

3 Developing the program

With your shared governance arrangements in place you will be well positioned to begin customising the WoSSP program and patient-centred care curriculum for your local context. To do this you will need an action plan and community engagement strategy.

It's also important to decide how you will manage and evaluate your WoSSP program from the very start. It is likely that you will need to modify and refine your WoSSP activities as you go along. Using an action research approach can help you do this.

Resources for this section

Tools listed in [blue](#) incorporate the WoSSP 'look and feel'

Guidelines	Associated tools
G3.1 Customising the WoSSP model	No tools for this guideline
G3.2 Developing your action plan	T3.2 Action plan
G3.3 Using action research strategies	No tools for this guideline
G3.4 Recruiting a WoSSP clinical educator	T3.4 WoSSP clinical educator PD
G3.5 Engaging your community	T3.5.a Information sheet for local health services and clinical supervisors T3.5.b Brochure for patients, carers and their families T3.5.c Information sheet for prospective students T3.5.d Poster for GP clinics and health services (A3 and A4)
G3.6 Preparing your Community Services Brief	T3.6 Community Services Brief
G3.7 Embedding the WoSSP program within an appropriate health service program	No tools for this guideline

- G3.8 Adapting WoSSP clinical placement policies for your context
 - T3.8.a Student placement policy
 - T3.8.b Student code of conduct
 - T3.8.c Safety for patient home and service visits procedure
 - T3.8.d Patient selection policy
 - T3.8.e Patient home visits and appointments procedure
 - T3.8.f Patient clinical handover procedure



G3.1 Customising the WoSSP model

What is the purpose of this guideline?

This guideline aims to help you translate important WoSSP program and curriculum design concepts into practice.

Who puts this guideline into action?

- Health education providers, clinical placement providers and community representatives involved in WoSSP program development and implementation.

Definitions

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 ¹ .
customise	Adapting learning and teaching activities to utilise the educational resources and learning opportunities available within an identified community context.
population health [priorities]	An explicit focus on understanding health and disease issues in particular community settings, and on improving health and wellbeing by addressing the inequities in health status between social groups. ²
patient-centred curriculum	Structured clinical learning and teaching activities designed to enable students to interact with and learn from patients with complex, chronic health conditions, within the local health system (from the clinic, into the community and in patient 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.

Guidelines

Introducing a **community-based**, *whole-of-system* clinical placement strategy can challenge the way people think about their clinical education and health service provision activities. Implementing educational change takes time and can be uncomfortable at first.

We encourage you to use the visual models in Figure 1 WoSSP clinical placement model and Figure 2 WoSSP patient-centred care curriculum to explain and apply the concepts that underpin the WoSSP model and **patient-centred curriculum**.

Here are some specific points to think about when setting up your WoSSP program:

- WoSSP is not a generic clinical placement strategy. We encourage you to **customise** the model and patient-centred care curriculum to suit the learning and teaching opportunities and health service networks/partnerships in your local government area
- In a whole-of-system clinical placement, there is no single environment where learning and teaching occurs.
- The WoSSP program is not designed to replace core discipline-based clinical learning and teaching experiences, but to integrate and extend these experiences.
- The WoSSP program is not an add-on. It is an integral part of student clinical learning and needs to be 'counted' as part of clinical placement hours.
- WoSSP achieves its educational goals through carefully structured clinical learning and teaching experiences that create opportunities for students to interact with patients/clients with complex, chronic health conditions within the local health system (See Figure 2).
- WoSSP patient-centred care activities need to be as close to real world practice as possible and address important **population health priorities** relevant to the local area
- Students not only have opportunities to learn with and from patients/clients and their families, but may also be able to make a meaningful contribution to patient/client care. To do this, students need to work with patients/clients, with each other and with the health professionals/clinical supervisors who share the responsibilities of providing care for people in the local community.
- Rural primary healthcare systems are complex and dynamic. Your WoSSP program model needs to be flexible to accommodate local health system changes.

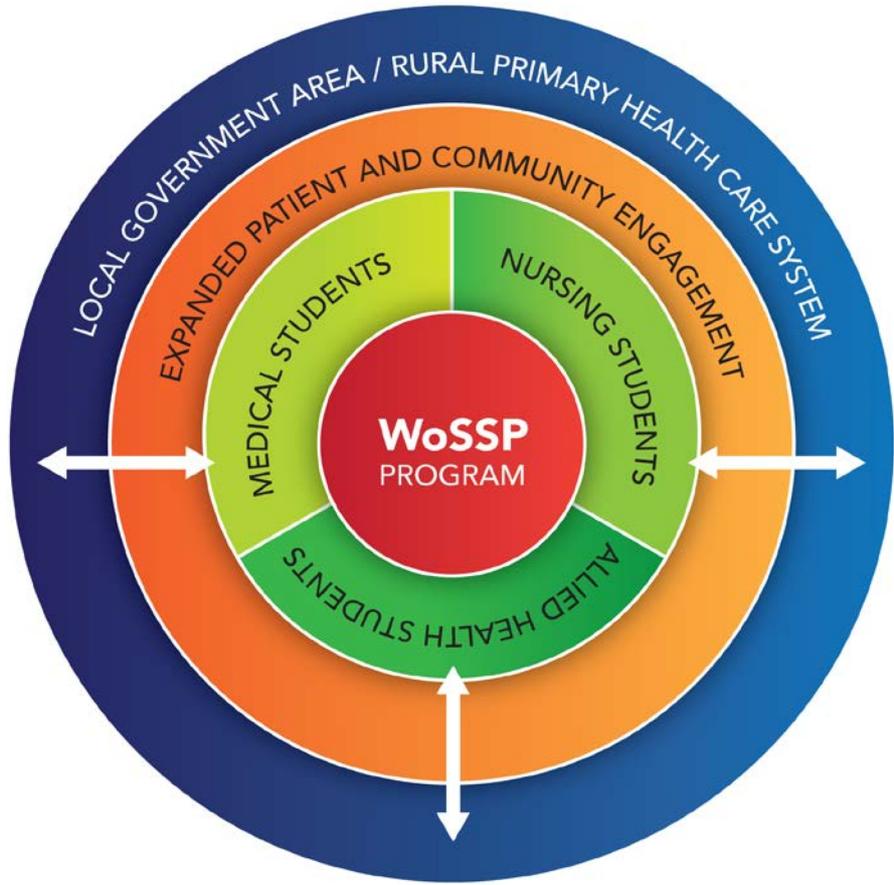


Figure 1 WoSSP clinical placement model

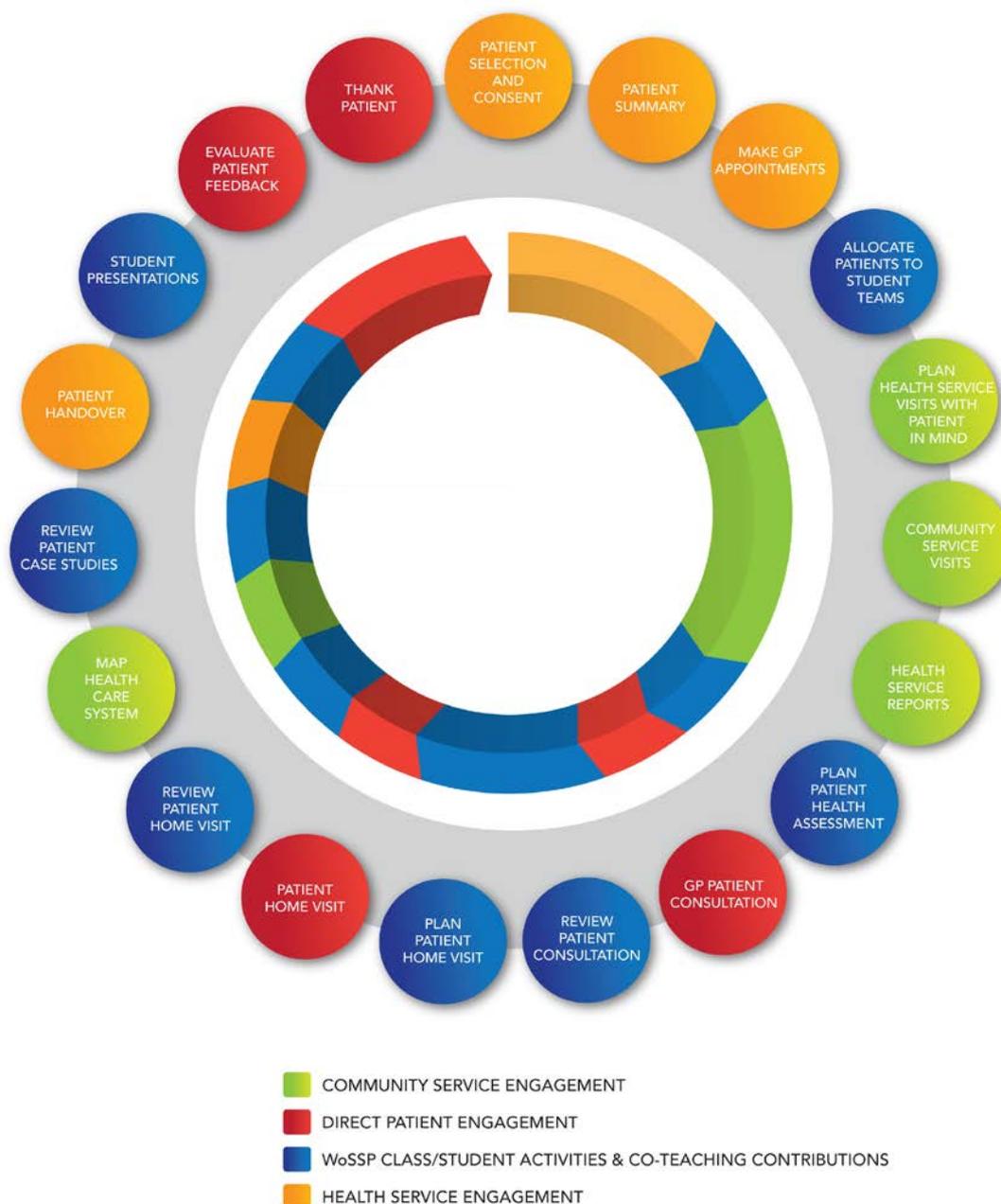


Figure 2 WoSSP patient-centred care curriculum

Related guidelines

- G2.1 Defining the local government area for the WoSSP Program
- G2.2 Setting up governance arrangements for the WoSSP program
- G2.3 Identifying the population health priorities for your WoSSP program
- G2.4 Mapping your existing clinical placement structures
- G2.5 Planning student placement allocations
- G2.6 Mapping the curriculum
- G3.7 Embedding the WoSSP program within an appropriate health service program

Related tools

- T2.2.a Rural health system analysis checklist
- T2.4 Clinical placement structures
- T2.5 Student placement allocation spreadsheet
- T2.6.a Curriculum map

Notes

¹ World Health Organisation (WHO), *Community-based education of health personnel: Report of a WHO study group. Technical Report Series No. 746*, WHO, Geneva, 1987.

² Australian Institute of Health and Wellbeing, *Population Health*, Australian Government, Canberra, 2013, viewed September 2013, <www.aihw.gov.au/population-health/>.

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G3.2 Developing your action plan

What is the purpose of this guideline?

Preparing an action plan clarifies the objectives and tasks needed to develop, implement and evaluate the WoSSP program. It is a practical statement of what your **WoSSP Steering Group** and clinical placement partners aim to achieve over a specified period of time.

Your action plan needs to identify:

- how your group will use their shared resources to accomplish specific goals and objectives
- who will take responsibility for specific tasks
- when allocated tasks will be completed
- potential risks that may impact on progress along the way.¹

Who does this apply to?

- Health education providers, clinical placement providers and community representatives involved in WoSSP program development and implementation.

Who puts this guideline into action?

- The WoSSP Steering Group develops, approves and monitors the action plan in consultation with clinical education partners and community stakeholders. WoSSP Steering Group members may also be responsible for achieving specific tasks within the action plan.
- The **WoSSP Working Group** provides practical coordination and support for action plan implementation. WoSSP Working Group members may also be responsible for achieving specific tasks within the action plan

Definitions

clinical placement 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.
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	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.
health education providers	Higher education institutions providing professional entry medical, nursing and allied health courses.
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 co-ordination and support for WoSSP program development tasks and practical implementation activities. Reports to the WoSSP Steering Group.

Guidelines

When should you prepare your WoSSP action plan?

Your action plan should be developed when your clinical placement **governance arrangements** are in place (ideally within one to two months of forming your partnership). Your action plan provides a blueprint for collaboration. It is also a work in progress and will need to be updated on a regular basis as your WoSSP program strategies evolve.²

How do you write an action plan?

You can use *T3.2 Action plan* to prepare your plan. It's important to adapt the template and suggested operational tasks to suit your WoSSP Steering Group priorities and placement context. Don't forget to review your action plan *as a whole* to check that the required objectives, strategies, tasks, responsibilities and time lines are included.

Implementing and monitoring your action plan

Your action plan is a practical tool for community engagement, cross-agency collaboration and program accountability. Before implementing your plan it's important to make sure the document is approved by the WoSSP Steering Group so that all members have a shared understanding of their individual and collective commitments.

Your action plan helps you keep track of what's been done, work in progress and any potential risks that need to be addressed along the way. It's important to refer to and report on action planning tasks and achievements on a regular basis as part of your working group meetings.

Related guidelines

G2.2 Setting up governance arrangements for the WoSSP program

Related tools

T2.2.b Terms of reference – Steering Group

T3.2 Action plan

Notes

¹ Work Group for Community Health and Development, The Community Tool Box: Chapter 8, Section 5. Developing an Action Plan, University of Kansas, 2013, viewed September 2013, <http://ctb.ku.edu/en/tablecontents/sub_section_main_1089.asp>.

² *ibid.*

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G3.3 Using action research strategies

What is the purpose of this guideline?

This guideline aims to help you develop and manage your WoSSP program using a collaborative **action research** approach. The action research process begins with the shared interests or problems of a group, a community or an organisation.¹ It provides strategies to translate educational ideas into action. Action research is based on a cycle of steps: planning, action (doing), reflecting and evaluating (what happened and why).² (See Figure 1 Action research on page 2.) Insights gained are then used to plan further action research cycles.

Action research is flexible and responsive. It is not possible to predict every task, situation, challenge or opportunity that may arise in real-world settings. You will need to adapt and customise your WoSSP program (including the **learning theories**, activities and practices that support it) so that it fits your **practice** setting.

Who does this apply to?

- Health education providers, clinical placement providers, clinical supervisors, community representatives, students and patients involved in WoSSP program development and implementation.

Who puts this guideline into action?

- The WoSSP Steering Group sets up and monitors the WoSSP action research process.
- The WoSSP Working Group provides practical coordination and support for the action research process.
- WoSSP participants contribute to the planning, implementation and ongoing improvement of the WoSSP program through the action research process.

Definitions

action plan	A practical statement of what your WoSSP Steering Group and clinical placement partners aim to achieve over a specified period of time.
action research	A systematic process of reflective enquiry and informed action undertaken by participants to change and improve educational practices in a particular social or community context. ³

critical reflection	A deliberate activity in which people recall, think, talk and/or write about their experiences to learn from it and evaluate it. ⁴
learning theories	Learning theories aim to describe and explain how people learn. Learning theories provide a framework and a language for talking about and understanding learning. Some learning theories focus attention on individual learning, others on groups, organisations and communities of practice.
practices	How people carry out their professional actions including the way people think about what they do in real situations. ⁵

Guidelines

The action research process:

- is participatory and collaborative (that is, it is not research done on people)
- has an agreed focus of enquiry, theme or question/s of interest
- considers the different perspectives and experiences of participants
- involves problem-posing and problem-solving
- addresses educational issues as they occur in real situations
- builds on what is already going on
- is achieved through enquiry and reflection by individuals and groups
- is systematic
- helps people to challenge their educational ideas and assumptions to inform current and future practice (although it may take time for people to consider new ways of thinking and working).

Starting your action research process

- Begin with a small working group. You can invite other people to join in as the WoSSP action research process evolves.
- Document how student placements and healthcare provision occur *now* in your local community (including potential risks and opportunities for change). This will help you clarify how you might introduce a new approach.
- Explore the underlying learning theories, assumptions and values that may be informing current clinical placement activities (for example, ideas about the importance of discipline-specific learning, clinical experience, interprofessional learning, clinical supervision). You can use these insights to engage your participants, plan your approach and, importantly, question the way clinical placements are structured and implemented.
- Arrange a regular time to discuss emerging questions and strategies to clarify the specific educational changes you will make.
- Establish a system to document your WoSSP activities so that you can monitor your work as you go along. This could include meeting agendas and minutes, clinical placement resources, field notes and reflective journals.

Planning

Your WoSSP **action plan** provides the launching pad for the action research process (See *G3.1 Developing your action plan.*) It needs to be forward-looking and flexible so that you can modify your approach as you go along.⁶ Action planning helps you decide:

- what educational changes to focus on
- what action your working group will take to address these changes
- when to implement your ideas, and
- who else to involve.

Taking action: implementing and observing

Even though you may begin with a carefully designed action plan, it is likely that your WoSSP program will unfold in ways you can't predict. Students may start their placements later than you expected, a patient home visit may be cancelled or a work colleague may identify a potential learning opportunity that you'd like to include. These real-world contingencies form part of your research enquiries and need to be documented for evaluation and future planning.

Observing and documenting 'what actually happens' when you implement your WoSSP action plan is essential. Careful observation helps you understand what works, what doesn't work, what needs to be changed, any unexpected outcomes and some of the broader constraints affecting the WoSSP program. It also provides the basis for **critical reflection** and ongoing action.

Reflecting and evaluating

Reflection helps make sense of the processes, challenges, opportunities and constraints shaping your WoSSP program. It aims to consider the perspectives of participants and requires ongoing review and discussion. Reflection is also part of evaluation and can help you analyse and re-interpret the situation at hand (including the actions taken to try and change or improve the current situation).

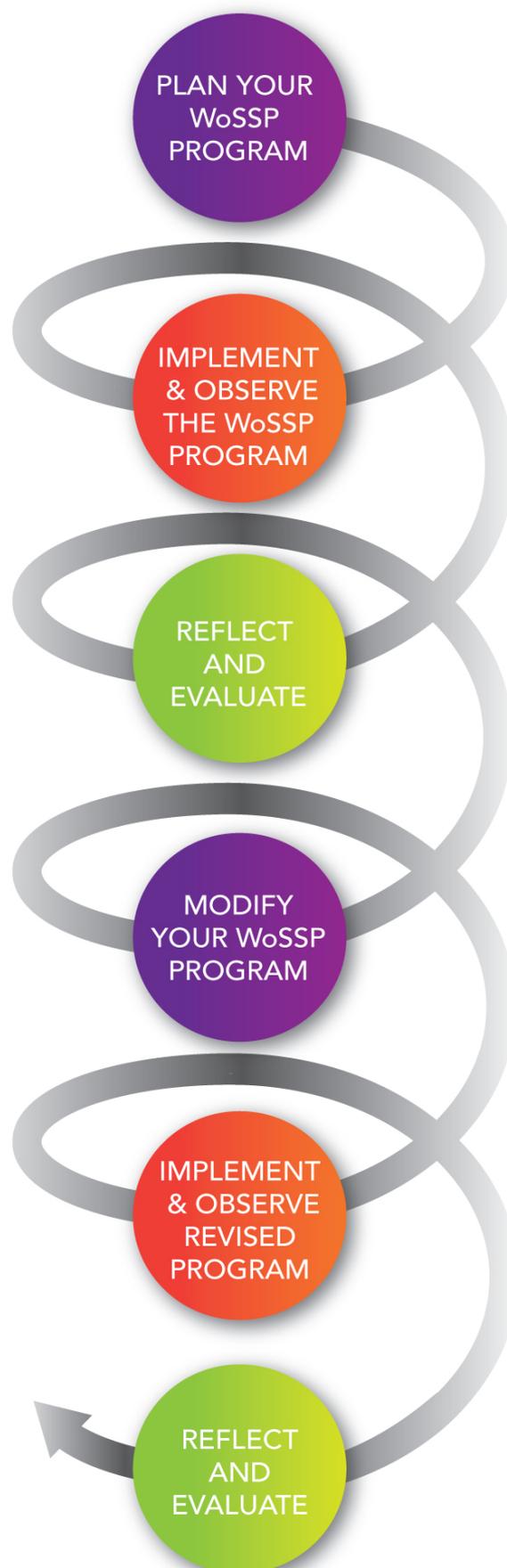


Figure 1 Action research process

The evaluation phase involves making judgements about the effectiveness, value, impacts and outcomes of the actions taken. It is important to decide what information you will collect to describe and monitor your action research activities over time. There are many methods that you can use including field notes, document analysis, interviews and questionnaires. (See *G6.1 Program evaluation methods* for further details.)

Don't forget to report your progress as you go along so that participants and community partners are engaged and involved. Ongoing discussion and support may be needed to build shared understanding and ownership of the WoSSP program.

Modifying your WoSSP program

Action research is an evolving spiral of shared planning, decision-making, action, observation and reflection. It aims to encourage new approaches to rural clinical placement planning and implementation. There is no one right way. Analysing current educational practice provides the starting point for designing customised clinical placements appropriate for your community context. Ongoing engagement and collaboration is essential.

Related guidelines

G2.2 Setting up governance arrangements for the WoSSP program

G3.2 Developing your action plan

G6.1 Program evaluation methods

Related tools

T3.2 Action plan

Notes

¹ MK Smith, *Action research*, infed, 1996; 2001, 2007, viewed 30 September 2013, <<http://infed.org/mobi/action-research/>>.

² S Kemmis & R McTaggart (Eds), *The action research planner*, 3rd edn, Deakin University Press, Geelong, 1997.

³ *ibid.*

⁴ D Boud, R Keogh, & D Walker (Eds), *Reflection: Turning experience into learning*, Kogan Page, New York, 1985.

⁵ S Waters-Adams, *Action research in education*, 2006, viewed 4 October 2013, <<http://www.edu.plymouth.ac.uk/resined/actionresearch/arhome.htm>>.

⁶ *op. cit.* S Kemmis & R McTaggart .



G3.4 Recruiting a WoSSP clinical educator

What is the purpose of this guideline?

This guideline helps you determine the key selection criteria you will use to appoint your WoSSP clinical educator. This information can then be built into the position description and recruitment process.

Who does this apply to?

- WoSSP Steering Group, WoSSP Working Group, health service or program coordinator and human resources department (where applicable).

Who puts this guideline into action?

- WoSSP Steering Group, health service or program coordinator, human resources or equivalent.

Guidelines

The role of the clinical educator

The WoSSP clinical educator role requires a sophisticated approach to teaching and learning. The role requires someone with clinical expertise and educational experience who can comfortably teach a range of students from different disciplines, backgrounds, ages and stages of learning. It also requires someone who is flexible, approachable, open and curious; someone who is quick on their feet and able to deal with complexity and uncertainty in the course of their work.

The WoSSP clinical educator has a pivotal educational leadership role. They will not only provide direct teaching and coordination for students, but will need to liaise between your partnering health education providers, your organisation and your broader healthcare system. The role requires ongoing community engagement and partnership and a focus on health system coordination and reform.

Importantly the WoSSP clinical educator can contribute to a robust, inclusive and dynamic educational precinct within your health service with flow-on benefits for staff, visitors, co-teachers, students and patients/clients

Step 1 Consider your costings

When recruiting your WoSSP clinical educator your Steering Group will need to consider how the position will be funded, what time fraction will be allocated and any in kind contributions needed. The hosting health service might like to consider aligning their student placement dollars to finance the position or consider funding grants or other revenue streams to secure the position. Ideally (and for program continuity and sustainability) you will have a revenue stream that ensures the security and consistency of the position over time so that it becomes embedded within your health service or organisation.

Step 2 Talk to your health education provider partners and healthcare service providers

Your WoSSP Steering and Working Groups are well positioned to initiate discussions with your health education provider partners and healthcare services to determine the requirements of the position. The aim of these early discussions is to identify the key criteria they think essential to the role of the WoSSP clinical educator in your local context.

This can be broken down to key headings that might include:

- clinical skills and practical experience
- teaching experience/working with groups
- local knowledge
- health system knowledge
- communication and engagement skills
- strategic vision and systems thinking
- student clinical learning and professional development needs

Step 3 Draft your position description

Once you have a good overview of the role requirements this can be incorporated into your position description. (*T3.4 Position description WoSSP clinical educator* provides a basis to start. Adapt this template to suit your recruitment protocols and position responsibilities.) Once it's complete, distribute your draft position description to your Steering Group for final approval.

Step 4 Convene your selection panel

Your Steering Group will need to decide how many members will form the selection panel and who they will be. Ideally you should include a lead from each health education provider partner and your healthcare service or your organisation. Once you have selected your panel, consider the questions you will need to draft that address the key criteria you have formulated.

Related tools

T3.4 Position description - WoSSP clinical educator



G3.5 Engaging your community

What is the purpose of this guideline?

Successful implementation of the WoSSP program in your area requires active community involvement and ongoing support. Developing a community **engagement** strategy helps ensure local needs and interests are reflected in the WoSSP program.

Community engagement activities – including consultation, informal briefings and shared problem-solving – will help you **customise** the WoSSP program for your local context. Creating opportunities for *meaningful* community involvement in designing and developing community-based learning programs is often neglected or undertaken in a superficial way.¹ When approached collaboratively, the community engagement process can facilitate change, mobilise local resources, influence systems and build long-term sustainable relationships among participants.²

Encouraging a shared approach to WoSSP program development helps ensure the program remains relevant over time.

Who does this apply to?

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

Who puts this guideline into action?

Health education providers, clinical placement providers, community representatives, WoSSP Steering Group and WoSSP Working Group:

- initiate discussions to elicit community needs and interests
- explore health system learning opportunities
- build community relationships to support WoSSP program implementation in line with local health care and health education needs.

Definitions

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.
community engagement	The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people. ³
customise	Adapting learning and teaching activities to utilise the educational resources and learning opportunities available within a particular community context.
engagement	Used in an inclusive way to describe a wide range of formal and informal interactions and partnership activities between people. It can involve many different approaches including: information sharing, collaboration, shared problem-solving, consultation, information dissemination and involvement in decision-making. ⁴
local government area	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
scoping exercise	The process of identifying the features, elements and boundaries of a situation or issue at an early stage in the planning process. The scoping exercise helps establish the depth and breadth of the task and potential participants involved.

Guidelines

Community engagement takes many different forms and may change as your program moves from the initial set-up phase to implementation, evaluation and consolidation. It is a two-way process. There is no one right way. Here are some practical suggestions to help you get started.

Scoping

In the early stages of community engagement we recommend you undertake a community **scoping exercise** to develop your understandings of the local health system. This will also help you identify the health services, agencies, program supervisors and community members for engagement and involvement. Asking people about their clinical practice networks can offer important insights into some of the informal partnership activities occurring in the community.

Some helpful questions to consider when developing your WoSSP program include:

- What level/kind of involvement do particular individuals/groups/health services desire or expect?
- What levels of participation and time do program managers support?
- What community engagement processes can your WoSSP Steering Group and Working Group support in the short and longer term?

- What expectations does your WoSSP Steering Group have about the role and function of their local health service representatives in managing student placements within their respective service/agency and across the local health care system?
- What are the best mechanisms for facilitating community engagement over time?

The information you gather through your initial analysis of the local health system will also help you with this relationship building task (see sections 1 and 2 of this module).

Planning

You will need to decide how you will introduce the WoSSP program and when you will begin your community conversations. For example, you may decide to make initial contact with key health service managers and clinical supervisors via email or phone, offer to send them some information about the WoSSP model and then follow this up with face-to-face meetings.

Developing your engagement tool kit

The specific tools and strategies you use to support your community engagement work depend on the purpose of this engagement. For example are you aiming to:

- inform community stakeholders about the WoSSP program?
- consult about what you plan to do next?
- actively involve people in a task or decision?
- collaborate?
- empower people to participate (such as encouraging patients to see themselves as teachers in their interactions with students)?
- mitigate an emerging risk or potential conflict of interest?
- generate new ideas?
- solve an emerging problem that requires specific expertise or requires a specific outcome?⁶

Modelling good practice

The WoSSP program aims to promote respectful professional practice and collaboration. Clarifying different understandings and interests can be complex. You need to pay careful attention to ensuring timely communication, involvement and follow-up.

Keeping things going

Sustaining the community engagement process takes time and trust. Implementing changes in clinical placement planning, clinical supervision models and educational involvement can seem overwhelming at first, particularly in healthcare settings where time is at a premium. You need to respect and balance competing priorities and responsibilities.

There are many WoSSP-specific program activities that provide 'not to be missed' opportunities for community consultation, engagement and shared decision-making. Examples include the processes involved in:

- setting up your shared clinical placement governance structures and inter-agency communication pathways

- planning student placement allocations
- preparing your Community Services Brief
- implementing your action research cycles
- selecting and recruiting patients for WoSSP patient journey activities
- facilitating the WoSSP student presentations to the community
- evaluating the WoSSP program
- celebrating your successes along the way

Related guidelines

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

G2.4 Mapping your existing clinical placement structures

G3.2 Developing your action plan

G3.3 Using action research strategies

G3.6 Preparing your Community Services Brief

G5.9 Preparing for the student group presentation

Related tools

T2.2.a Rural health system analysis checklist

T 3.5.a Information sheet for student supervisors and health services staff

T 3.5.b Brochure for patients, carers and their families

T 3.5.c Information sheet for prospective students

T 3.5.d Poster for GP clinics and health services (A3 and A4)

Notes

¹ T Kristina, G Mjooor & C Van Der Vleuten, 'Comparison outcomes of a community-based program executed with and without active community involvement', *Medical Education*, vol. 40, 2006, pp. 798-806.

² Department of Environment and Primary Industries, *What is Community Engagement?*, Department of Environment and Primary Industries, 2013, viewed October 2013, <www.dse.vic.gov.au/effective-engagement/introduction-to-engagement/what-is-community-engagement>.

Department of Sustainability and Environment, *Effective engagement: Building relationships with community members and other stakeholders, book 2, the engagement and planning workbook*, Department of Sustainability and Environment, 2005, viewed October 2013, <www.dse.vic.gov.au/__data/assets/pdf_file/0020/105824/Book_2_-_The_Engagement_Planning_Workbook.pdf>.

³ op. cit. Department of Environment and Primary Industries, 2013.

⁴ op. cit. Department of Environment and Primary Industries, 2013.

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

⁶ op. cit. Department of Sustainability and Environment, 2005. pp. 25-28.



G3.6 Preparing your Community Services Brief

What is the purpose of this guideline?

The WoSSP Community Services Brief provides an up-to-date overview of the health and community services available in your local government area. It is a practical document designed to introduce students to the range of services available within your **primary healthcare system**. It also helps you analyse your setting.

It is not a complete account of all local services and amenities. For example, some services and community groups such as voluntary clubs, sporting facilities such as parks and reserves can be omitted to keep the document relevant to the interprofessional learning emphasis of the program.

The Community Services Brief does include information on: socio-demographic characteristics, local government area boundary maps, industry and services and local events. It also provides a useful tool to help you analyse different healthcare pathways, service partnerships and potential learning opportunities in your community setting.

Who does this apply to?

- The WoSSP Steering Group and WoSSP Working Group

Who puts this guideline into action?

- The WoSSP Working Group prepares and drafts the Community Services Brief in consultation with the WoSSP Steering Group.

Definitions

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. ⁱ

Guidelines

Mapping your health and community services

We recommend organising a short workshop/discussion session with WoSSP Steering Group members to create an initial map of the health and community services in your area. Healthcare services, patient/client access points and referral pathways can be captured on a whiteboard or butchers paper to create a visual representation of the healthcare system. Drawing on local knowledge can help you to identify some of the more informal, but important practical networks and service contacts for follow-up.

Collecting and collating data for your Community Services Brief

These resources and websites provide a useful starting point for more detailed data collection:

- The Human Services Directory provides accurate and up-to-date information about health, social and disability services in Victoria: <http://humanservicesdirectory.vic.gov.au>.
- Medicare Local can provide information about population health data particular to your local region: www.medicarelocals.gov.au/internet/medicarelocals/publishing.nsf
- The Australian Bureau of Statistics can provide socio-demographic details of your local population from census data including age, income, housing, employment and so on: www.abs.gov.au/census

Your local council will also have a range of current resources about your local government area including annual reports, community profiles, community service reviews and service directories. Many of these will be publicly available online.

Once you have gathered your data, the Community Services Brief can be prepared in sections using the Community Services Brief template as a guide. (See *T3.5 Community Services Brief*.) The template is a basic framework that can be customised to suit your region. You might also include:

- local government area maps
- service charts/profile
- list of abbreviations
- photos of the local area including landmarks, buildings of historical significance, parks and gardens

Updating your Community Services Brief

Your Community Services Brief needs to be checked and updated at least annually.

Related guidelines

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

Related tools

T3.6 Community Services Brief

Notes

¹ 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>.



G3.7 Embedding the WoSSP program within an appropriate health service program

What is the purpose of this guideline?

This guideline aims to help you establish the educational supports for the WoSSP program within an appropriate health service/program team in your local setting.

Who puts this guideline into action?

- The WoSSP Steering Group, WoSSP Working Group and clinical placement provider representatives involved in WoSSP program planning.

Definitions

authentic [learning]	Experiential learning located in real settings that reflect the complexities and issues of day-to-day practice. ¹
chronic health condition	An illness that is prolonged in duration, does not often resolve spontaneously, and is rarely cured completely. Chronic diseases are complex and varied in terms of their nature, how they are caused and the extent of their impact on the community. ²
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. ³
patient-centred care	Healthcare that is respectful of, and responsive to, the preferences, needs and values of patients. The widely accepted dimensions of patient-centred care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care. ⁴

Guidelines

The WoSSP program creates opportunities for students to interact with and learn from patients with complex **chronic health conditions** within the local health system (from the hospital, GP clinic, into the community and in patients/clients' homes). Through these interactions, students gain important insights into patient experiences of living with a chronic health condition. **Patient-centred healthcare**, service complexity and barriers to health service access can also be explored in an **authentic** way.

To achieve these **community-based learning** outcomes, the WoSSP program needs to be embedded in an existing health service/program team.

Starting points

Decisions about where to embed your WoSSP patient-centred care curriculum activities need to be made in collaboration with your health service partners, rather than imposing the program on busy health service staff. Some important questions to think about when considering *where* to locate the educational supports for your WoSSP program are:

- Are there health services/program teams within your local government area whose main service responsibility is to provide care coordination for patients with chronic diseases?
For example: a Hospital Admissions Risk Program (HARP), community rehabilitation centre or early intervention service for children and their families.
- What healthcare model/s do these services/programs use and do these models align with the objectives of the WoSSP program?
For example: models of care that emphasise comprehensive assessment and care planning; self-management; community-based care; interprofessional collaboration; continuity of care; follow up and monitoring, systemic and organisational change.⁵
- How are these services/programs structured?
For example, is there an emphasis on interprofessional team work including established patient referral pathways, links with the local general practices and links with the local hospital?⁶
- With appropriate support, could clinicians in these services/program identify patients with chronic health conditions for students to work with?
- If so, what support/practical resources would they need to become involved in the WoSSP program?
- Among the services you have identified, is there a particular program team that is best positioned to be involved? How will you approach them?

Embedding the educational supports for the WoSSP program within the health service

It is important to be clear about how you plan to administer and support your WoSSP patient-centred curriculum activities including any ongoing resources or integrative work that might be needed. (See Section 4 of the *Planning module and resource kit* for detailed planning information.) Taking the time to observe how the health service model operates, how staff work together and the administrative systems that support day-to-day practice with patients can be invaluable, particularly in the early set-up phase of your WoSSP program.

The amount of time required of health service staff also needs to be clear and agreed from the outset. Health service staff are part of the WoSSP implementation team (including the WoSSP

Steering Group, Working Group, WoSSP clinical educator, general practices, health service clinical placement administrators and so on). They are not responsible for the whole program.

What can the WoSSP program contribute to the health service?

Students in the WoSSP program work in small teams (two to three students) with a patient who would benefit from further health service involvement. It is possible that the medical, nursing and allied health students could make a significant practical contribution to the ongoing care of patients, as well as achieving their course-specific learning objectives and assessment tasks.

The WoSSP program has the potential to ‘add value’ to healthcare activities within the health service and this in turn contributes to WoSSP program sustainability over time.

Related guidelines

- G2.2 Identifying the population health priorities for your WoSSP program
- G4.1 Setting up administration systems for the patient-centred curriculum
- G4.3 Selecting and recruiting patients
- G5.2 Adapting WoSSP teaching plan for your setting

Related tools

- T4.1 Patient-centred curriculum planning timelines

Notes

¹ Curtin University, *Authentic learning*, n.d., viewed 28 October 2013,

<http://otl.curtin.edu.au/learning_teaching/philosophy_teaching/student_centred/authentic.cfm>.

² The Department of Health, Commonwealth of Australia, *Chronic disease*, The Department of Health, Canberra, 2012, viewed 3 November 2013, <www.health.gov.au/internet/main/publishing.nsf/content/chronic>.

³ World Health Organisation (WHO), *Community-based education of health personnel: Report of a WHO study group. Technical Report Series No. 746*, WHO, Geneva, 1987.

⁴ Australian Commission on Safety and Quality in Health Care, *Patient-centred care: Improving quality and safety by focusing care on patients and consumers. Discussion paper*, 2010, p. 7, viewed 21 October 2013, <www.safetyandquality.gov.au/wp-content/uploads/2012/01/PCCC-DiscussPaper.pdf>.

⁵ Department of Health, Victoria, *HARP: Hospital Admissions Risk Program*, Well-being, integrated Care and Aging Division, Melbourne, 2013, viewed 3 November 2013, <www.health.vic.gov.au/harp/about.htm>.

⁶ Flinders Human Behaviour & Health Research Unit, *The Flinders program™ care planning process*. FHBHRC, Flinders University, Adelaide, 2013, viewed 3 November 2013, <www.flinders.edu.au/medicine/sites/fhbhru/self-management.cfm>.

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G3.8 Adapting WoSSP clinical placement policies for your context

What is the purpose of this guideline?

WoSSP program **policies** and **procedures** provide a framework for student and staff involvement across all phases of the WoSSP program including activities that occur within your health service environment and in the local community (such as patient home visits). This guideline explains how you can adapt the WoSSP policy framework to suit the requirements of your health service and community context.

Who does this apply to?

- Clinical placement and health education providers involved in WoSSP program development.

Who puts this guideline into action?

- The WoSSP Steering Group develops, approves and monitors WoSSP policy and procedures in consultation with clinical education provider partners and community stakeholders.
- The WoSSP Working Group provides practical coordination and support for policy and procedure development and implementation.

Definitions

policies

Concise, formal and mandatory statements of principle which provide a framework for decision-making.

procedures

The practical steps required to implement and comply with a policy and meet its intent. They specify who does what and when. Procedures may be reviewed and revised more frequently than policies.

Guidelines

Many health services already have organisational systems and policies for student placements including policy templates, policy platforms and formal review processes. With this in mind, the WoSSP policy and procedure templates in this manual are designed so that you can adapt them to suit your program context. They can be inserted into existing student placement policies, customised or adopted unchanged.

Where to start

We recommend that you:

- Review the existing policies and procedures within your health service, specifically those related to clinical placements and students.
- Decide where/how WoSSP principles and procedures can be embedded within your current policy structure.
- Adapt the WoSSP policy templates to match the formatting requirements of your health service.
- Review each procedure individually and update as required to match the specific details and requirements of your health service.

Before implementing your WoSSP policies and procedures it's important to make sure the documents are approved by the:

- WoSSP Steering Group (so that all members have a shared understanding)
- appropriate policy/quality assurance group in your health service

Once you have the WoSSP policies and procedures in place, they will need to be readily available to the WoSSP clinical educator, health service staff and students (for example, on a shared drive, webpage, in handouts and relevant student/teaching guides).

Related tools

T3.8.a Student placement policy

T3.8.b Student code of conduct

T3.8.c Safety for patient home and service visits procedure

T3.8.d Patient selection policy

T3.8.e Patient home visits and appointments procedure

T3.8.f Patient handover procedure