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South Coast Interprofessional
Clinical Supervision (SCICS) Program

Project summary

The SCICS Project aimed to establish a central clinical supervision program to support the three health services and five medical clinics in the South Coast area to work collaboratively to:

* Increase capacity to provide high-quality undergraduate clinical placements across the subregion,
* Develop a learning culture and further strengthen collaboration amongst member agencies,
* Provide opportunities for student interprofessional learning and practice; and

Reduce duplication of effort and improve the synergistic relations across the member agencies.

Drivers and challenges

The increasing gap between demand and supply of health professionals in rural and remote areas is already well documented. In Bass Coast and South Gippsland however, this gap is exacerbated by a growing population, a substantial proportion of which are retirees looking for a ‘sea-change’. Over the past several years, there has been a dramatic increase in the number of undergraduate students from nursing, medicine and allied health requiring clinical placements in the Gippsland Clinical Placement Network (CPN). One of the key drivers of this increase has been the opening of the Medical School at the Churchill Campus of Monash University (2008). This increase represents an important strategy in responding to the health professional workforce shortages experienced in rural Victoria, particularly in the South Coast area. For example, almost all of the hospital medical officers (HMOs) recruited to Bass Coast Regional Health in the past two years have been overseas trained graduates. However, the opportunity to develop health professionals more locally is limited by the current capacity of local public health and private medical services to provide the clinical supervision needed by this growing population of undergraduate students.

Arriving at a solution

The challenges facing these health services could not be addressed without a willingness to collaborate, share resources and challenge the traditional approaches to clinical supervision. The original project was funded under the Commonwealth’s Increasing Clinical Training Capacity Initiative in 2012. The CSSP funding enabled the project to capitalise on the work that had already started and embed the changes made to the model of clinical supervision practice and management.

Implementation process

The SCICS Program used action research principles to engage managers, clinicians and educators in the partner health services, medical clinics and Monash University to:

* To identify opportunities and strategies for increasing clinical placements and interprofessional learning and practice; and

Develop, implement and review action plans to achieve these objectives.

A strategic planning workshop was held at the commencement of the Project in September 2010 that engaged key stakeholders from the partner organisations. The resulting report formed the basis for the Action Plan, which was constantly reviewed and refined by the Working Party convened for this purpose. The key activities implemented over the course of this Project were:

The objectives of the Project were achieved through a combination of strategies including clinical supervision staff training; testing and refining alternative models of clinical supervision; establishing systems and cultures that foster positive learning experiences for both staff and students; staff engagement strategies and forums; development of organisational policies, supervision manuals and student orientation manuals, and other resources required for best practice clinical supervision.

Outcomes and impacts

This Project produced a range of positive outcomes, many of which have fundamentally changed the way clinical supervision is provided and managed within the health services and the broader subregion. This Project created a level of collaboration between the health services and medical clinics that did not exist before. As a result of the project, health service managers and clinical supervisors regularly communicate and share resources. There is less likely to be duplication of effort now and more willingness to work together. Other significant outcomes attributed to the Project are:

* Increased the overall actual capacity in 2011-13 to provide nursing clinical placements by 1807 hours (55%) across this subregion. Potential nursing placement capacity has been increased by 9662 hours (453%). Medical placements have remained the same as placements were at capacity in 2011. There has been a significant decrease in allied health placement capacity due to budget cuts and reduced staffing levels across all areas of Allied Health in the subregion.
* Created 1672 hours of interprofessional learning opportunities.
* Expanded the settings where students can gain clinical experience, including more specialist acute areas (A&E; theatre) and in primary, community and aged care settings.
* Improved ability to measure and report on clinical placement capacity.
* Improved quality of the placement experience as demonstrated by the extremely positive student feedback and survey results, and improved compliance with the BPCLE tool.

Raised the standard of clinical practice of staff generally because they were under greater scrutiny from students than ever before. The culture and platform for providing effective clinical learning has also supported an increase in graduate nursing positions and staff development.

Challenges and management strategies

One of the greatest risks to the project was lack of engagement by staff at the ground level. It became apparent that strategies implemented at a subregional level, such as the development of resources could only go so far. They needed to be adopted by staff, which was not happening to the extent needed to achieve the objectives. The strategies employed to engage staff included:

The CEOs overtly promoting the project and requiring an account of what was being implemented within their health services.

* Facilitated information and engagement sessions at each of the health services to provide an opportunity for the staff to discuss their current approach and the problems with clinical supervisions and identify strategies that could improve this.
* Assessing their cultures using a validated organisational culture diagnostic tool and engaging staff in defining the culture they believed would foster a best practice clinical learning environment, and implementing strategies to achieve this.
* Funding each health service to provide a designated part-time health service facilitator who could devote time to engaging their colleagues in implementing the Project strategies.

All strategies contributed to gaining more staff buy-in as they ensured the strategies accommodated the local context and needs of the staff.

Conclusions

The increase in the clinical supervision capacity required to meet the demand for placements in a rural setting is best achieved by a collaboration between health services (particularly the staff on the ground), medical clinics and higher education providers. To increase clinical supervision capacity, and enhance its interprofessional focus, strategies need to fundamentally change the traditional approaches to clinical supervision that rely on a select few preceptors, where staff do not accept clinical supervision of students as their core responsibility. The strategies employed in this project to achieve this transformation focused on raising the expectation that clinical supervision was everyone’s responsibility, giving staff the skills to do this well, defining the behaviour norms and developing processes, structures and resources to foster a best practice clinical learning environment. It is critically important to actively engage staff in this venture as early and as often as possible. In this Project this was made possible by creating part-time health service facilitators in each health service to engage staff and support them to make the changes needed.

Future directions and sustainability

Outline any planned work arising from this project and demonstrate how the outcomes will be sustained over the longer term.

Much of the work of the SCICS was designed to create a best practice learning environment in each of the health services that could be sustained beyond the project. In order to sustain the increased clinical supervision capacity created through this project, strategies focused on developing the organisational systems (i.e., data capture; policies and procedures, manuals and resources) and culture to foster positive clinical placements.

Making it clear that all staff were expected to take responsibility for providing positive clinical supervision experiences to students and giving them with the skills was also central in ensuring that positive outcomes of this Project are sustained. The collaborative working relations that were formed between the health services, the medical clinics and the community centre will be sustained and continue to support the sharing of resources, joint system development and training, and rotating student placements across acute, aged care, primary and community care settings. The increase in clinical supervision capacity achieved in this Project has resulted in an increase in clinical placement management and compliance requirements (i.e., ViCPlace and BPCLE). There is a realisation that more resources are needed recurrently to maintain the improved clinical supervision standard and capacity, which have yet to be identified.

There is also interest in establishing a network of clinical preceptors, supervisors and educators that might meet twice a year, possible as part of a regional conference. This type of event would be motivational and inspiring, and foster cross generation of ideas. This might be a strategy that could be facilitated by the Gippsland CPN.

Further information

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