cultural training, completed by clinical supervisor. | 1 and 2. Add up students and clinical days as per viCPlace schedule.  3. Satisfaction of students – as per post-placement student questionnaire.  4. As per post-placement questionnaire i.e. Did you complete a learning contract or portfolio as part of this clinical placement (yes, no, unsure).  5. As per post-placement student questionnaire i.e. How often were you included in any of the following types of interprofessional activity in the course of your placement? (Regularly, sometimes, infrequently or never).  Best Practice audit – the post-placement questionnaire contains all elements of the BPCLE Framework. |
| Provide students with Aboriginal cultural training education manuals and materials. | 6. Satisfaction with cultural education materials and learning experience for each training module | Student evaluation at the completion of each training module | 6. As per post-placement questionnaire   * Overall, how satisfied were you with the cultural safety training (very satisfied to very dissatisfied). |
| Develop a purpose built primary health care laboratory within the existing DWECH building infrastructure. | 7. Working laboratory providing access to equipment and supervision to meet student learning objectives and requirements | Laboratory log book to record issues, additional equipment needs, functionality etc. | 7. Log book in place and comments will be collated. |
|  | 8. Satisfaction of students, supervisors and education providers with the laboratory experience. | Formal questionnaire and exit interview with students. | 8.Students – as per post-placement questionnaire:  If you were placed at the DWECH and used the training rooms: Overall, how satisfied were you with the facilities (Very satisfied to very dissatisfied).  Overall, how satisfied were you with the availability of the learning resources provided by the health service during your clinical placement? (Very satisfied to very dissatisfied).  Overall, how satisfied were you with the quality of the learning resources provided by the health service during your clinical placement? (Very satisfied to very dissatisfied). |
| Develop a multidisciplinary learning and library classroom and supervisor’s space within the existing DWECH building infrastructure to support at least three undergraduate students at any given time. | 9. Satisfaction of students, supervisors and education providers with the learning and library classroom and supervisor space. | Formal questionnaire and exit interview with students.  Classroom log book to record issues, additional equipment needs, functionality etc. | Refer to 8. Post-placement questionnaire does not differentiate between training room and learning and library classroom.  A log book will be placed in each area and comments collated. |
| Refurbish existing DWECH ‘aged care’ accommodation suites to suit student three students at any given time. | 10. Satisfaction with accommodation.  Number of opportunities for multi-disciplinary social activities. | Formal questionnaire and exit interview with students.  Accommodation log book to record issues, additional equipment needs, functionality etc. | 10 As per post-placement questionnaire.  If you stayed at the DWECH units on 18 Wellington Road, Portland Overall, how satisfied were you with the accommodation? (Very satisfied to very dissatisfied).  Note: Five accommodation suites available for students at any given time. |
| DWECH – PDH and Portland GP Super Clinic clinical placement partnership model. | 11. Number of enablers identified to enhance the sustainability and quality of clinical placements. | Minutes taken at each meeting.  Development of specifications and evaluation framework for partnership model.  Number of issues encountered and capacity to resolve. | 11. A copy of meeting minutes will be provided.  This evaluation framework provides the specifications. |

The DWECH clinical placement partnership project has:

* Increased the number of students placed by 36 with 356 clinical days;
* Enabled students to be shared across settings;
* Introduced a retail pharmacy outlet into shared placement arrangements (pharmacy/PDH/DWECH);
* Increased recognition of clinical supervisors through the development of one handbook for use across all settings;
* Introduced clinical supervision training for both advanced and novice levels;
* Introduced Student Handbooks at DWECH and increased consistency across Heywood Rural Health and PDH;
* Provided access to cultural safety training to all students placed within the partnership;
* Provided access to student accommodation at DWECH to all students within the partnership;

Developed infrastructure to provide a quality low-fidelity primary health care simulation laboratory; teaching; meeting.

Our experience is that our partnership model has increased capacity and we support evidence that: “Both health services and education providers ranked the development of genuine partnerships, and better coordination and communication between education providers and health services as the most important option for improving issues with clinical placements”[[9]](#footnote-9)

Our DWECH Expanded Settings project has experienced the benefits of planning sessions with education providers and the viCPlace software, whose scheduling system streamlines communication between our partners and the education providers.

Suitability of clinical supervision training

* Our experience from the DWECH Expanded Settings project is that:
* Clinical supervision capacity remains a risk.
* We need to work with clinicians and community support staff in small groups to hear their issues and develop local solutions for example, at DWECH, Aboriginal health workers and social and emotional wellbeing staff were uncertain ‘what to do’ with students.
* At DWECH we need to grow the self-efficacy of our staff to share their unique skills, knowledge and experiences with students regarding the determinants of Aboriginal health, in some settings there are new graduates, especially in allied health disciplines and these clinicians also require additional support.

We recognise that traditional models of clinical supervision have not been the ‘best fit’ within an ACCHO environment.

Student interdisciplinary learning

Our experience from the DWECH Expanded Settings project has been that delivering interdisciplinary cultural safety training has been very positive. We deliver this training very early in a placement and this has supported collaborative learning.

ACCHO capacity building

DWECH have observed that within the organisation not all staff are confident to host students. Low self-efficacy remains – even with novice training. Our aim is to build the self-efficacy of ACCHO staff to host students by exploring alternative arrangements and content for clinical supervision, this element of the program has been included in the application for Local Innovations Funding.

Future directions

The benefits of placement sharing will be the driver for students being placed across settings. Without ongoing funding to support the Clinical Placement Partnership Coordinator at 0.2 EFT the project partnership needed to disband. The partnership will however, remain collegiate in our approach for student placements as this worked well with the great potential to expand capacity and quality of clinical placement opportunities in our rural setting.

1. Note: after the project commenced, three new partners joined the development of the ‘model’. These were Heywood Rural Health, Guardian Pharmacy and Winda-Mara Aboriginal Cooperative. [↑](#footnote-ref-1)
2. Best Practice Clinical Learning Environment Framework Implementation PHASE No. 1 March 2010. Darcy & Associates. [↑](#footnote-ref-2)
3. The number and type of student’s to be placed is in accordance with the DWECH project submission to the Victorian Department of Health. [↑](#footnote-ref-3)
4. National Police Check (current on the 1 January every year of enrolment).

   Working with Children Check (current, note this check lasts five years).

   Immunisation Certificate (Hepatitis B & C; Measles, Mumps and Rubella (MMR) Diphtheria, Polio, Tetanus.

   Pertussis (ADT) Tuberculosis (recent mantoux) Varicella (Chicken Pox) Annual Influenza vaccine. [↑](#footnote-ref-4)
5. ViCProfile. [↑](#footnote-ref-5)
6. Personal Communication, Stan Gomer (Victorian Pharmacy Guild) and Ros Alexander (CEO DWECH). [↑](#footnote-ref-6)
7. Best Practice Clinical Learning Environment Framework Implementation PHASE No. 1 March 2010. Darcy & Associates. [↑](#footnote-ref-7)
8. Best Practice Clinical Learning Environment Framework Implementation PHASE No. 1 March 2010. Darcy & Associates [↑](#footnote-ref-8)
9. Untapped capacity for clinical placements in the Riverina ICTN. Does it exist, where is it, and can it be used. Final Report May 2013. Riverina ICTN. HWA Funded. [↑](#footnote-ref-9)