

2 Getting started

This section of the module will help you define the geographic boundaries (usually the local government area) and health system platform for your WoSSP program, and establish governance structures.

When you have identified the boundaries of your WoSSP program, it's time to begin more formal WoSSP discussions. There are important questions to explore:

- Would the WoSSP model be educationally viable in this primary healthcare system?
- What clinical education activities already occur and in what settings?
- How are these activities currently structured?
- Who are your prospective health education and health service partners?
- What are the population health issues and priorities in this area?
- Could these issues become an explicit part of the WoSSP curriculum?

The guidelines and tools resources in this section will help you build the shared clinical placement governance structures and community partnerships needed to answer these questions.

Resources for this section

Guidelines

Associated tools

G2.1	Defining the local government area for the WoSSP program	No tools for this guideline
G2.2	Setting up governance arrangements for the WoSSP program	T2.2.a Rural health system analysis checklist T2.2.b Terms of Reference Steering Group T2.2.c Memorandum of Understanding
G2.3	Identifying population health priorities for your local area	No tools for this guideline
G2.4	Mapping your existing clinical placement structures, staff and admin processes	T2.4 Clinical placement structures
G2.5	Planning student placement allocations	T2.5 Student placement allocation spreadsheet (MS Excel)
G2.6	Mapping the curriculum	T2.6.a Curriculum map T2.6.b WoSSP program objectives



G2.1 Defining the local government area for the WoSSP program

What is the purpose of this guideline?

Defining the geographic boundaries for your clinical placement activities will help you decide whether or not a whole-of-system student placement model is viable for your rural **primary health care system** and **community-based learning** context.

Who does it apply to?

- **Clinical Training Networks, health education providers and clinical placement providers** interested in establishing the WoSSP program in an identified rural local government area.

Who puts this guideline into action?

- Health education providers
- Potential rural clinical placement partners.

When does this guideline apply?

We recommend that this guideline be actioned *before* you set up formalised shared clinical placement governance structures and WoSSP partnership agreements.

Definitions

bio-psycho-social perspectives

A way of understanding how health, illness and wellbeing are affected by biological, psychological and social factors. The bio-psycho-social model encompasses the patient/client's lived experience and considers the complex interactions at the individual, family, community and health care levels.¹

clinical placements providers

Any organisation that provides clinical placements to health professional students.

Clinical Training Networks

Stakeholder-led networks established to support partnerships and collaboration between members and progress clinical placement initiatives at the local level.²

community-based learning	Uses community settings as the main environment for learning and teaching activities. Immersing learners in community settings over time, allows the social, bio-medical and political elements that influence healthcare and service development to be identified. ³
comprehensive care	An approach to primary health care that addresses health promotion, illness prevention, treatment and care, community development, and advocacy and rehabilitation strategies for a particular population close to where they live and work. ⁴
customised placements	Adapting learning and teaching activities, and clinical placement models to utilise the educational resources and learning opportunities available within a particular community context.
health education providers	Higher education institutions providing professional entry medical, nursing and allied health courses.
local government area (LGA)	A spatial unit which represents a defined geographical area of responsibility of an incorporated local government council, an Aboriginal or island council in Queensland, or a community government council (CGC) in the Northern Territory. ⁵
population health perspectives	Creating an explicit focus on understanding health and disease in community settings, and on improving health and wellbeing by addressing the disparities in health status between social groups. ⁶
primary healthcare	Comprehensive, community-based health care, including through first point of call services for preventative health, diagnosis and treatment of ill-health, and the ongoing management of chronic disease. ⁷
primary healthcare system	Health systems facilitated by health professionals such as general practitioners, practice nurses, allied health practitioners and community workers that provide healthcare for populations close to where they live and work. ⁸

Guidelines

Identifying the local government area for the WoSSP program

The following resources will help you identify the local government area that will provide the educational context for your proposed WoSSP program. They include municipal profiles, localities, maps, demographic and population health data.

- The Australian Government local government website:
<<http://australia.gov.au/topics/government-and-parliament/local-government>>
- The Victorian Government VICNAMES website: <<http://services.land.vic.gov.au/vicnames/>>
- Australian Bureau of Statistics statistical geography website:
<www.abs.gov.au/websitedbs/D3310114.nsf/home/Geography?opendocument#from-banner=LN>

Current health system information may be available from local health services in items such as annual reports and quality of care reports.

Analysing the primary health care system for WoSSP program development

The next step is to analyse the health and community service system within your chosen local government area to identify the community-based learning and teaching opportunities that could be utilised for the WoSSP program.

Your analysis needs to identify the:

- specific primary healthcare networks, health service and community partnerships and working relationships already in place in your local health system (for example, between your local hospital, GPs and particular community health services)
- patient/client referral pathways between services and agencies
- population health initiatives that aim to improve the healthcare outcomes of the local population.

To establish a viable WoSSP program, the primary healthcare services, health practitioners, health service networks and community agencies in your local government area must be able to provide sufficient opportunities for students from different health disciplines to:

- be placed in your local health system *at the same time*
- achieve their curriculum requirements and clinical placement hours
- develop an understanding of **bio-psycho-social** and **population health** perspectives
- interact with and learn from patients/clients with complex, chronic health conditions
- learn from the **primary healthcare** providers and community agencies who provide **comprehensive care** for the population within your local government area.

By analysing your local primary health system and community context you will be well positioned to discuss the viability and potential application of the WoSSP model with prospective clinical placement partners.

Related guidelines

G2.3 Identifying population health priorities for your local area

G2.4 Mapping your existing clinical placement structures

Related tools

T2.2.a Rural health system analysis checklist

T2.4 Clinical placement structure

T2.5 Student placement allocation spreadsheet

Notes

¹F Borrell-Cario, AL Suchman & RM Epstein, 'The Biopsychosocial Model 25 Years Later: Principles, Practice and Scientific Inquiry', *Annals of Family Medicine*, vol. 2, no. 6, 2004, pp. 576-582.

² Workforce Leadership and Development Branch, Clinical placement planning framework, Department of Health, Victoria Melbourne, Victoria, 2013.

³ World Health Organisation (WHO), *Community-based education of health personnel: Report of a WHO study group. Technical Report Series No. 746*, Geneva, 1997.

⁴ Department of Health and Ageing, *Primary Health Care Reform in Australia - Report to Support Australia's First National Primary Health Care Strategy: Definitions of primary health care*, Australian Government, Canberra, 2009, viewed 6 November 2013, <[www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draftreportsupportoc/\\$FILE/NPHC-suppl.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draftreportsupportoc/$FILE/NPHC-suppl.pdf)>.

⁵ Australian Institute of Health and Welfare n.d., METeOR Metadata Online Registry <<http://meteor.aihw.gov.au/content/index.phtml/itemId/354357>>.

⁶ Australian Institute of Health and Wellbeing, 2013, Population Health, Australian Government, Canberra, viewed September 2013, <www.aihw.gov.au/population-health/>.

⁷ Department of Health and Ageing, 2013, Primary Care, Australian Government, Canberra, viewed September 2013, <www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-primarycare>.

⁸ Department of Health and Ageing, 2013, Primary Care, Australian Government, Canberra, viewed September 2013, <www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-primarycare>.



G2.2 Setting up governance arrangements for the WoSSP program

What is the purpose of this guideline?

A whole-of-system approach to clinical placement development creates new opportunities for health services, health education providers and local community members to have direct involvement in planning student placement activities for their **local government area** and **primary healthcare system**.

Shared placement **governance arrangements** and strong educational partnerships are essential. WoSSP partnership roles and responsibilities need to be clear and well documented in formalised **memorandums of understanding**. Effective processes for **inter-agency communication** and shared management of student placement activities must also be put in place. This guideline provides a framework for putting these arrangements in place.

Who does this apply to?

- Clinical Training Networks, health education providers, clinical placement providers and community representatives interested in establishing the WoSSP program in their rural local government area.

Who puts this guideline into action?

- Health education providers and rural clinical placement providers initiate discussions to establish a shared student placement governance approach and **WoSSP Steering Group** for a defined local government area.
- Health education providers, clinical placement providers and local community representatives develop the shared placement governance model and operationalise agreed placement management and reporting strategies through the WoSSP Steering Group and **WoSSP Working Group**.

Definitions

agencies	Health education and rural clinical placement provider organisations providing the clinical placement opportunities.
clinical placement providers	Any organisation that provides clinical placements to health professional students.
Clinical Training Networks (CTNs)	Stakeholder-led networks established to support partnerships and collaboration between members and progress clinical placement initiatives at the local level. ¹
community representatives	Individuals, groups or agencies in the local government area with an interest in clinical education, interprofessional learning and teaching, community development, population health and primary health care service provision.
governance arrangements	collaborative clinical placement management structures and processes developed between health education providers and health service providers to formalise arrangements and conditions for the shared planning, implementation and management of whole-of-system clinical placements. ²
health education providers	Higher education institutions providing professional entry medical, nursing and allied health courses.
inter-agency communication	The formal and informal systems, structures and communication processes put in place between two or more agencies to facilitate shared clinical placement planning.
local government area (LGA)	A spatial unit which represents a defined geographical area of responsibility of an incorporated local government council, an Aboriginal or island council in Queensland, or a community government council (CGC) in the Northern Territory. ³
memorandum of understanding (MoU)	A document that records the common intent of two or more parties where the parties do not wish to assume legally binding obligations. An MoU is usually less complex and less detailed than a contract, but provides a framework and set of principles to guide the parties in undertaking a project or working arrangement. ⁴
primary healthcare system	Health systems facilitated by health professionals such as general practitioners, practice nurses, allied health practitioners and community workers that provide healthcare for populations close to where they live and work. ⁵

WoSSP Steering Group	A planning group set up among two or more agencies to facilitate and monitor WoSSP program development in a defined local government area. The WoSSP Steering Group provides a formal structure and process for shared clinical placement governance, community engagement, WoSSP program implementation and evaluation and inter-agency systems development. Members include health education provider, clinical placement provider and community partners.
WoSSP Working Group	Provides operational coordination and support for WoSSP program development tasks and practical implementation activities. Reports to the WoSSP Steering Group .

Guidelines

Establishing governance structures for your WoSSP program falls into three broad phases.

Do background research and analysis

- Identify the local government area and rural primary health care system that will provide the educational context for your proposed WoSSP program (See *G2.1 Defining the local government area for the WoSSP program.*)
- Start discussions with the health education and rural clinical placement provider organisations who provide clinical placement opportunities in the local government area to gauge their interest in establishing a shared WoSSP program approach.

Establish your WoSSP governance structure and placement management model

- Prepare and sign a memorandum of understanding between participating agencies that outlines the shared framework, principles, roles and responsibilities that will guide WoSSP program development, implementation and evaluation.
- Set up your WoSSP Steering Group and WoSSP Working Group structures (including agreed meeting schedules, involvement of community representatives and program management/reporting requirements). (Figure 1 below illustrates the relationship between the parties involved in the WoSSP program.)

Develop the WoSSP program

- Prepare your WoSSP action plan and implementation strategy for Steering Group approval (including specific tasks, responsibilities and reporting requirements)
- Implement and monitor WoSSP program developments and shared governance arrangements in consultation with key partners and your Clinical Training Network.

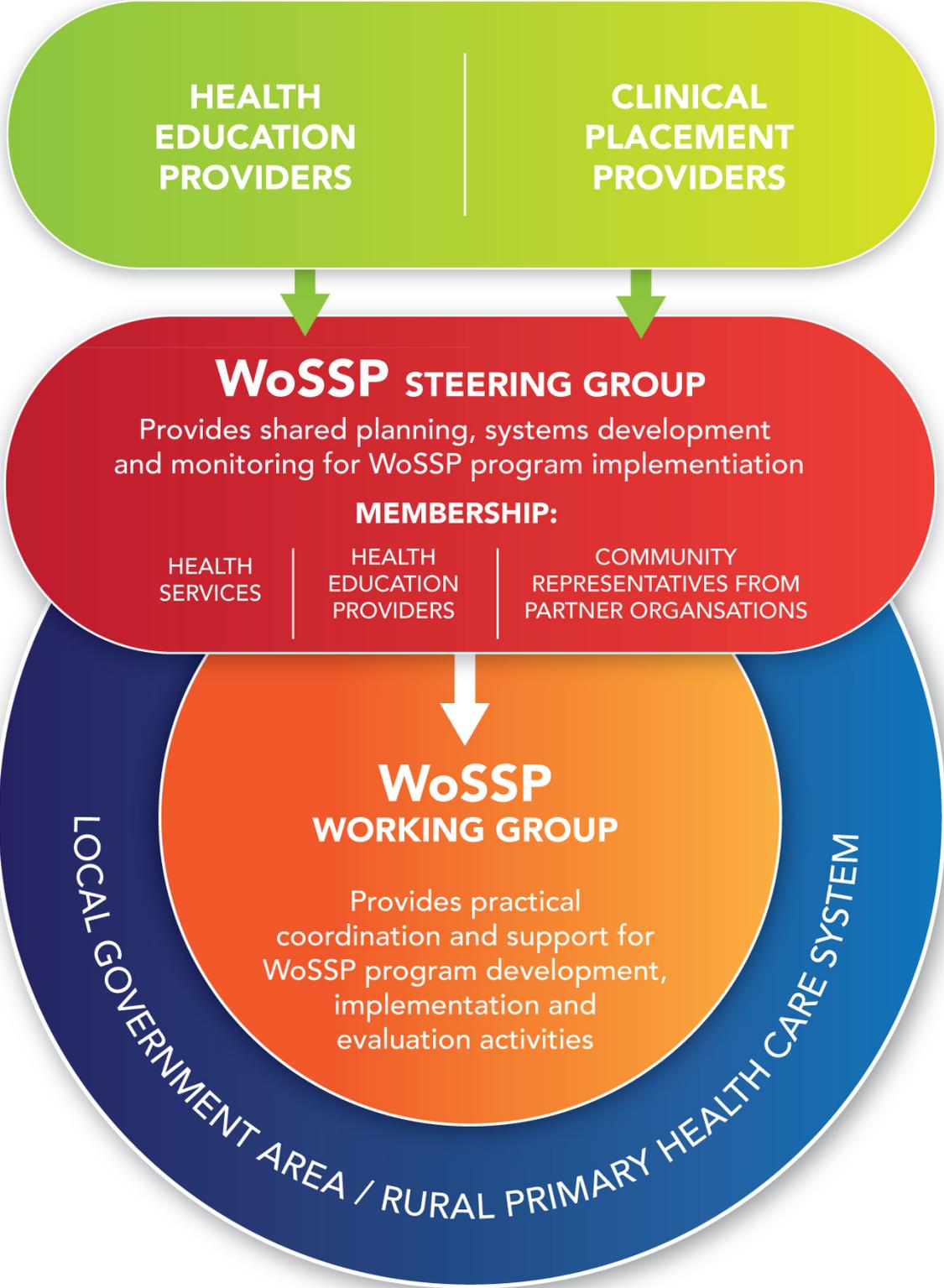


Figure 1 WoSSP clinical placement governance model

Related guidelines

G2.1 Defining the local government area for the WoSSP program

G3.2 Developing your action plan

Related tools

T2.2.a Rural health system analysis checklist

T2.2.b Terms of reference – Steering Group

T2.2.c Memorandum of understanding template

¹ Workforce Leadership and Development Branch, Clinical placement planning framework, Department of Health, Victoria Melbourne, Victoria, 2013.

² Adapted from Health Workforce Australia 2013 *National guidelines for clinical placement agreements. Appendix 1*, viewed September 2013, <www.hwa.gov.au/sites/uploads/HWA_National-guidelines-for-clinical-placement-agreements.pdf>.

³ Australian Institute of Health and Welfare, *METeOR Metadata Online Registry*, viewed September 2013, <http://meteor.aihw.gov.au/content/index.phtml/itemId/354357>.

⁴ Victorian Government Solicitor's Office, *Memoranda of Understanding: Definition*, viewed September 2013, <<http://vgso.vic.gov.au/content/memoranda-understanding#definition>>.

⁵ Department of Health and Ageing, 2013, Primary Care, Australian Government, Canberra, viewed September 2013, <www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-primarycare>.

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G2.3 Identifying the population health priorities for your WoSSP program

What is the purpose of this guideline?

Identifying the **population health** priorities for your local government area will help you **customise** the WoSSP program for your community setting. You can then use this information to design **patient-centred curriculum** activities that make important population health needs more visible for student learning. For example, people living in rural areas can find it more difficult to access health and welfare services.¹ Socio-economic factors such as education, income and differences in employment opportunities can affect health and wellbeing. Particular social groups may experience poorer health.²

Population health factors also impact on healthcare goals and models of service provision. By interacting with patients/clients in **community-based learning** settings (such as general practice and in the patient's/client's home) students can gain new understandings of health service complexity and **bio-psycho-social** models of healthcare.

Who does this guideline apply to?

- WoSSP Working Group members, WoSSP Steering Group Members and **community representatives**.

Who puts this guideline into action?

- The WoSSP Steering Group provides initial advice about the scope of population health data you need to collect for the local area. The Steering Group is also responsible for including this task in the WoSSP action plan.
- The WoSSP Working Group collects and summarises relevant population health data for discussion with WoSSP program partners and includes this information in the WoSSP Community Services Brief (see *G3.5 Preparing your Community Services Brief*).

Definitions

bio-psycho-social perspectives	A way of understanding how health, illness and wellbeing are affected by biological, psychological and social factors. The bio-psycho-social model encompasses the patient/client's lived experience and considers the complex interactions at the individual, family, community and healthcare levels. ³
community-based learning	Utilises community settings as the main environment for learning and teaching activities. Immersing learners in community settings over time allows the social, bio-medical and political elements that influence healthcare and service development to be identified. ⁴
community representatives	Individuals, groups or agencies in the local government area with an interest in clinical education, interprofessional learning and teaching, community development, population health and primary healthcare service provision.
customise	Adapting learning and teaching activities to utilise the educational resources and learning opportunities available within a particular community context.
patient-centred curriculum	Structured clinical learning and teaching activities designed to enable students to interact with and learn from patients/clients with complex, chronic health conditions, within the local health system (from the clinic, into the community and in patient/client homes). These activities are specifically designed to help students gain insights into patient-centred healthcare, health service complexity, interprofessional practice and barriers to health service access.
population health priorities/perspectives	An explicit focus on understanding health and disease in community settings, and on improving health and wellbeing by addressing the inequities in health status between social groups. ⁵

Guidelines

There are many resources to help you find current population health data for your local government area. However, it is also important to note that the government agencies and organisations involved in population health data collection and analysis may vary from state to state. The following resources and websites provide a practical starting point for your search.

Local organisations

Much of the population health information needed to plan your WoSSP program might be readily available from local health services and community organisations. For example, population health data is often included in annual reports, funding submissions and quality of care reports.

Population health datasets

Australian Commonwealth and state government department websites provide access to detailed population health datasets including local government area profiles and socio-economic data for specific population and social groups. To assist your search try the following websites:

- Australian Government, Department of Health and Ageing, Population Health Division:
<www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-index.htm>.
- Public Health Information Development Unit (PHIDU):
<www.publichealth.gov.au/>.

Medicare Local

There are now 61 Australian Government funded, Medicare Local organisations located across Australia with a focus on helping communities deliver health services that meet local community needs.⁶ Your Medicare Local provides an important population health network and may be able to help you access information about particular health priorities and population health needs. For further information see the Medicare Local website at:
<www.medicarelocals.gov.au/internet/medicarelocals/publishing.nsf/Content/home>.

Victorian local government area profiles

The Victorian Department of Health has developed local government area profiles for all areas of Victoria.⁷ These statistical profiles provide over 140 indicators relating to population composition and growth, diversity, socio-economics status, community strength, health status and wellbeing, and service performance and utilisation. The Department of Health has also developed town and community profiles that cover each region and are designed as companion volumes to the local government area profiles.⁸ These town and community profiles give a more detailed overview of each individual suburb, town or rural catchment within the region.

Victorian Primary Care Partnerships

In Victoria, you can also find valuable information on population health priorities for specific areas from the relevant Primary Care Partnership. Funded by the Victorian Government, Primary Care Partnerships aim to assist health service access and continuity of care through improved service coordination, as well as facilitating chronic disease prevention, health promotion, and healthcare partnership development.⁹ Find details of Primary Care Partnerships and information resources at
<www.health.vic.gov.au/pcps/locate.htm>.

Related guidelines

- G2.1 Defining the local government area for the WoSSP program
- G2.6 Mapping the curriculum
- G3.2 Developing your action plan
- G3.6 Preparing your Community Services Brief

Related tools

- T2.2.a Rural health system analysis checklist

Notes

¹ Australian Institute of Health and Welfare, 2013, Socio-economic disadvantage and health, Australian Government, Canberra, viewed September 2013, <www.aihw.gov.au/socio-economic-disadvantage-and-health/>.

² *ibid.*

³ F Borrell Cario, AL Suchman & RM Epstein, 'The Biopsychosocial Model 25 Years Later: Principles, Practice and Scientific Inquiry', *Annals of Family Medicine*, vol. 2, no. 6, 2004, pp. 576-582.

⁴ World Health Organisation (WHO), *Community-based education of health personnel: Report of a WHO study group. Technical Report Series No. 746*, WHO, Geneva, 1987.

⁵ Australian Institute of Health and Wellbeing, 2013, Population Health, Australian Government, Canberra, viewed September 2013, <www.aihw.gov.au/population-health/>.

⁶ Medicare Locals, 2013, Australian Government, Canberra, viewed September 2013, <www.medicarelocals.gov.au/internet/medicarelocals/publishing.nsf/Content/home>.

⁷ Department of Health, 2012, 2012 Local government area profiles, Victorian Government, Melbourne, viewed September 2013, <www.health.vic.gov.au/modelling/planning/lga.htm>.

⁸ *ibid.*

⁹ Department of Health, 2013, About PCPs: Primary Care Partnerships, Victorian Government, Melbourne, viewed September 2013, <www.health.vic.gov.au/pcps/locate.htm>.



G2.4 Mapping your existing clinical placement structures

What is the purpose of this guideline?

Mapping the organisational structures and communication pathways that support clinical placements within your local health system and WoSSP 'host' site (such as the local hospital) will help you adapt the WoSSP program for your context. It also avoids unnecessary duplication of clinical placement administration systems.

Who does this guideline apply to?

- Clinical placement providers involved in WoSSP program development.

Who puts this guideline into action?

- The WoSSP Working Group collects and summarises relevant clinical placement systems information for discussion with WoSSP program partners.

Guidelines

Clinical placement operations usually span several staff/program areas *within* health service and health education provider organisations. For example, human resources staff may be responsible for occupational health and safety orientation for all students in the hospital environment, clinical nurse educators may be responsible for administering/teaching nursing student placements and the staff development unit may have overall responsibility for clinical supervisor training. With its cross-agency, interdisciplinary focus, the WoSSP program interfaces with many formal and informal clinical placement management systems and processes. This can be challenging to understand and 'unpack' for whole-of-system placement planning.

Creating a visual map of the structures that support undergraduate clinical placement activities within the local service system provides a starting point for embedding the WoSSP program into the workplace and across the health disciplines. This is essential for clinical placement alignment, placement data management and organisational communication.

Your mapping exercise needs to identify existing placement structures and functions such as:

- specific organisational units/program staff involved in clinical placement planning for each health discipline
- administration systems and data management processes used to support clinical placement activities
- flow of clinical placement information into and out of the organisation (including to and from clinical placement education provider partners)
- cross-agency clinical placement partnerships that may already be in place within the local community (for example, between general practices and the local hospital)

By building a whole-of-system view of clinical placement administration you may also be able to strengthen and streamline your existing clinical placement processes.

Related tools

T2.4 Clinical placement structure

T2.5 Student placement allocation spreadsheet



G2.5 Planning student placement allocations

What is the purpose of this guideline?

The principles and planning steps in this guideline help you plan student allocation and schedule placements. Your plans must also align with any applicable state and federal clinical placement planning frameworks and organisational procedures.¹

Clinical placement allocations are usually negotiated at least six to eight months in advance of the required placement through local stakeholder-led **Clinical Training Networks** and partnership arrangements.² Detailed pre-planning and consultation with educational and health service partners is essential to establish a WoSSP clinical placement model that meets local needs.

Who does it apply to?

- **Health education providers** including student clinical placement officers, course coordinators and teaching staff
- **Clinical placement providers** including **clinical placement coordinators**, clinical supervisors and placement administration staff
- WoSSP Steering Group and WoSSP Working Group members
- WoSSP clinical educator

Who puts this guideline into action?

- Health education provider and clinical placement provider representatives meet to plan, request and allocate clinical placements on behalf of their organisations (including WoSSP program implementation requirements).
- Clinical placement coordinators liaise with the WoSSP Steering Group members, the WoSSP clinical educator and local clinical educators/supervisors to construct a whole-of-system interprofessional placement allocation spreadsheet for the WoSSP program.
- The WoSSP Steering Group approves and monitors implementation of the WoSSP placement model within the local health service system. It provides feedback to clinical placement partners to help improve planning and implementation of future clinical placements.

Definitions

clinical placement coordinator	Person responsible for planning, requesting and/or allocating clinical placements on behalf of an organisation or consortia. ³
Clinical Training Networks (CTNs)	Stakeholder-led networks established to support partnerships and collaboration between members and progress clinical placement initiatives at the local level. ⁴
clinical placement providers	Any organisation that provides clinical placements to health professional students.
professional entry	Vocational courses that enable graduates to apply directly for initial registration (if required) and employment within their health profession. ⁵

Guidelines

WoSSP planning principles

The WoSSP program runs for 10 weeks and is designed for professional entry medical, nursing and allied health students in their *final clinical years* (for example, year four medical students, year three nursing students, year three and four allied health students).

To facilitate your local-level WoSSP program planning, it may be helpful (where appropriate) to give priority to accepting placement requests from education providers whose curriculum has been already mapped by the WoSSP project. If this is not possible, you can use the guidelines and tools in section 2 of this *WoSSP Planning Module and Resource Kit* to map the relevant health professional curricula for your local needs.

To enable students from different health disciplines to work and learn together during their clinical placements, it is essential that they be placed in the same health system at the same time. You need to place students from at least three different health disciplines in your local health system at the same time to ensure sufficient educational continuity for interprofessional learning and patient interaction.

The ideal approach is to arrange for all health professional students involved in the WoSSP program to complete extended clinical placements in your setting (i.e. 11 or more weeks). If extended clinical placement allocations can't be put in place for students from all health disciplines, with shared planning and consultation it may be possible to:

- arrange 'back-to-back' placements for particular students to allow them to complete two clinical placements in your setting
- schedule your placement allocations so that students from a particular health discipline who complete shorter (four to six week) placements follow on from each other for the duration of the WoSSP program
- negotiate student clinical placement schedules for the different health disciplines so that they align with each other to create a shared starting date for WoSSP program implementation
- start the WoSSP program when the maximum number of students from different disciplines can participate.

When integrating the WoSSP program within your existing clinical placement agreements, it is also important to ensure appropriate clinical experiences and educational supervision for students for their discipline-specific rural placement activities.

Related tools

T2.5 Student placement allocation spreadsheet

The spreadsheet contains sample data for 2013: public holidays, semester dates, number of students from each discipline. You will need to insert dates for the year in which you use this tool and map out disciplines and students for your program.

Notes

¹ For example in Victoria, see the Department of Health's *Clinical Placement Planning* web site <www.health.vic.gov.au/placements/planning.htm>.

² Workforce Leadership and Development Branch, Clinical placement planning framework, Department of Health, Victoria Melbourne, Victoria, 2013.

³ *ibid.*

⁴ *ibid.*

⁵ *ibid.*

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G2.6 Mapping the curriculum

What is the purpose of this guideline?

This guideline provides a starting point for **mapping** and **aligning** undergraduate medical, nursing and allied health **curriculum** requirements. Mapping the curriculum enables you to identify the shared **learning objectives** and placement activities that students can achieve in interprofessional groups in your rural primary care setting.

You can use this information to:

- clarify the **scope** of different health professional curricula and the **curriculum design model** used
- identify the kinds of clinical learning and teaching activities already occurring in your rural setting
- identify opportunities for **horizontal integration** of clinical learning and teaching among the health disciplines
- plan and customise the WoSSP program for your rural health care context
- identify ways of using clinical teaching resources, supervisor contributions and community-based placement opportunities to consolidate rural placement activities.

Who does this apply to?

- WoSSP Steering Group, WoSSP Working Group members, course coordinators, program developers and clinical educators involved in shared clinical placement planning and program **customisation**.

Who puts this guideline into action?

- WoSSP Steering Group members initiate the curriculum mapping task and identify appropriate team members/educational development staff to collate and analyse the relevant curriculum documents of participating health education providers.
- WoSSP Working Group members document and analyse the learning objectives, curriculum content/themes, **educational methods** and course assessment requirements for medical, nursing and allied health student placements in your rural health system.
- WoSSP Steering Group and Working Group members, and key educational stakeholders review the curriculum map to identify and approve the shared learning objectives for the WoSSP program that have been agreed through the curriculum mapping process.

Definitions

alignment	<p>How the curriculum requirements for different health professional courses intersect and relate to each other including:</p> <ul style="list-style-type: none"> • stage of student learning • the intended learning outcomes • underpinning course philosophies/educational principles • learning and teaching methods/activities • course assessments <p>The aim is to ensure that all core aspects of the program support or match each other.¹</p>
customise	<p>Adapt learning and teaching activities, and placement program to utilise the educational resources and learning opportunities available within a particular community context.</p>
curriculum	<p>All of the planned and unplanned experiences that a learner completes under the guidance of the educational institution (including clinical placements). Includes the ‘what’ and ‘how’ of learning.²</p>
curriculum map [mapping]	<p>A visual representation of the structure, content, methods, assessments and intended educational outcomes of one or more curricula. Identifies the relationship between different parts of the curriculum to understand how the curriculum comes together as a whole. Provides a framework for identifying discipline-specific and shared curriculum elements as well as any inconsistencies or gaps in educational aims, methods and so on.</p>
curriculum design model	<p>How a course is structured and sequenced. For example, some health professional courses are designed around a longitudinal clinical placement model with concurrent units of study that students complete over a period of 6-12 months. Other courses may be structured into shorter clinical placements/units of learning that students complete in a particular semester.</p>
educational methods	<p>The learning and teaching strategies and methods of instruction used to encourage and enable student learning, such as small group work and case-based learning.</p>
horizontal integration	<p>Interdisciplinary educational planning and program implementation in individual years of vocational training. Encourages health professional learning across course boundaries</p>
learning objectives	<p>Usually refers to statements outlining broad educational goals.³</p>
scope	<p>The range, breadth and depth of curriculum content (including learning objectives, knowledge, skills and professional values) in a course/clinical placement.</p>

Guidelines

Curriculum mapping is not a pre-set, step-by-step process. It evolves as the curriculum information for each course placement is documented and analysed. Some clinical learning objectives, key content themes and clinical skills may form part of one or more subjects within a placement or health professional course. This means that some curriculum elements cannot be captured in a curriculum map. The mapping process therefore needs to be viewed in a holistic way.

Identifying the similarities and differences between health professional curricula is an essential first step in WoSSP curriculum mapping. We recommend that the following general principles be used.

- WoSSP curriculum mapping aims to distinguish between discipline-specific learning objectives best facilitated by clinical supervisors from those disciplines and learning objectives that can be facilitated in interprofessional learning groups. WoSSP group learning activities can then be aligned with core learning objectives, assessment activities and clinical placement requirements relevant for all participating students. This also ensures that WoSSP is not a clinical placement ‘add on’.
- Before you start, it is important to decide the depth and extent of curriculum mapping you plan to undertake. For example, you may find that the learning objectives for some health professional courses or placement subjects are written at a broader level than others (that is, as global learning objectives to be achieved by all students for a particular year of study). Alternatively, more specific unit-level objectives may be available for mapping. Where possible, try to document the course/subject/placement objectives for each health discipline as they are stated in the curriculum documentation for authenticity and rigour.
- As noted above, learning objectives can sometimes be repeated across one or more subjects within/across health professional courses. To minimise repetition, we recommend that objectives be listed *once only* in the curriculum map and combined with a simple code to identify which subjects or courses the objective relates to. It may be helpful to map *one* of the health professional curriculum documents first and then add in relevant information from other course curricula that can be grouped together.

When all curriculum of the participating health education providers is mapped the document can then be reviewed to identify opportunities for curriculum integration, interprofessional learning and WoSSP program development. The WoSSP program objectives and patient journey activities provided in this manual can then be compared and adapted to suit your clinical placement context and student learning requirements.

Related tools

T2.6.a Curriculum mapping

T2.6.b WoSSP program objectives

Notes

¹ J Biggs, 'What the student does: Teaching for enhanced learning', *Higher Education Research and Development*, vol. 18 no. 1, 1999. p.60.

² D Smith & T Lovat, *Curriculum action on reflection*, 4th edn. Social Science Press, Tuggerah, NSW, 2003.

³ N Radomski & P Harvey, 'Planning your teaching encounters', *REd*, Issue 2, 2008. Available: <www.med.monash.edu.au/srh/medical-education/documents/issue2red.pdf>.