Expanded Settings for Clinical Placement Program

health

Final report

The interprofessional student-led clinic: Supporting older people after discharge from acute hospital admission

Submitted by:

Peninsula Health

In partnership with:

Monash University

December 2013

State Government Victoria

Department of Health

Executive summary

To expand opportunities for clinical placements, a student-led clinic was established within the Mornington Peninsula Clinical Placement Network (CPN). Rather than a traditional clinical education model of single discipline patient care, a student clinic offers the potential to deliver interprofessional clinical education, where students across different professions work and study together, while delivering patient-centred care. The aim of this project was to establish a sustainable student-led clinic for authentic interprofessional learning and practice within the Peninsula Health Community Rehabilitation Centre. This project also aimed to investigate the patient, student and educator outcomes from the student clinic.

The student clinic was established in 2011 to support the health of older patients, recently discharged from an acute hospital admission. After a successful pilot study, the clinic ran for an additional eighteen months in 2012/13, engaging seventy-eight students from dietetics, medicine, nursing, occupational therapy, pharmacy, physiotherapy, podiatry, psychology, social work and speech pathology on placement at Peninsula Health. A total of seventy-three patients attended the clinic, and one hundred clinical placement days were utilised. Students reported that the clinic was a useful educational experience and reported learning about referral pathways, the roles of other disciplines, teamwork skills and described a more comprehensive understanding of the domains of health affecting older people.[1] Patient perceptions of the clinic were positive and indicated that the student teams provided useful information and education about health promotion and injury prevention strategies.[2]

Interprofessional screening of older patients after hospital admissions by teams of students in a clinic demonstrated positive patient, student and educator outcomes. Although there is the potential to generate some fees for the consultations, the potential fees generated do not cover the costs of clinic operation.[3] Financial independence of the student clinic was therefore not achieved. To reduce the operational costs associated with a student clinic, future initiatives may be better placed within a general practice setting, reducing the cost of patient recruitment.

Background and context

In 2011, the Mornington Peninsula CPN, as part of the Victoria-wide clinical placement governance system, proposed to study the viability and merit of a student-led clinic as a means of increasing capacity and quality of clinical placements for entry-level health professionals. A key to the success of previous student-led clinics had been the ability of students to address gaps in the current health services and contribute to a flexible health workforce that responds to community needs.[4,5] A gap analysis of the Mornington Peninsula CPN was undertaken in 2011 which revealed that the most appropriate clinic focus for student-led interprofessional care within the region would be a post-discharge review of older people after acute hospital admissions due to, 1) the large percentage of older people in the area, 2) the breadth of health care needs for this group, 3) the great opportunity for multidisciplinary assessment to address the diverse and often complex needs of this subgroup, and 4) the imperative to create health support systems that reduce admissions to the acute care sector.[6]

With funding from the Department of Health and support from Peninsula Health, the Peninsula GP Network and the Mornington Peninsula CPN, an eight-week pilot project was undertaken at the Frankston Community Rehabilitation Centre in 2011. A mixed-discipline team of students screened the physical, functional and social health of older clients after acute hospital admissions. Educator and student qualitative feedback from this pilot study was outstanding, revealing that the student teams worked very well together to provide a useful service to a population with complex health care needs.[7]

We extended the pilot study and ran the clinic for eighteen months over 2012/13 to consolidate the pilot findings, refine processes and provide an additional and sustainable high-quality education for students from all disciplines undertaking clinical education at Peninsula Health.

Project objectives and expected impacts

- To establish a weekly student-led clinic for the review of older clients after acute hospital admissions;
- To add an interprofessional placement opportunity to the Peninsula Health clinical placement pool;
- To investigate the educator and student learning that a mixed-discipline clinic may offer;
- To investigate patient satisfaction with mixed-discipline, undergraduate student care;
- To evaluate the effect of mixed-discipline student care on hospital readmission rates;
- To develop a financially sustainable clinic that derives income from traditionally funding sources and provides cost effective health services.

Project management

Governance

- Mornington Peninsula CPN provided operational governance, with operational reporting to the chair of the CPN. The general practitioner overseeing the student clinic provided clinical governance.
- The Director of Allied Health at Monash University provided academic support to the project.
- The legal and risk management considerations in the establishment of the student clinic have been previously reported.[8]
- An extension to the 2011 ethics approval was obtained from both Peninsula Health (HREC/11/PH/53) and Monash University (CF11/2585-2011001371).

Staffing

The main investigator and general practitioner remained constant from the 2011 pilot project, through the 2012/13 iterations of the clinic. Several of the original 2011 working party staff also remained involved in the project over the three years, however there was an expected turnover of some positions. Interprofessional teaching workshops were conducted throughout the project to orientate new staff.

The first two semesters of the project were successfully operationalised by a project officer working 0.5 EFT. When she resigned to take a permanent position within Peninsula Health, a second project officer was employed for three months in 2013 who then also unfortunately resigned to take a permanent position. The turnover of project staff posed challenges to both patient and student recruitment and resulted in the main investigator resuming the project role through various stages of the project.

Stakeholder engagement

The Mornington Peninsula CPN and Monash University were supportive of the project from its inception. A working party was established in 2011 with representation across all disciplines, who continued to support the project through its duration. The dietetics, occupational therapy and medical departments were early supporters in the clinical setting. Nursing was initially difficult to engage in the project, due to their student timetabling and concern in replacing usual clinical placement time with clinic time, however nursing students were actively involved by 2013. Medical student engagement varied throughout the project, with periods of enthusiastic engagement and periods of student non-attendance within each cohort. We believe that the absence of student assessment for clinic participation contributed to the variable student attendance. Furthermore, despite management support for student involvement in the clinic as part of usual clinical placement time, individual educators within some disciplines had reservations about replacing usual discipline-specific tuition with clinic involvement in an already full curriculum.

Budget

The expanded settings budget was proposed in 2011 based on best predictions of costs. The updated September 2013 budget reflects the actual costs of the project which were affected by reduced final GP educator costs, accessibility to a computer (reduced cost), staff changes and subsequent loss of productivity (increased cost) and the additional project officer time required to measure hospital readmission rates of clinic attendees (increased cost). However, despite variations in specific costs, overall the project ran according to the total proposed cost.

Timelines

The project was completed in accordance with the timeline originally proposed. The student clinic could only operate within university semesters, so the timing of the clinic was dictated by the student clinical placement timetables. The clinical placement timetables of allied health students limited the mix of some disciplines. For example, final-year dietetic students were only on hospital placements in Semester 1, and final-year occupational therapy and social work only Semester 2. Medical and nursing students were available throughout the year.

Project activities and methodology – performance against stated deliverables

Project activity	Project deliverable	Due date	Status
Application to operational management for approval of funding model	SACS or Medicare Benefits Schedule (MBS) funding model finalised	March 2012	The potential for MBS funding has been explored. Please see sustainability section
Ethical application to collect and analyse data on clinic outcomes	Ethics approval	March 2012	Achieved
Semester 1, 2012 student-led clinic	Twelve weeks of clinical placement	June 2012	Achieved
Data collection and analysis	Interim report	July 2012	Achieved
Semester 2, 2012 student-led clinic	Twelve weeks of clinical placement	November 2012	Achieved
Data collection and analysis	Interim report	December 2012	Achieved
Semester 1, 2013 student-led clinic	Twelve weeks of clinical placement	June 2013	Achieved
Analysis of data, write-up	Final report	August 2013	Achieved

Project outcomes and discussion

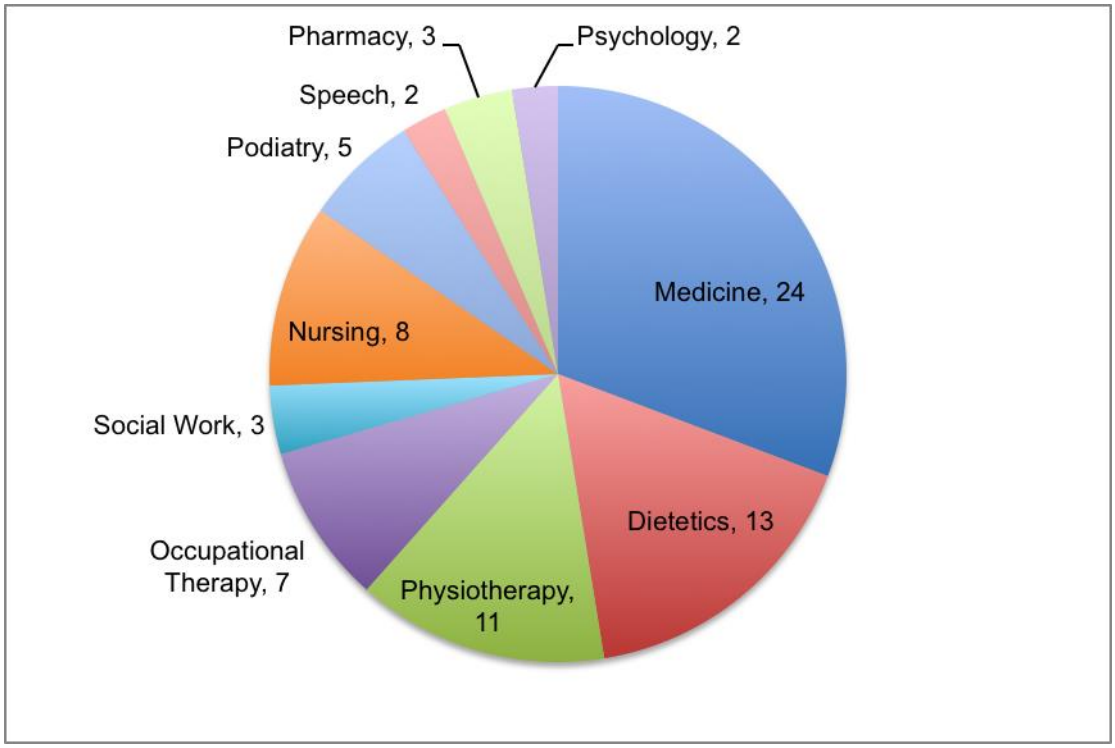
To establish a weekly student-led clinic for the review of older clients after acute hospital admissions

- Achieved;
- The student clinic operated on a Thursday afternoon during the student placement season for eighteen months over 2012/13;
- Between March 2012 and June 2013, seventy-three patients attended the interprofessional student clinic;
- Despite sufficient patient attendance at the clinic for student learning, the ongoing recruitment of patients to the clinic remained a challenge throughout the project. The project officer attended the medical wards regularly to identify suitable patients for participation to ensure sufficient recruitment. In addition, many patients who did provide initial consent for participation declined an appointment when contacted some weeks later on the telephone to schedule a time. Reasons for patients' subsequently declining attendance included having other medical issues to follow-up, feeling well and not in need of the clinic and being 'fed up' with medical appointments.

To add an interprofessional placement opportunity to the Peninsula Health clinical placement pool

- Achieved;
- Seventy-eight students from a range of health disciplines participated in the interprofessional student clinic over 2012/13 (Figure 1);
- One hundred clinical placement days were attended (201 half-day sessions);
- Students from ten disciplines were engaged in the clinic. They worked in mixed-discipline teams within each session (Figure 1).

Figure 1: Total number of final-year students involved by discipline 2012/2013, n=78



To investigate the educator and student learning that a mixed-discipline clinic may offer

- Achieved.
- In 2012, four focus groups were conducted to investigate student perspectives and determine student learning outcomes. Students from all disciplines rated the clinic experience highly and their feedback continued to inform daily clinic operations. Students' particularly valued the challenge of working in a mixed-discipline team with a 'real' patient that required their assistance.[1] They also valued the orientation time devoted to teaching about referral options and pathways.
- Students learnt about the roles of other disciplines, referral options, teamwork and reported an expanding perspective of issues that affect the health of older people.[1]
- Students were not in agreement on the number of clinic sessions that were required to achieve the learning objectives. Some reported four sessions would be ideal for learning, however others reported that one or two sessions would be preferable, particularly as clinic attendance replaced usual clinical placement time.[1]
- Twenty educators were engaged in interprofessional teaching and workshops.
- Educators valued the interprofessional teaching experience but require training to prepare themselves for the unique challenges of interprofessional teaching.[1]

To investigate patient satisfaction with mixed-discipline, undergraduate student care

- Achieved;
- The program was rated positively by patients, with the communication domain rating the most highly.[2]

To evaluate the effect of mixed-discipline student care on hospital readmission rates

- Partially achieved.
- Twenty-three of seventy-three (32%) of patients that attended the clinic during this period were readmitted to hospital within six months of discharge.[2] In the absence of a comparison patient group, we were unable to determine the impact that clinic attendance had on readmission rates.
- A total of seventy-four referrals were generated for follow up care to services such as physiotherapy, occupational therapy, home help, podiatry and general practitioner review.[2]

To develop a financially sustainable clinic that derives income from traditionally funding sources, and provides cost effective health services

- Not achieved;
- Although we did identify a potential source of some funding, this did not cover the complete costs of clinic operation in the current model.

Sustainability

The financial sustainability of the student clinic remains unresolved. An economic modelling study was conducted where the costs of the student clinic were compared to the costs of providing traditional discipline-specific clinical education in a hospital setting.[3] Per student day of clinical operation, the student clinic costs an additional $289 as opposed to conventional hospital-based clinical placements. The main costs incurred in running the clinic are staffing, with the need to employ a general practitioner and an additional health educator to oversee the student consultations. In our model, a project officer was also employed to ensure patient and student recruitment. Peninsula Health provided free access to consultation and meeting rooms. We believe that two educators from different disciplines should be engaged in any interprofessional clinic model to ensure the learning objectives of interprofessional education are met. However, we believe the role of patient recruitment could be eliminated in an alternative clinic setting that had an existing waiting list, such as general practice. This will be the focus of our future work.

We explored the potential for MBS billing for the student consultations with both local and national representatives for MBS operational governance. Existing legislation dictates that MBS billing can only occur for a service delivered by a qualified medical practitioner, not for the student aspect of care. Within the existing structure of our student clinic, students take on most aspects of the consultation, so minimal billing could occur. For example, a fifty-minute student clinic consultation would commonly consist of forty minutes of student-led care and ten minutes of general practitioner care, therefore the general practitioner would only be able to bill for a short consultation (e.g. Item 701 $58.20). The cost of running the clinic exceeds the potential income that could be generated by student-led consultations, therefore MBS billing alone would not ensure financial sustainability under our current clinic model. We did not explore alternative funding options such as direct patient billing.

Limitations and solutions

- Patient recruitment remained a challenge throughout the project. The project officer attended the medical wards regularly to identify suitable patients for referral, however many of the referred patients declined an appointment when contacted several weeks after hospital discharge.
- The variability of the clinical timetables directly affected student participation in the clinic. For example, final-year dietetics students were only on placement in Semester 1, while final-year occupational therapy and social work students only in semester 2, resulting in no opportunity for these discipline groups to work together.
- The absence of undergraduate assessment for interprofessional competencies may have contributed to the reluctance for some students and educators to prioritise student clinic involvement. The addition of an assessment criteria that measured students' knowledge of the roles of others, or teamwork skills may increase both participation and stakeholder engagement.
- Strategies to explore financial sustainability of the student clinic were investigated, but remain unresolved. It appears unlikely that a student clinic can generate sufficient fees to cover its operational costs.

Evaluation

The student clinic provided an additional clinical placement site for seventy-eight students from across dietetics, medicine, nursing, occupational therapy, pharmacy, physiotherapy, podiatry, psychology, social work and speech pathology on placement at Peninsula Health, generating 201 half-days of clinical education. Student valued the opportunity to work together in mixed-discipline teams addressing 'real' patient health care issues.[1]

Seventy-three patients attended the clinic between March 2012 and June 2013. Students generated seventy-four referrals to a range of health services including general practitioner review, physiotherapy, occupational therapy, podiatry, aged care assessments, home help and referral for a personal alarm. Close to a third of the clinic patients had been readmitted to hospital within six months of acute hospital discharge – with a mix of readmission for the same problem and patients with new health issues.

Twenty educators from the participating disciplines were engaged in the planning, referral process or teaching in the student clinic. The process of establishing and sustaining the student clinic brought together education leaders from all disciplines with the united goal of teaching collaborative clinical practice to undergraduate students. Educators gained skills and confidence in teaching a mixed-discipline student group over the two-year period.

Future directions

Practically, student clinics can operate a half-day a week, so should be considered as just one aspect of a larger clinical placement plan. The cost of paying a clinical educator to oversee student consultations must be considered in the establishment of a student clinic as an alternative to usual clinical education. Despite the national call to increase interprofessional education to improve collaborative practice, nine current funding models do not support interprofessional student-led consultations. In future, we propose the operation of student clinics within an existing general practice setting, where the cost of patient recruitment could be reduced.

Conclusion

An interprofessional student clinic is a feasible expanded setting for clinical education of entry-level students. Interprofessional screening of older patients after hospital admissions by teams of students in a clinic demonstrated positive patient, student and educator outcomes. Although there is the potential to generate some fees through MBS for the consultations, the nature of the student-led care means that external funding is required to reimburse clinicians for their teaching time in any student clinic initiative. Financial independence of the student clinic was therefore not achieved. To reduce the operational costs associated with a student clinic, future initiatives may be better placed within a general practice setting where the cost of patient recruitment would be omitted.

References

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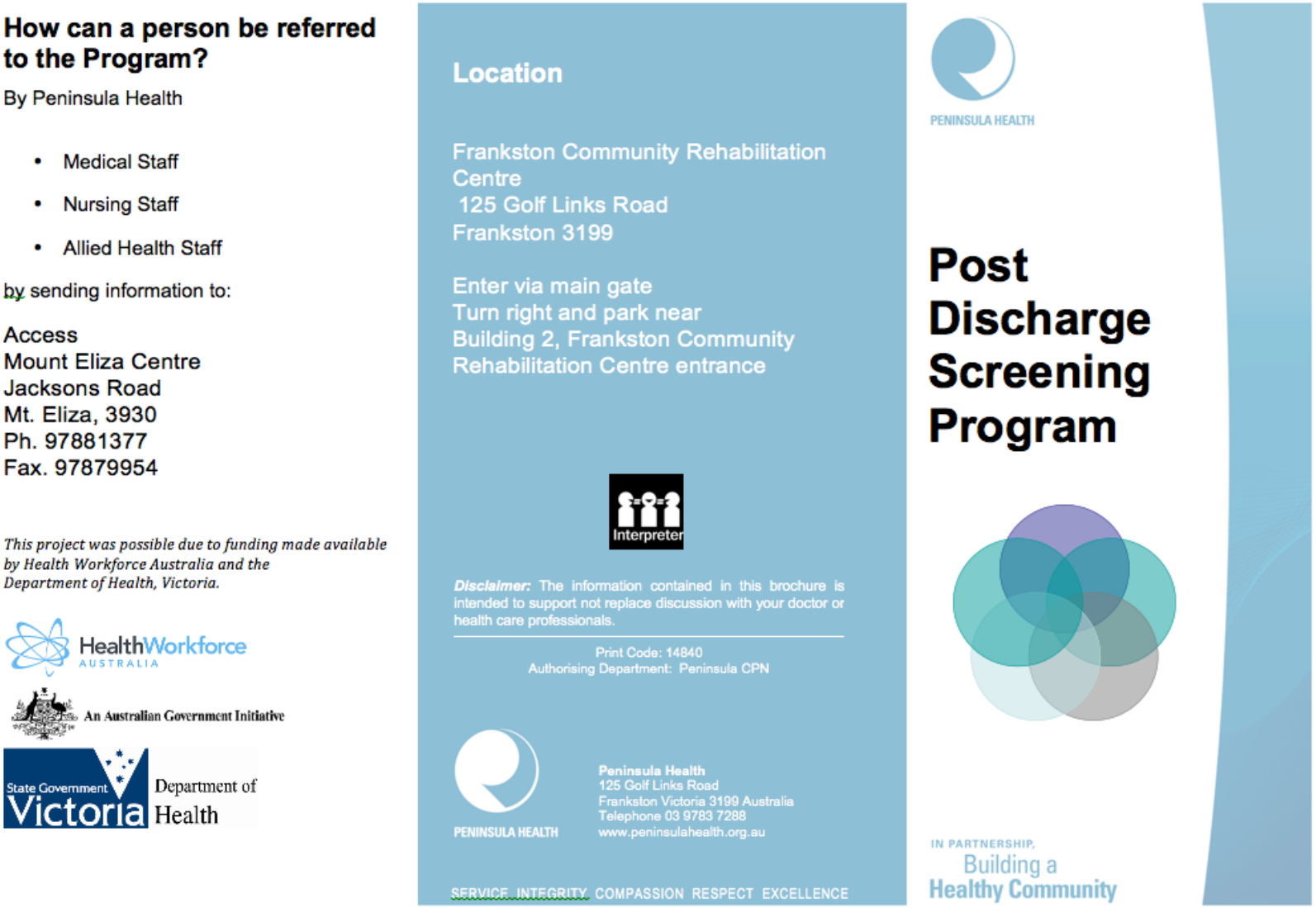
Appendix 1 – Patient Brochure



How can a person be referred to the Program?

By Peninsula Health

- Medical Staff
- Nursing Staff
- Allied Health Staff

by sending information to:

Access
Mount Eliza Centre
Jacksons Road
Mt. Eliza, 3930
Ph. 97881377
Fax. 97879954

This project was possible due to funding made available by Health Workforce Australia and the Department of Health, Victoria.

HealthWorkforce AUSTRALIA

An Australian Government Initiative

State Government Victoria Department of Health

Location

Frankston Community Rehabilitation Centre
125 Golf Links Road
Frankston 3199

Enter via main gate
Turn right and park near
Building 2, Frankston Community Rehabilitation Centre entrance

Interpreter

Disclaimer: The information contained in this brochure is intended to support not replace discussion with your doctor or health care professionals.

Print Code: 14840
Authorising Department: Peninsula CPN

PENINSULA HEALTH

Peninsula Health
125 Golf Links Road
Frankston Victoria 3199 Australia
Telephone 03 9783 7288
www.peninsulahealth.org.au

SERVICE INTEGRITY COMPASSION RESPECT EXCELLENCE

PENINSULA HEALTH

Post Discharge Screening Program

IN PARTNERSHIP,
Building a Healthy Community

What is the Program for?

A team of students under clinical supervision will screen your physical, functional and social health in light of your recent hospital admission. They will help you plan for your current and future care needs.

This may include the recommendation of additional services such as rehabilitation, or the suggestion of other agencies available for help and support.

You can raise issues about your care, medications and any other issues you would like to discuss. You are welcome to attend alone, or to bring a family member or support person during all or part of the program visit.

Who does the Program see?

This program is primarily for the screening of people who have recently been discharged from hospital.

A team of fourth year students from a range of disciplines, will apply a global health screening tool to patients under supervision:

- After a hospital stay in acute care
- Where involvement of more than one discipline may be needed, to assist your recovery.

The program is overseen by a General Practitioner and a clinician from one of nursing, nutrition and dietetics, physiotherapy, podiatry, occupational therapy, social work and speech therapy. Attendance at the program is not a substitute for seeing your regular General Practitioner.

This is a teaching and research program, so there are final year students from all the above mentioned disciplines working under supervision. If you do not want to be seen by a student team, please let us know.

There is no charge to you. However, you may prefer to see a private Specialist and this can be organised by asking your General Practitioner to refer you. There will most likely be an 'out of pocket cost' with a private service.

What will happen after my attendance?

The student team will write a letter to your General Practitioner. A copy can be provided to other Doctors involved in your care if requested.

Your student team will discuss the results of your screen with you and may recommend further services to you.

What to bring?

- Your Medicare card
- A list of your current medications

Where to come to?

Frankston Community Rehabilitation

Centre, Building 2

125 Golf Links Road

FRANKSTON