

CPN Strategic Projects

Case study

Promoting education as core business in the Gippsland CPN

Project summary

Key aims of this project were to expand clinical placement capacity by identifying the potential to provide quality placements in expanded settings. An action research approach was adopted to explore the extent to which education manifests in health services' operational planning and activities and identify the barriers that impact on education being part of the core business of the organisation. This project engaged stakeholders in a reflection on the educational profile of their organisation to promote their realisation of the need for education to be seen as core business and facilitated opportunities for them to strengthen their clinical learning environments (CLEs) by aligning their operations with the Best Practice Clinical Learning Environments (BPCLE) (Darcy Associates, 2009).

Drivers and challenges

Quality was identified as a key concern for the Gippsland Clinical Placement Network (CPN). Failure of rural health services to value education and professional development as core business creates a clinical environment that is not conducive to Best Practice or optimal learning (Happell et al., 2004). The quality of the CLE and how it is experienced by students affects their ability to develop requisite professional knowledge, skills and values in the real world context (Kelly, 2007; Levett-Jones & Lathlean, 2008; Saito et al., 2010), their motivation to learn, self-confidence and overall morale (Cardell et al., 2008; Curtis et al., 2006; Saito et al., 2010).

Factors influencing students' placement experiences include: familiarity, a sense of belonging, feeling welcome, accepted, trusted, and respected, feeling valued as a contributor to patient care, being given opportunities to practice with some autonomy and access to emotional and clinical learning support (Brammer, 2006; Chan, 2004; Clare et al., 2003; Edgecombe and Bowden, 2009; Lofmark and Wikblad, 2001). The significance of these qualitative aspects of the CLE informed the interview guide and project activities. Adopting an action research approach to involve stakeholders as active change agents enabled targeted strategies to be developed, CLEs in partner organisations to be improved and to increase their potential placement capacity.

Arriving at a solution

Action research was utilised because of its congruence with empowering stakeholders and optimising the success and sustainability of outcomes (Kelly, Simpson and Brown, 2002). This approach allowed action (change, improvement) and research (understanding and knowledge) to be achieved simultaneously and enabled those affected by the change to be involved in the action and the critical reflection, therefore increased their understanding and commitment to planned changes (Dick, 2002). Targeted workshops and developmental activities were provided to stakeholders to promote and reinforce positive changes to the CLE.

The need to increase placement capacity without jeopardizing the quality of student learning has been the driver underpinning the development of the BPCLE Framework by the Department of Health (DH). Providing opportunities for stakeholders to reflect on the existing status of education in their organisation and learn about a BPCLE established a base understanding and motivated commitment to change. Engagement in resource development workshops enabled stakeholders to implement changes to improve the quality of the CLE.

Implementation process

A semi-structured interview guide was developed around the six elements of the BPCLE Framework to focus discussions with staff from twenty-two health service organisations in Gippsland. The data was analysed and checked for congruence with the attributes of a BPCLE. The interview findings informed the content of the resource development workshops, strategic planning and identified stakeholders requiring individual assistance.

The Vision and Mission statements of target organisations were also analysed to establish whether education was evident and reflected core business.

The tools developed included the semi-structured interview guide and workshop evaluation instrument.

Outcomes and impacts

This project motivated interest and commitment to expanding capacity for clinical placements in expanded settings that represented areas of demonstrated workforce shortage in the Gippsland CPN. Staff from thirty-eight health services indicated willingness to engage with clinical placement activities. Developmental workshops were undertaken to assist participants to refine education and placement related policies and resources. Encouraging smaller and more marginal placement providers to engage with Gippsland CPN activities situates them well to build their capacity and capability as quality placement providers and enhance their attractiveness to education providers and students. In the medium to long-term the level of commitment shown by participants to promoting education as core business is expected to translate to them continuing to refine their CLEs in accordance with the BPCLE indicators.

Opportunities to network and collaborate with other health care providers were embraced by participants. In the medium-term this opportunity to network may promote collaborative clinical placement arrangements across traditional jurisdictions and build and sustain quality clinical placements in expanded settings.

Participants demonstrated preparedness to take responsibility for clinical education and to promoting a positive CLE by developing their educational profile, policies and resources. In the medium to long-term, the ability of local resource personnel in small health services to take responsibility for clinical education will promote the overall quality of the CLE and the capability of staff in these settings to support and optimise students' clinical learning experiences.

The project activities were embraced by stakeholders possibly due to their commitment to supporting student learning in the practice setting. Elevating the profile of education in expanded settings will help enhance their suitability and acceptability as placement providers in the medium to longer term.

Limitations and management strategies

Engagement with stakeholders was constrained by conflicting workload priorities, dual roles, patient acuity and complexity, time, distance and gate keeping. Access to partner organisations was one of the key limitations of the project, a) for the project team to access stakeholders, and b) for stakeholders to be able to attend and engage with project activities. The issue of access was partially addressed by providing multiple opportunities for organisations to participate in project activities. Project staff were flexible regarding meeting arrangements and delivered workshops in geographically strategic locations to facilitate local networking and reduce the time and costs involved. Gate keepers' in some organisations chose not to engage and obstructed other staff from participating. The project team persevered and sought alternative personnel.

There was a risk that those interviewed may not have been the most appropriate personnel to interview or to act as change agents. Those targeted for interview were limited to the key contacts nominated by the organisation as the most appropriate staff to address education-related information.

Findings can be distorted by a halo effect, such as the failure of staff to acknowledge limitations within their organisation. The trustworthiness of the information gathered was checked by active listening, probing responses to clarify issues and asking participants to provide examples.

Evaluation

- There was limited and variable integration of education as core business in all the health services examined, including lack of reference to education in Vision and Mission statements.
- None of the organisations studied reflected all six elements that characterise a BPCLE, although stakeholders were keen to utilise the BPCLE resources to strengthen their organisational culture and promote a positive learning environment.
- There was considerable variation in the adequacy of resources, facilities and formal protocols available to support staff development, student learning, or manage struggling students. Dedicated education facilities were frequently small or non-existent.
- Placement providers expressed greater satisfaction with long-standing partnerships with education providers which were mutually collaborative and underpinned by better communication.
- The provision of education was perceived to be additional to regular work practices, few organisations provided dedicated staff for education and clinical placement, and there were limited opportunities for supervision training.

Future directions

This project engaged representatives from areas targeted by the DH as expanded settings and suitable for building placement activity. As part of the DH initiative to equip expanded settings as placement providers, the Gippsland CPN has been funded to appoint an expanded settings development officer who will continue to raise the profile of education as core business and hence promote their sustainability as quality placement providers.

Opportunity to apply the BPCLE Framework and utilise resources from the toolkit was considered valuable by participants. They felt this engagement with the BPCLE toolkit would assist them to improve their CLE and indicated they were likely to engage with other resources. The BPCLE Framework has recently been piloted in sites across Victoria by Darcy Associates for the DH. Following evaluation of the trial there is an anticipated rollout (to commence late 2012) of both the framework and resources to assist stakeholders. By actively engaging stakeholders across the CPN in resource development workshops, the BPCLE rollout will assist to maintain the momentum achieved and continue the work that has been undertaken in this project.

There is a continuing need to address the varied levels of supervision training and support. Clinical supervision has been targeted as a priority by Health Workforce Australia and the Gippsland CPN has been funded to advance a coordinated approach to clinical supervision activities. Combined with the other strategic activities planned for the region this provides an opportunity to consolidate and integrate the gains achieved to date.

Further information

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