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| SGV 541 as RGB - 2cm wide at 300dpi1009016 VCP A4 newsletter portrait_Word setup topCase studyExpanded Settings for Clinical Placement Program  |

Undergraduate medical placements and undergraduate nursing placements in primary care settings, specifically general practices (including after-hours GP services)

Project summary

The overall aim was to increase the number of medicine and nursing clinical placements undertaken in the general practice setting through the establishment of a coordinator position within the Medicare Local. This position engaged with general practice through the Inner East Melbourne Medicare Local’s (IEMML’s) Practice Liaison Officers (PLOs), and facilitated participation in statewide planning activities; the use of viCPlace; participation in the clinical placement network activities undertaken in the Eastern Metropolitan Clinical Placement Network (EMCPN); alignment with the Best Practice Clinical Learning Environment (BPCLE) Framework; and university clinical placement activities, such as supervisor training.

Drivers and challenges

Research undertaken by Burgell Consultants in 2009 and 2010, identified a number of key findings around support for a partnership approach to clinical education, and around the role of a GP Network in clinical education. These findings, specifically with regard for stronger collaborative arrangements between health services and education providers and the need for better systems and processes to support student placements, were reinforced by the common themes identified in projects undertaken in Victoria in non-acute settings.

There is a documented need to increase the numbers of medical student placements in general practice. From a workforce point-of-view, it is imperative that more post-graduate students select general practice as a speciality to cover the replacement of an ageing workforce. An IEMML after-hours general practice service (GPSS) was included as an additional setting for clinical placements and a position paper was produced for the role of a Medicare Local in primary health care clinical training.

IEMML is committed to be a leader in this space and sees the role as an extension of their involvement in a strategic clinical education alliance with a commitment to enhancing the teaching quality and increasing the numbers of clinical placements provided by general practices within the IEMML catchment.

Arriving at a solution

There was a two-phased approach in implementing the expanded settings project.

Phase one involved IEMML staff seeking an Expression of Interest (EOI) to provide a medical student placement/s in 2013 from general practice clinics which were not currently offering student placement/s. Due to workload, timing and training issues, it was decided that IEMML staff would seek an EOI on behalf of the universities only, and once an EOI had been secured and documented, the relevant university would follow-up to formally sign up the interested clinic.

Phase two of the project involved IEMML staff continuing to work with existing general practice clinics engaged in placement/s to improve the quality of placement/s. As part of an extended proposal, an IEMML after-hours general practice service (GPSS) was included as an additional setting for clinical placements and a position paper was produced for the role of a Medicare Local in primary health care clinical training.

Implementation process

An expert Steering Committee was established and met regularly to advise on work plan and activities. The steering committee was a subcommittee of the clinical education alliance IEMML formed with Melbourne, Monash and Deakin Universities, Victorian Metropolitan Alliance (VMA), Royal Australian College of General Practitioners (RACGP), the Eastern Metropolitan CPN Coordinator, IEMML staff and Eastern Health.

IEMML appointed a Project Lead and Project Officer as advised by the Steering Committee. The role of the coordinator and the project officer was to undertake the following pieces of work:

* Development of a Placement Essentials website;
* Development and promotion of posters and brochures;
* Development of a series of videos;
* Facilitation of continuing professional development and education which will contribute to improving the skills and confidence of health professionals in primary health care for supervision and clinical training;
* Development of interprofessional learning and integration of education through programs such as Teaching on the Run (TOTR);
* Bridging the communication between general practice and other primary health care professionals;
* Support the PLOs in their recruitment role of general practice, nursing and allied health as well as IEMML’s after-hours CP clinic (AHGPC);

Determine the capacity of practices to support students and anticipate numbers of placements required, by utilising PLOs.

All of the expanded settings project objectives were met, on time and within budget, during the scope of the project. The resources available on the Placement Essentials website, such as patient consent forms, orientation checklist and learning plans, align with the BPCLE Framework. In addition to the BPCLE-aligned resources, a series of fixed multi-disciplinary resources have been designed and are able to be used by any health clinician as an enduring asset. These were developed by a diverse group of individuals from varied disciplines to share expertise and experience. This approach to the creation of generic materials was central to the plan. These resources include posters, brochures and postcards. The success of these resources can be measured by the reach they have had across Victoria in a range of expanded settings. To date, they have been positively received by stakeholders across the region, including general practice, allied health, community health and universities.

Outcomes

Key outcomes of the project include:

* The project achieved an increase of seven general practice clinics in the IEMML catchment that provided students placement/s in 2013. A further thirteen practices indicated that they may be interested in hosting students in 2014 – the medium to longer term benefits of this are yet to be determined.
* The recruitment model trialled by utilising the IEMML practice engagement framework and practice liaison officers proved to be a cost effective and efficient method for gathering EOIs from general practice to provide clinical placements.
* There was a 48% success rate of EOI to take placements with practices that had an established relationship and where there were scheduled practice visits.
* Development of a dedicated Placement Essentials website – linking with the BPCLE resources/framework. To date the Placement Essentials website has had over three hundred page views. The Placement Essentials website is located at <http://placements.iemml.org.au/>.
* Development of a suite of recruitment resources including nine posters, two postcards, two patient education brochures and eleven ‘how-to’ educational videos.
* Five supervisors were trained to Level 1 TOTR facilitated training. Those supervisors facilitated four more IEMML-hosted TOTR workshops (Effective Group Training, Skills Teaching, Clinical Teaching and Assessment). Those workshops trained a further thirty-three participants.
* A clinical placement pilot was held in an after-hours clinic utilising IEMML’s GPSS service as an additional setting, the outcome of which is still being evaluated.
* Dissemination of 2099 pieces of promotional collateral/material to a range of primary health and education stakeholder organisations in the region.

A combined increase of 200% across medicine and nursing clinical placements during 2013.

Limitations and management strategies

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| Limitation | Solution |
| The splitting of the EOI and sign up roles resulted in an unanticipated ‘drop off’. The reasons for this change of mind/fall in interest are not clear. | Further research into why this has occurred will be undertaken in 2014. Questions to explore include whether it is easier for general practice to say no to someone they don’t know – such as the universities, was the right person approached, did the PLO’s provide sufficient information?  |
| Limited medicine and nursing placements in general practice available and therefore can only negotiate a certain number of placements. | Expansion into allied health, schools and other community health settings as required. |
| Lack of confidence from potential supervisors to take students for clinical placements. | Build on existing resources e.g. website, TOTR training;Continued development of resource materials; adherence to BPCLE. |
| After-hours clinic pilot:Issues negotiating agreements between IEMML and higher education providers.Engaging GPs in the clinical placement area when their time is not paid. | A more detailed MoU or contract to be agreed upon.Consider pay for attendance.Medicare Local could assist with getting RACGP QI & CPD points for student training. |

Future directions

A dedicated clinical education program officer has been appointed through core funding from IEMML, to drive ongoing commitment to this work. Burgell Consulting was commissioned to prepare a position paper and business case advising the vision of IEMML’s, Role of a Medicare Local in primary health care clinical training. This paper is available on request from IEMML. It is agreed that with the existing structures and relationships in place, IEMML is positioned to take a leadership role in a consortia approach towards a common goal. With appropriate planning, resourcing and continued collaboration, the work that has been completed to date would be a sustainable model into the future

The Placement Essentials website is a ‘living’ resource and will continue to provide a solid basis on which the existing work can be further developed and sustained into the future. A combination of the resources that were developed during the course of this project can be found on the Placement Essentials website and also on viCPortal. It is anticipated that they will be utilised by other stakeholders in the future.

In 2014, IEMML will continue to facilitate and host TOTR workshops to encourage the uptake of student placements by more primary health care and general practice organisations.

IEMML has a vested interest in continuing to host and facilitate the clinical education alliance as it has done for the past several years. IEMML has also committed to host the Melbourne East Clinical Training Network for 2014, and through this involvement and commitment will be at the forefront of workforce training and development in the area of clinical education.

The recruitment support and promotion of resources and tools to general practice role, of the PLOs complements the universities recruiters work. This work adds value to the PLO role and is now embedded it is sustainable as it provides an additional support at no extra cost to the organisation.

This model could easily be replicated in other clinical training regions across the state, and it makes sense to utilise Medicare Locals in sustaining the project outcomes into the future, to coordinate and deliver an increased number of clinical placements on a region-wide, statewide or even national basis.

Further information

**Debra Clayton**

Project Lead

Telephone: 03 8822 8444

Email: dclayton@iemml.org.au