



Clinical Placements in Community Health & Small Rural Health Services

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Challenges to clinical education in Victoria



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- High demand for placements but limited supply
- Placement coordination is frequently an *ad hoc*, competitive process
- While placement capacity is limited and resources are stretched, difficult to focus on quality clinical learning experiences
- Need to expand capacity whilst also training high-quality, work-ready graduates
- DH undertook consultation process during early 2008



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National context:

- November 2008: COAG announcement of \$1.5B for health workforce reform including funding to support clinical training
- Establishment of Health Workforce Australia

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A Victorian model in the national system



- Development of Clinical Placement Networks (CPNs)
- Project managers are being engaged in each region
- Different process for metro and rural
- Loddon-Mallee selected to be 'pathfinder region'

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How does CH and SRHS fit into the CPNs?



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- The CPNs have been designed to provide a basis for improved communication and coordination of clinical placements
- CHS & SRHS are members of the CPNs in which they are geographically located
- Other stakeholders - clinical education institutions, hospitals, aged care and mental health services



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Overview

- This Program has been funded by the Department of Health (DH) workforce branch for a 12 month period.

Aim:

- To support effective clinical placements within community health and small rural health services by contributing to the capacity of organisations to facilitate a greater uptake of existing resources, troubleshoot local road blocks to placements, share best practice examples and implement systemic processes.

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Overview (continued)

Objectives:

1. To improve the capacity and quality of clinical placements
2. Participate in the new model of clinical placement governance in Victoria (Clinical Placement Networks (CPNs))
3. Support the development of organisational culture that values learning and
4. Identify best practice clinical placement models and/or activities

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Stakeholders

- Community Health Sector
- Small Rural Health Services
- Department of Health & Peak Bodies e.g. VICSERV and ACCV
- Training Organisations e.g. Universities and VET
- Clinical Placement Networks
- North West Metropolitan Region Student Placement Project and
- Other agencies as appropriate

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Implementation

- Literature review
- Data analysis
- Consultation - Case studies, forums
- Develop tools & resources
- Clinical Placement policy and procedures in CH & SRH



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Implementation (continued)

- Liaise with CPNs & assist CH&SRH to engage
- Improve student/education provider/health service communication
- Encourage training & support for supervisors
- Support NWMR student placement project

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Literature Review - Barriers



- Impact on funding and productivity (perceived or actual)
- Practitioners too busy and unable to allocate time for reporting purposes
- Lack of clinical support from educational institutions

Literature Review – Barriers (continued)



- Infrastructure issues, including:
 - Lack of accommodation or transport options for students especially for rural CH & SRH
 - Lack of infrastructure within services for students (physical space, desks, computers)
 - IT issues e.g. need common systems for evaluation tools and templates

Literature Review – Barriers (continued)



- Lack of knowledge between agencies of others' practices and lack of consistency across the sector
- Reluctance of students to undertake placement in CH or SRHS. Reasons include:
 - Distance
 - Perceived complexity of clinical work/client needs
 - Lack of relevance to their personal/career goals

Literature Review – Overcoming Barriers



- Acknowledgement of clinical placements as core business of CH & SRH services
- Funding –additional funding and utilising existing funding
- Incentives/ recognition for practitioners

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Literature Review – Overcoming Barriers (continued)



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- Supervision training for practitioners
- Standardised tools to streamline placement process – e.g. orientation kits for students, learning contracts
- Flexible models for placements – e.g. interdisciplinary placements/supervision, group placements

Literature Review – Overcoming Barriers (continued)



- Best practice models
- Coordination models for placements



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Evaluation

- The project progress will be measured according to work plan deliverables, timelines and outcomes.
- Baseline 2009 placement data will be compared with 2010 data to identify any increase in the number of supervisors for the sector and an increase in clinical placements.

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Discussion

- Case study participation
- Resources and tools (templates/guidelines)
 - Policy and procedures relating to supervision
 - HR (checklist) – police checks, car pooling, standard agreements
 - Student orientation resource
 - Organisational culture – promotion of student/clinical supervision, e.g. marketing, recognition from University/CHS

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Discussion

- Planning and coordination of placements
 - Advance notice required/provided
 - Prioritising and matching
 - Student staff orientation combined (quarterly)
 - Key personnel identified in CH and in educational institutions
 - Consistent tool for evaluating placements

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Project Team

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