



## Case Study 1: Bendigo Community Health Service

# Student Orientation

### 1. Background

Bendigo Community Health Service (BCHS) provides a range of primary care and community services from four sites in the Bendigo area.

In 2011, BCHS will host approximately 130 students from nine disciplines including medicine, nursing and allied health. These students originate from seven universities and one TAFE college.

### 2. Problem/Drivers

During the organisation's planning and monitoring of student placements, the tremendous amount of time and effort involved in the organisation's orientation was analysed. The Department of Health Best Practice Clinical Learning Environment Framework indicators were used to develop a mapping process for the organisation's capacity to meet the quality indicators and an analysis of time allocation within the organisation.

It was found that clinicians were spending significant time conducting orientation and there was a lack of consistency in the messages being imparted to students. This led to an examination of ways to improve the orientation of students on placement.

An outline of the planning and monitoring of student placements is articulated below in order to highlight the level of resources required.

- Placements are centrally-planned in October each year for the following year. Throughout January each year, clinical placement meetings are held to finalise processes and plans for that year.
- A workshop for students with forthcoming placements is delivered twice a year. These workshops provide information to students, while serving as a forum in which student expectations and requirements are discussed, problems are solved and improvements to the placement experience are considered.
- At the end of each year a completion meeting is held for all supervising clinicians and placement students. These meetings gather feedback about placement experiences for the purposes of quality improvement. All students complete a placement evaluation at the completion meeting. Evaluation data is then analysed thematically.

### 3. Arriving at a solution

A working group was convened to design a smooth, consistent and efficient orientation process that would give students an accurate and comprehensive understanding of the service, its approach and their role within it.

### 4. Implementation process

Each Monday morning, an orientation session is delivered by the Planning, Development and Quality Team to every student commencing a placement that week. This ensures that all students receive a consistent message.

The Planning, Development and Quality Team has also developed a *Placement Planning Template* that is used to record the discipline and study unit being undertaken by the student and the expected learning outcomes specific to this.

The template also covers the activities that will be undertaken, ensuring each student experiences a wide range of tasks and situations during their placement. The template helps



them understand what is expected of them and where they are meant to be. It also helps supervising clinicians identify the learning outcomes of students and how that relates to each student's competencies and discipline of study.

BCHS has also developed a comprehensive Student Placement Procedure that is used for all placements. This covers the planning process, placement matching, orientation, placement expectations and completion of placement. An Orientation Checklist is also used for all placements.

### **5. Outcomes**

This improved process has had a number of positive results. It has reduced the time requirements of supervising clinicians and decreased the administrative load on the Human Resources Team.

This system has received positive feedback from all those involved. Managers are more supportive of hosting placements as the system has reduced their workload, students appreciate the structured nature of their placements and supervisors value the ability to pre-plan for their time with the students.

Managers also have confidence in the high level of considered support being provided to the general clinical placement structure. Overall this has changed the 'culture' of how the operational managers view clinical placement – they are much more willing now to work with the process as they recognise that their needs are being considered.

### **6. Barriers**

The orientation process was developed around an e-learning package that provided online organisational orientation to students. However, the implementation of this package was delayed by the redevelopment of the BCCHS website.

### **7. Future Directions**

The e-learning and online orientation package is live. Responsibility for student orientation will shift to the Human Resources Team. The weekly onsite orientation session will continue to be delivered by the Planning, Development and Quality Team, as it has been a successful model. The focus of these sessions will shift to the philosophy of the organisation and the community health approach.

Online orientation takes place prior to arrival, along with pre-readings for each discipline. An e-learning package has also been developed using interactive software that takes the user through defined tasks. Links to various policies and other organisational documents are included. Questions about the material presented are incorporated into the package and these must be answered correctly for the user to proceed to the next stage.

When commencing their placement, students will sign a form stating that they have completed the orientation package and read and understood all associated documents.

The system will be monitored through biannual evaluations and feedback forums and will be subject to continuous quality improvement. The team at BCCHS are also planning to share their experience of developing the e-learning package with other organisations.

### **8. Further information**

Deborah Mellor or Karen Riley

Bendigo Community Health Service

Email: [DeborahMellor@bchs.com.au](mailto:DeborahMellor@bchs.com.au) & [KarenRiley@bchs.com.au](mailto:KarenRiley@bchs.com.au) or Phone: (03) 5434 4360



## Case Study 2: Eastern Metropolitan Region Alcohol and Drugs Strategy Group Student Orientation and Placement

### 1. Background

The Eastern Metropolitan Region Alcohol and Drug Strategy Group (EMRA&DSG) was established in 2007. Following a sector-wide consultation process, four working groups were formed to explore the issues raised. The Workforce Development Working Group (WDWG) was established in 2008. It comprises representatives from the Alcohol and Drug sector and related training institutions, including:

- Eastern Access Community Health
- Whitehorse Community Health Service
- Swinburne University
- Monash University
- Royal Melbourne Institute of Technology (RMIT)
- Holmesglen Institute of Technical And Further Education (TAFE)
- Youth Substance Abuse Service
- Eastern Drug & Alcohol Service

In 2009 the WDWG discussed the need for a strategic approach to attract and retain more practitioners into the Alcohol and Other Drugs (AOD) and community health sectors. It was identified that one way of achieving this was through improved coordinated pathways for students undertaking placements in the sector.

Students from a range of disciplines and learning institutions in the eastern region of Melbourne would be targeted.

The WDWG initiated a 'student pathways' survey of 33 staff across six different drug and alcohol agencies. This was undertaken to gain a greater understanding of the workforce AOD issues that were raised in the sector-wide consultations and identify the barriers to and positive contributions of student placements. Gaining clarity around these workforce issues would assist the group develop strategies to address these.

### 2. Problems/Drivers

The survey highlighted the complexity of the AOD sector, with its multiple entry, exit and re-entry points for clients. It was found that students undertaking placement in the AOD sector largely gained experience in only one aspect of this complex service pathway, without having experience or context of the entire sector. As such, they were not fully aware of the other services within the continuum of care. In addition, if a student was exposed to one aspect of the sector they did not enjoy, they were more likely not to return to the sector at all instead of being redirected to another part of the sector.

### 3. Arriving at a solution

The WDWG identified that greater exposure to the different services and their pathways during a student placement would not only enhance the quality of their placement but also provide a more sustainable workforce recruitment and retention strategy.

### 4. Implementation process

The working group considered several models (EMRA&DSG, 2010) that would provide a broad range of sector-wide experiences to the students. The Regional Alcohol and Drug Strategy Coordinator consulted three tertiary institutions and 10 AOD services to obtain feedback about



the options, which included two placements at two different settings. A longer placement would give students a case load while a shorter placement would comprise more observation and information gathering tasks. In addition, a series of orientation seminars would help 'fill in the gaps' to give students knowledge of the entire sector.

The long-term placement was recognised as allowing students to:

*"...develop rapport with staff/clients and knowledge of the service to be able to have capacity to undertake specific work (eg. case load, project management, support work) and achieve their learning goals" (EMRA&DSG 2010:6).<sup>2</sup>*

Over one term, the adopted model included:

- a) a long placement (56 days) and a short placement (10 days) for undergraduate and/or postgraduate degree students
- b) a long placement (9 days) and a short placement (6 days) for certificate IV and diploma level students
- c) six intensive student orientation seminars in:
  - Youth AOD services
  - Specialist AOD services
  - Withdrawal/detox programs and services
  - Residential rehabilitation and supported accommodation programs
  - Counselling, consultancy and continuing care (CCCC)
  - Mental Health Alliance orientation

(EMRA&DSG 2010)

Field placement coordinators at each tertiary institute contacted AOD agencies to allocate their students, who were subsequently interviewed by the AOD agencies. A total of eight agencies accepted 13 students. The Project Coordinator role was funded for 12 months from a FebFast grant for \$20,000 (ceased on 30 March 2011).

## 5. Outcomes

Student and supervisor evaluation revealed that the intensive orientation seminars and placements were well received. Students reported that having the seminars early in their placement was beneficial and enhanced their knowledge of the sector.

Supervisor feedback reported that providing supervision was useful for their professional development, reminding them to reflect on their own practice and providing an opportunity to discuss up-to-date theories. They also felt it was important to contribute to student learning.

This was the first placement delivered under this model and therefore no long-term outcomes have been identified to date. However, due to the positive feedback from students in gaining a better understanding of the whole AOD sector and the role of the agencies involved, the EMRA&DSG has decided to continue this model for two more terms.

The full report and evaluation (see reference 4) will be made available as a link on the VHA website.

## 6. Barriers

The D&A sector reported that the short placements put a strain on resources as the students on the short placement could not have a case load, thus supervisors needed to find meaningful alternative tasks for them while continuing to see clients. This was particularly the case when permission for the students to sit in on appointments had not been accepted by the clients.



Also, students on short placement usually have insufficient time to develop policies or similar documentation to assist the service and utilise their availability.

There was mixed feedback from students in relation to the length of the short placement, particularly when they predominantly had observation status and if clients did not consent to them being present during a session.

## 7. Future Directions

For the second phase of the Tertiary Student Placement Project, the EMRA&DSG will seek funding from Feb Fast to continue the Project Coordinator role in order to facilitate and manage the program.

The WDWG proposes to offer student placements in Semester 2, 2011 and Semester 1, 2012. It is anticipated that the working group and project coordinator will develop mechanisms to enable the program to be self sustainable post-2012. The group believes it can manage future coordination requirements if each service takes responsibility for one of the intensive orientation sessions and if a schedule is developed for these and for the short placements.

## 8. Further Information

Caroline McDonald

Eastern Access Community Health

Email: [cmacdonald@EACH.com.au](mailto:cmacdonald@EACH.com.au) or Phone: (03) 9871 1874

## 9. References

- 1) Eastern Metropolitan Region Alcohol & Drug Strategy Group, *Guidelines for pilot AOD Orientation & Placement Program for Tertiary Students (Eastern Region)* August 2010.
- 2) Eastern Metropolitan Region Alcohol & Drug Strategy Group, *Guidelines for pilot AOD Orientation & Placement Program for Tertiary Students (Eastern Region)* August 2010:6.
- 3) Eastern Metropolitan Region Alcohol & Drug Strategy Group, *Student Placement Pilot Project Model*, August 2010.
- 4) Eastern Metropolitan Region Alcohol & Drug Strategy Group, *Tertiary Student Field Placements in the EMR Alcohol and Drug Sector: A Pilot Project*, March 2011



## Case Study 3: Inner South Community Health Service Student Placement Planning

### 1. Background

Inner South Community Health Service (ISCHS) provides health and community services from four sites in the inner southern region of Melbourne.

### 2. Problem/Drivers

ISCHS has a history and culture of encouraging student placements. However, it was identified that the organisation's approach to coordinating student placements was ad hoc and relied heavily on individual practitioners' relationships with educational institutions. Placements were also organised from within each program area and subsequently lacked a consistent approach. There was concern that this system did not provide optimal support for those involved in placements (program managers, supervisors, students or universities). The system also lacked a framework for developing relationships with universities that could develop the capacity of ISCHS to influence course planning and curriculum content.

### 3. Arriving at a solution

In 2004, ISCHS decided to adopt a more strategic and coordinated approach to placement activity. A Human Resource Assistant (HRA) position was created as a result of a perceived need to strengthen relationships with key universities in an attempt to develop MOUs and streamline the student placement process. The role was not only dedicated to student placement advocacy but also to research processes and tender and funding support.

A 12-month student placement advocacy position was created. From this project, a Student Placement and University Participation Framework was developed (see attachment 1). This document articulated how student placements would sit within the organisation's framework and strategic goals. It also outlined the structure for planning placements and creating formalised partnership agreements with universities.

### 4. Implementation process

The Student Placement and University Participation Framework became the basis for developing policies and procedures throughout the organisation. While the framework has not been fully implemented, it provides a sound reference point for the organisation. The position of Human Resources and Quality Manager (HR&QM) was created as the central contact point for all student placement activity. The position was funded through the overhead budget.

A Student Support Group (SSG) was introduced into the organisational structure to build capacity and guide the implementation of the Student Placement and University Participation Framework. While still in its formative stages, it has begun to assist the integration of students across the 63 funding streams of the organisation. Membership of the SSG is voluntary and includes representatives from human resources, program management, clinical practitioners and service development.

Placements are included in the annual planning process. Program managers collate interest from staff within their program and this information is forwarded to the Human Resources and Quality Manager (HR&QM) who centrally coordinates student placements. The HR&QM liaises with university student placement coordinators rather than individual students. ISCHS has partnership agreements with Latrobe University, Monash University and the University of Melbourne. The HRA position was funded from overheads and has now morphed into the HR&QM role. It continues to be supported through the overhead budget.



ISCHS uses standardised orientation procedures and checklists for staff supervising students. Students evaluate their placement on completion and these evaluations are used to improve the placement process.

## 5. Outcomes

Since 2005, ISCHS has used a centralised, coordinated approach to organising student placements. Student placements are part of the annual planning cycle and are coordinated through a single position in the organisation.

At ISCHS, student placements are seen as a two-way learning opportunity, a recruitment and retention strategy and a way of promoting a social model of health to new practitioners regardless of the sector in which they eventually practice. Having a robust, centralised and coordinated student placement system is crucial.

The organisation has anecdotal evidence (HR records not audited) that students who undertake placements at ISCHS in their final years often return to work in the service or in other community health services.

The culture of the organisation continues to improve as reflected by the Best Practice Association (BPA) Australia biannual surveys of staff, who consistently report professional development and satisfaction from their role in supervising student placements.

A key outcome of the position was an MOU with the University of Melbourne social work department around student placements.

## 6. Barriers

Membership of the SSG is voluntary and not all disciplines have engaged with the group, limiting its effectiveness. MOU's do not exist with some education providers that place students at ISCHS. In these cases, it is more difficult to centrally manage the placement process.

## 7. Future Directions

ISCHS is investigating the possibility of providing placements in community work disciplines to students from Swinburne and Holmesglen TAFE colleges.

ISCHS community mental health services have developed an internship model based on the student placement model. Under this scheme, new graduates enter the service as Grade 1 interns who are supervised by Grade 2 interns. To aid the recruitment of new staff, ISCHS is investigating the implementation of similar internships for grade 1 and final year students to other service areas as part of its workforce strategy.

ISCHS has invested in a joint chair position with Monash University to investigate issues around health equity. Utilising internal funds, ISCHS has contributed 0.5 EFT for the chair with an additional 0.5 for a research assistant in the first year of the three-year project. Monash University is also contributing to the 0.5 EFT of the chair position. It is anticipated that the university will seek funding for the remainder of the project, which will focus on evidence based health equity and utilise resources as best as possible.

## 8. Further information

Robbi Chaplin  
Inner South Community Health Service  
Email: [rchaplin@ischs.org.au](mailto:rchaplin@ischs.org.au) or Phone: (03) 9690 9144



## Case Study 4: ISIS Primary Care

# Multiple Student Placements in Podiatry

### 1. Background

ISIS Primary Care (ISIS) provides community health services at six sites across the local government areas of Wyndham, Brimbank and Hobsons Bay in the western metropolitan region of Melbourne.

ISIS employs 14 podiatrists. For the past five years, the Wyndham site has taken at least one fourth year podiatry student each year for a seven-week full-time placement.

### 1. Problems/Drivers

Through its participation in the North West Metropolitan Region Student Placement Project (NWMRSPP) ISIS Primary Care has been working with other community health centres in the region to increase organisational capacity for clinical placements.

As part of this process an internal examination of barriers relating to clinical placement capacity was undertaken. ISIS podiatry services reported constraints which included a lack of staff experience in supervising placements, time pressures (including the part-time nature of many staff and significant client workloads) insufficient physical space and a lack of clear guidelines from universities.

### 2. Arriving at a solution

ISIS podiatry services identified that there were opportunities to explore alternative strategies to increase student capacity. The Wyndham site was identified as having the capacity for increased student placements because it has more resources and staff who are willing to participate in supervision, given their positive experience in hosting students for clinical placements.

The NWMRSPP held discipline-based working groups (social work, podiatry and occupational therapy) during 2010 to discuss possible innovative approaches to hosting placements, in order to build capacity. These groups involved clinicians and university staff from the related disciplines. The podiatry working group identified that placements for podiatry students were primarily provided on a one-student-to-one-supervisor ratio. The podiatry group hypothesised that services could host two students per supervisor with limited impact on staff workload, while improving the quality of the clinical experience. This would double the capacity of agencies to host podiatry clinical placements. This became the pilot placement hosted by ISIS at its Wyndham site and in 2010 ISIS took two students concurrently for the first time.

### 3. Implementation Process

ISIS undertook the same processes as it would for a placement with one student. It was not a change in process that enabled a multiple placement, but utilisation of sound existing resources. The service had a number of resources already developed to help support student placements, including an orientation pack, a diary/journal and a timetable showing where the student was meant to be at all times. These resources and systems assisted in the smooth running of the placement, minimising unnecessary impact on staff workload and allowing the workload to be shared over the program, rather than falling entirely to one supervising clinician. These systems eased the transition to hosting two students concurrently.



#### **4. Outcomes**

This model created a better learning environment for students and allowed the podiatry service to double its clinical placements without imposing greater workloads on staff.

Having two students on a joint podiatry placement encouraged a different approach to the placement. For example, the students were able to participate in client care in various ways – seeing clients separately (with separate supervision) or work together with one client. This was considered beneficial for the presentation of a variety of experiences, including one to one experiences they will have as a qualified clinician.

The service also reported that hosting the two students concurrently allowed the students to support and learn from each other, as well as from their supervisors. It also relieved some pressure on clinicians to be constantly engaged with and teaching the student, as the students were able to work together to solve problems rather than relying solely on the clinicians.

Staff felt the students seemed more confident having a buddy – someone on the same level and in the same position. This enabled the students to work on a project together, without creating the sense of isolation that may have resulted from a single student undertaking this type of work.

Staff at the Wyndham site are very positive about hosting student placements and are likely to increase their number of placements in the future.

#### **5. Barriers**

The internal review and conversations following the implementation of the new model revealed that not all podiatry staff are willing to host student placements, despite the new model's success. Barriers reported by these clinicians included those originally identified in section 3, such as supervisory experience and time pressures. ISIS will continue to work with these clinicians to address their concerns in the future.

#### **6. Future Directions**

There is the potential to expand the number of placements the service provides in the future. ISIS is investigating a shared approach, where students move across various sites depending on clinician availability and resources. The implications of asking students to travel between sites will be assessed.

ISIS plans to increase the number of podiatry student placements over the next five years by using these new approaches to clinical placements.

The success of multiple student podiatry placements at ISIS also led to the trial of a similar placement model at Doutta Galla Community Health Service in November 2010.

#### **7. Further Information**

Anna Stybowski  
ISIS Primary Care

Email: [Anna.stybowski@isispc.com.au](mailto:Anna.stybowski@isispc.com.au) or Phone: (03) 8734 1400



## Case study 5: Kyneton District Health Service Student Accommodation

### 1. Background

The Kyneton District Health Service (KDHS) is a rural public hospital located between Melbourne and Bendigo. The hospital's facilities include 36 acute beds and six day-stay beds, a three-chair dialysis service and a 30-bed nursing home. KDHS also provides an outreach service, maternity services and the Macedon Ranges Primary Care Clinic.

KDHS was purpose-built on a former greenfields site and opened in 2003. The hospital was built without infrastructure to support student accommodation.

### 2. Problem/Drivers

KDHS identified that student placements were valuable to the organisation for a number of reasons. They were viewed as an opportunity to contribute to the development of the future health workforce and as a learning opportunity for staff. It was felt that this would influence the delivery of care by challenging staff and bringing new ideas to the organisation.

However, the health service had a limited ability to host student placements due to the prohibitive cost of accommodating students in Kyneton, a popular tourist destination. Many older rural hospitals have converted nurses' quarters into low-cost accommodation for students and/or visiting practitioners, but this option was not available to KDHS.

Until 2007, the only placements provided were for a small number of nursing students who arranged their own accommodation. In 2007, KDHS began taking a small number of medical students from the University of Melbourne for two-week placements. Students were housed in tourist accommodation, at a prohibitive cost to the university.

In addition, KDHS had agreed to begin hosting fourth-year medical students from Monash University's Extended Rural Cohort stream for 17-week placements. Students are attached to a GP in Gisborne or Woodend and work across the whole healthcare system in the Macedon Ranges. This is a departure from the traditional model where students are hosted by a GP and work exclusively with them.

### 3. Arriving at a solution

KDHS wanted to provide more student placements and develop its medical infrastructure. A full-time doctor was needed to do this effectively.

There were also gaps in the provision of primary care in Kyneton, as there were no GPs who bulk-billed to non-concession card holders. KDHS determined that a number of people were not accessing medical care due to the cost. The health service decided to provide a primary care clinic on site that would, in turn, fund the cost of a full-time GP. The GP would also undertake student supervision and be a contact person for student issues. The primary care clinic has been operating since June 2009.

With time running short and no funding available to accommodate the Monash University students in 2009, KDHS decided to self-fund the students' accommodation.

### 4. Implementation process

KDHS took responsibility for the problem of insufficient student accommodation and utilised reserve funds. The organisation had purchased land adjacent to the hospital in 2007 so in



2009 two six-bedroom, six-bathroom houses were built for a cost of \$890,000. Construction was completed in 12 weeks.

## 5. Outcomes

One house is fully booked by Monash University medical students. The second is used for medical and allied health students on placement from the University of Melbourne and LaTrobe University, as well as registrars on placement. The universities pay for the medical student accommodation. The houses allow students from different courses, disciplines and stages to mix. While student feedback has been very positive, a number of nursing and allied health students have reported being unable to afford the accommodation and choose to travel. In May 2011 KDHS had a student nurse residing in the student accommodation.

Since being built, both houses have been fully utilised. In the 2009-2010 financial year, 26 medical students on placement were accommodated.

The accommodation has increased capacity at KDHS. Four years ago the KDHS had four medical students each year and now it has up to 40 students and an intern, which it couldn't take previously. In addition, the accommodation has enabled the recruitment of a new pharmacy graduate (as part of a maternity leave position) who could be offered accommodation. The CEO highlighted that this position was unlikely to have been filled otherwise.

The CEO reflected on the positive impact that hosting students has had on the organisational culture and on participating students:

*"The doctors are really happy and love having the students... to teach and mentor. There has been a major shift in the way staff interact and embrace change. Several students [have expressed an interest in coming back to work once they have graduated]. We have also shown students another way to work as we work extensively with our other health service partners, the students' experience is really broad. They see the full extent of health in a social environment rather than just focusing on a hospital."*

## 6. Barriers

KDHS was unable to secure additional external funding for the accommodation and thus had to finance the construction using existing funds.

Unlike medical students, whose accommodation is funded by their university, allied health students pay for their own accommodation while on a placement. Due to this cost, the accommodation facility has not led to an increase in the number of allied health student placements, despite the fact that rent charged by KDHS is significantly less than the cost of motel accommodation.

## 7. Future Directions

In 2011, the accommodation will also be used for interns who will undertake five-week rotations at KDHS. KDHS will seek training and development funds from DH and consider the possibility of subsidising accommodation rates for nursing and allied health disciplines. KDHS is now fielding inquiries from other organisations looking for housing for apprentices in their businesses.

## 8. Further information

Jennifer Gale

Kyneton District Health Service

Email: [ceo@kynetonhealth.org.au](mailto:ceo@kynetonhealth.org.au) or Phone: (03) 5422 9900

Community Health and Small Rural Clinical Placement Development Program  
Case Studies June 2011

