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| SGV 541 as RGB - 2cm wide at 300dpi1009016 VCP A4 newsletter portrait_Word setup topRural Accommodation and Infrastructure Program Final Project Report  |

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| **Project name:** | Loddon Mallee RAI/ WoSSP Project |
| **Total Department Funding (GST excl)** | $156,476 |
| **Other Funding (GST excl)** | N/A |
| **Project completion date** | 10 December 2013 |
| **Report Author:** | Natalie Radomski  |
| **Contact Email:** | natalie.radomski@monash.edu |

1. **Background and Context**

The purpose of the RAI funded Whole-of-System Student Placement (WoSSP) project was to:

* consolidate the clinical placement quality and capacity gains achieved from the 2011/2012 WoSSP project in the Mount Alexander Shire (centred on Castlemaine Health)
* prepare a detailed action plan to implement the WoSSP model in a second rural clinical placement site in 2014 (centred on at Maryborough District Health Service).

The work completed during this project paves the way for the WoSSP model and implementation resources to be transferred to other Loddon Mallee placement organisations/sites and across the state.

1. **Project Objectives and Expected Impacts**

**Project Objectives**

1. Integrate the WoSSP model within Castlemaine Health (CH) by embedding the educational supports for the patient journey curricula and interprofessional learning process within the CH Community Rehabilitation Centre, Hospital Admissions Risk Program (HARP)
2. Consolidate the governance structures, inter-organisational communication systems and data monitoring processes used to support and track WoSSP program implementation
3. Develop strategies to further identify and document student educational outcomes from the WoSSP program for career progression and workforce preparation purposes (e.g. for inclusion in Graduate Nurse Applications, Medical Internship Applications and student CVs)
4. Consolidate the health service, community and patient participation strategies required to implement and sustain the WoSSP model over time
5. Review, document and customise the revised WoSSP model and shared governance structures for implementation in the Maryborough region in 2014
6. Make recommendations for the transferability/rollout of the WoSSP model at a regional level in designated educational precincts across the Loddon Mallee region and across the state

**Expected outcomes and impacts**

1. A fully documented and refined educational model customised for and integrated into the health service structures in Castlemaine Health and the Mt Alexander Shire.
2. A set of interprofessional learning and teaching resources including student and supervisor guides, patient journey workbook, references lists and shared health assessment tools.
3. A formalised student/patient/HARP handover process to provide a structured healthcare feedback loop into the local health service at the conclusion of WoSSP placement rotations.
4. A documented community engagement and patient acknowledgement process that recognises the contributions of individual patients and the local community in educating the next generation of health practitioners.
5. fully documented governance and management structure that locates this project in a larger and functioning hospital system/rural education precinct for placement of students, including details of ongoing internal and external resources needed to run this project, relevant position descriptions and memorandums of understanding between universities, hospitals and any other agencies that form part of this model.
6. A WoSSP organisational planning/implementation module and resource kit that can be transferred to other Loddon Mallee placement organisations/sites and across the state.
7. Identification of process and impact measures to evaluate if/how the revised WoSSP model and student learning process may influence patient healthcare, health service activities and student work readiness/professional formation.

**Project Management**

*Project governance*

* The WoSSP Steering Group provided governance and monitoring for the project. Representatives from the Maryborough pilot site joined the WoSSP Steering Group in 2013.
* Project management occurred through the Monash, School of Rural Health, North West Medical Education Unit in the Bendigo Regional Clinical School
* Regular progress reports have been provided to the Loddon Mallee CPN Committee, the Department of Health and Castlemaine Health Senior Executive

*Stakeholder engagement and consultations*

Community engagement and agency partner consultation is a core element of the WoSSP program model. These activities occurred on a regular basis throughout the project including:

* scheduled WoSSP Curriculum working group meetings and program review workshops (held at beginning, mid-year and end of year)
* regular WoSSP placement site visits by the WoSSP project manager and project officer to Castlemaine Health and Maryborough District Health Services (MDHS)
* establishment of WoSSP Working Group at MDHS
* scheduled meetings/site visits with community health and welfare service agencies involved in the WoSSP Project in Mt Alexander and Goldfields Shire
* involvement of Castlemaine community health service/agency representatives in student group presentations held at the end of the semester 1 & 2 WoSSP programs
* participant program evaluation feedback collected at the end of the semester 1 and 2 WoSSP programs

The project has been completed on time and on-budget.

1. **Project performance against stated deliverables**

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| --- | --- | --- | --- |
| Project Activity | Project Deliverable / Target | Due Date | Status (ie. complete, not complete) |
| 1. The WoSSP governance structure, inter-organisational communication systems and data monitoring processes are consolidated and embedded at Castlemaine Health and in La Trobe and Monash University Curricula.
 | Progress Report 1Progress Report 2Final Project Report/ Acquittal | **June 2013****September 2013****December 2013** | **Completed****Completed****Completed** |
| 1. A WoSSP organisational planning/implementation module and supporting resources that can be used by other rural health services involved in piloting the WoSSP Model in the future
 | Final Project Report/ Acquittal | **December 2013** | **Completed**: The WoSSP Implementation Module and Resource Kit is currently being printed. (Sent to Printer Monday 9 December, 2013) A Pdf version of the Module will be also be provided to the Department of Health for uploading to the Vic Portal website (by close of business 20 December 2013) |
| 1. A formal project plan to expand the WoSSP model to Maryborough District Health Service (MDHS) is prepared and endorsed by MDHS executive prior to roll out in 2014.
 | Final Project Report/ Acquittal | **December 2013** | **Completed and endorsed by MDHS Senior Executive Group**.  |

1. **Project Outcomes**
2. The educational supports for the WoSSP program have been refined and integrated into the health service structures/HARP program in Castlemaine Health and the Mt Alexander Shire. (**Outcome 1)**
3. The WoSSP model and educational program has been refined and is fully documented in the WoSSP organisational planning/implementation module and resource kit. **(Outcome 7)**

The WoSSP Planning Module and Resource Kit includes:

* a complete set of interprofessional learning and teaching resources including student and supervisor guides, patient-centred care curriculum/support resources, references lists and shared health assessment tools **(Outcome 2)**
* a formalised student/patient/HARP handover process to provide a structured healthcare feedback loop into the local health service at the conclusion of WoSSP placement rotations **(Outcome 3)**
* a documented community engagement and patient acknowledgement process that recognises the contributions of individual patients and the local community in educating the next generation of health practitioners **(Outcome 4)**
* fully documented governance and management structure that locates this project in a larger and functioning hospital system/rural education precinct for placement of students, including details of ongoing internal and external resources needed to run this project, relevant position descriptions and memorandums of understanding between universities, hospitals and any other agencies that form part of this model **(Outcome 5)**
* identification of process and impact measures to evaluate if/how the revised WoSSP model and student learning process may influence patient healthcare, health service activities and student work readiness/professional formation **(Outcome 6)**

*(See Attachment D: Table of contents WoSSP Implementation Manual and Resource Kit)*

1. **Evaluation**

**What were the positive aspects of the small capital and equipment program?**

* Enabled the WoSSP model, teaching roles, interprofessional learning process and educational supports to be refined and embedded within Castlemaine Health and the Hospital Admissions Risk Program.
* Enabled the WoSSP model to be fully documented in an organisational planning module/resource kit format for adaptation by other small health services in the Loddon Mallee and beyond (including a second WoSSP site in Maryborough)
* Enabled the WoSSP patient-centred care curriculum to be consolidated including a detailed policies and procedures for:
	+ shared clinical placement planning
	+ patient involvement in the WoSSP program
	+ student participation in interprofessional learning activities in expanded community settings (including local general practices, community health agencies and patient homes)
	+ patient clinical handover back to the health service at the end of the WoSSP program
* Outcomes achieved from the WoSSP program clearly demonstrate substantial achievements in increasing the number of student placement days in the Castlemaine region during 2012 and 2013. (N.B. student placement numbers will also increase in Maryborough in 2014)
* An expression of interest has been received to involve La Trobe University pharmacy students in the WoSSP program in 2014
* Our program evaluations for 2013 demonstrate high-level educational satisfaction from students and patients regarding their experiences in the WoSSP program.
* Cost benefit measures for the WoSSP program have been identified for application in 2014

**What didn’t work or was most difficult?**

* The length and timing of clinical placement rotations is a continuing challenge: Student placement start and end dates vary among the health disciplines are dictated by pre-existing course and subject requirements. This variability creates difficulties in timetabling different health disciplines to be present together for an extended period and can impact on the depth of student involvement in some cases (particularly for the allied health students). Full resolution of this placement scheduling issue requires institutional review of the course curriculum/placement streams and was beyond the scope of the WoSSP program alone.

**Did the project run to budget?** Yes

**What are the key learning from this program to take forward?**

* The WoSSP clinical educator position is pivotal to the success and sustainability of the WoSSP program. The role requires someone with clinical expertise and educational experience who can comfortably teach students from different health disciplines, placement backgrounds, ages and stages of learning. It also requires someone who is able to deal with complexity and uncertainty in the course of their work (at educational program and systems level).
* The WoSSP clinical educator position has the potential to provide educational leadership within the host health service by facilitating the development of a customised educational precinct within the local rural health system. Building a network of WoSSP educators across the state would strengthen and support this teaching, community engagement and educational precinct development role.
* WoSSP dissemination requires a systematic, local-level approach to clinical placement planning and active engagement of health services, health education providers and local community members in adapting the WoSSP program and module resources for their needs.
* The WoSSP clinical placement governance model and educational program design aligns with the Best Practice Clinical Learning Environment (BPCLE) Framework and has the potential to strengthen the BPCLE implementation strategy.
1. **Conclusion**

**Sustainability and next steps for 2014**

Arrangements to continue the WoSSP program in the Mount Alexander Shire (Castlemaine Health) and Goldfields Shire (Maryborough District Health Services) are currently being put in place for 2014. Agreement has been confirmed for the following activities.

It is anticipated that:

* The WoSSP Steering Group will continue with senior manager representatives from Monash and La Trobe Universities, Castlemaine Health, Maryborough District Health Services and the WoSSP clinical educators from each site. Secretariat support has been offered as an in-kind contribution from the La Trobe Rural Clinical School
* WoSSP program management and administration for the two existing WoSSP sites will be provided by staff in the Monash, School of Rural Health, North West Medical Education Unit (in consultation with La Trobe and rural health service partners)
* A nominated academic staff representative from the La Trobe Rural Clinical School will assist with clinical placement educational liaison and curriculum development advice for Nursing and Allied Health disciplines regarding the WoSSP program including:
	+ advice on clinical placement allocations
	+ educational liaison and briefing for La Trobe Year level coordinators and student participants
	+ educational engagement/liaison with clinical supervisors based in WoSSP placement sites
	+ Updates for La Trobe clinical placement officers
* In-kind support from the participating health services to provide a dedicated WOSSP clinical educator for their sites is currently being negotiated/finalised. This part-time role costs approximately $6,000 plus on salary costs and is needed for the WoSSP program to run in 2014.
* To further consolidate the WoSSP patient centred care curriculum, a collaborative, interprofessional simulation workshop focused on patient home visits (eg. Personal safety, handling information and managing conversations) is in development for Semester 1 2014.
1. **Attachments**
2. Funding Acquittal X
3. Asset Register N/A
4. Photo’s (optional) N/A
5. Other (Table of Contents for WoSSP Implementation Manual and Resource Kit X

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| SGV 541 as RGB - 2cm wide at 300dpi1009016 VCP A4 newsletter portrait_Word setup top**ATTACHMENT A**Rural Accommodation and Infrastructure Program Final Acquittal Statement  |

 Attachment A

Project name: Loddon Mallee RAI/ WoSSP Project

Date of project completion: 10 December 2013

|  |  |  |
| --- | --- | --- |
| **Income** | **Total** **$** | **DH Funding Acquittal****$** |
| Funding received from Department of Health | $156,476 | $156,476 |
| Other Funding | N/A | N/A |
| **Total Income**  | $156,476 | $156,476 |
|  |  |  |
| **Expenses**  |  |  |
| Personnel | $96,862 | $96,862 |
| Operational Costs | $37,114 | $37,114 |
| Desktop Publishing | $16,000 | $16, 000 |
| Patient Journey Consumables | $1,500 | $ 1217.75 |
| Transport and Accommodation costs | $5,000 | $5282.25 |
| **Total Expenditure**  | **$156,476** | **$156,476** |
|  |  |  |
| **Surplus / (Deficit)**  |  |  |
|  |  |  |

\* All figures are exclusive of GST

I confirm that:

* This project is complete
* The information provided in the table has occurred and is accurate

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Kerrie Thomsen

Position: Regional Manager, Bendigo Regional Clinical School

Date:16 December, 2013

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 Attachment B

Asset Register

| **Asset** | **Cost (GST excl.)** | **Supplier**  | **Planned order date**  | **Actual order date** | **Planned delivery date**  | **Actual delivery date** | **Asset storage (where is the asset stored)**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Not applicable** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Add more rows as required* |  |  |  |  |  |  |  |

Attachment D:

Table of contents WoSSP Implementation Manual and Resource Kit

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| Where has this planning module come from? ……………………………………………………………………………….. | v |
| Contributors ………………………………………………………………………………………………………………………………….. | vi |
| **1** | **Background** …………………………………………………………………………………………………………………………. | **1** |
| **2** | **Getting started** ……………………………………………………………………………………………………………………. | **7** |
|  | G2.1 Defining the local government area for the WoSSP programG2.2 Setting up governance arrangements for the WoSSP programG2.3 Identifying population health priorities for your local areaG2.4 Mapping your existing clinical placement structures, staff and admin processesG2.5 Planning student placement allocationsG2.6 Mapping the curriculum |  |
| **3** | **Developing the program** ……………………………………………………………………………………………………… | **9** |
|  | G3.1 Customising the WoSSP modelG3.2 Developing your action planG3.3 Using action research strategiesG3.4 Recruiting a WoSSP clinical educatorG3.5 Engaging your communityG3.6 Preparing your Community Services BriefG3.7 Embedding the WoSSP program within an appropriate health service programG3.8 Adapting WoSSP clinical placement policies for your context |  |
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| **5** | **Customising and teaching the program** ………………………………………………………………………………. | **13** |
|  | G5.1 Active learning and group workG5.2 Adapting WoSSP teaching plan for your settingG5.3 Building a shared approach to teaching the program G5.4 Scheduling your WoSSP group learning days G5.5 Orienting students to the WoSSP programG5.6 Matching students teams with patientsG5.7 Preparing students for patient home and community visitsG5.8 Conducting team-based health assessments in general practiceG5.9 Preparing for the student group presentationG5.10 Patient clinical handover to health serviceG5.11 Acknowledging patientsG5.12 Linking WoSSP with student professional portfolios |  |
| **6** | **Evaluating the program** ……………………………………………………………………………………………………….. | **15** |
|  | G6.1 Program evaluation methodsG5.2 Program evaluation tools |  |

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| --- | --- | --- |
| **7** | **Resource kit** |  |
| 2 | Getting started |  |
|  | T2.2.a Rural health system analysis checklistT2.2.b Terms of Reference Steering GroupT2.2.c Memorandum of Understanding T2.4 Clinical placement structuresT2.5 Student placement allocation spreadsheet (MS Excel)T2.6a Curriculum mapT2.6b WoSSP program objectives |  |
| 3 | Developing the program  |  |
|  | T3.2 Action planT3.4 WoSSP clinical educator PDT3.5.a Information sheet for student supervisors and health service staffT3.5.b Brochure for patients, carers and their familiesT3.5.c Information sheet for prospective studentsT3.5.d Poster for GP clinics and health servicesT3.6 Community services briefT3.8.a Student placement policyT3.8.b Student code of conductT3.8.c Safety for patient home and service visitsT3.8.d Patient selection policyT3.8.e Patient home visits and appointments procedureT3.8.f Patient clinical handover procedure |  |
| 4 | Engaging health services and recruiting patients |  |
|  | T4.1 Patient-centred curriculum planning timelinesT4.2 Patient information sharing agreementT4.3.a Patient database spreadsheet (Ms Excel)T4.3.b Patient selection checklistT4.5.a Patient written consent formT4.5.b Student confidentiality agreementT4.6 Patient health summaryT4.7 Patient appointment letter |  |
| 5 | Customising and teaching the program |  |
|  | T5.2 Teacher's guideT5.4 Student guideT5.6 Student teams-patient allocationsT5.11 Patient/client certificate of appreciationT5.12 Student certificate of participation |  |
| 6 | Evaluating the programT6.1.a Evaluation planning matrixT6.1.b Student questionnaireT6.1.c Patient SurveyT6.1.d GP focus group interview questionsT6.1.e WoSSP clinical educator interview questionsT6.1.f Health service program coordinator interview questionsT6.1.g Student focus group questionsT6.1.h Health staff focus group questionsT6.1.i WoSSP cost-benefit analysisT6.1.j Student placement data collection tablesT6.2 Evaluation report |  |