

Clinical Placement Challenges

A Health Service Perspective

Issues

- The need to develop innovative models of clinical training to ensure a suitably qualified work-force is vital for health services
- Good will/pro-bono teaching makes up a significant proportion of clinical education

Issues

- Infrastructure insufficient to support additional students
- Build on existing networks/footprints & established relationships
- ‘Preferred provider’ arrangements provide certainty and enable longer term investment by all parties

Central Agency Model

- Could be used to reduce the administrative burden and encourage more equitable processes, better communication & better planning
- Cannot be at the loss of established relationships

Central Agency Model

- No support for a central allocation of placements
- Respecting existing relationships would be vital in any clinical placement agency model

Cluster model

- Build on existing footprints
- Flexible models should be considered
 - University cluster
 - Health Service cluster

Cluster model

- Could facilitate additional clinical placements outside the Health Service.
- Should consider all disciplines, both public and private agencies and types of health care agencies eg GPs.
- Could facilitate greater partnerships and cross-pollinisation to address issues

An example of a model to increase capacity

- Established clinical school relationship
- Implementation of model 4 years ago
- Increased student placements from 60 to 200 pa
- Evaluation:
 - High graduate intake
 - Increased graduate ‘workplace readiness’

An example

- Consideration of how to build on the model to increase student placements
 - Meet University needs
 - Position ourselves for future demands
- Model uses overlap of placements in pre clinical lab work - simulation environment

Key Components

- Establishment of clinical school (theory and practice)
- Use of clinical coach model
- Considerable planning & ongoing communication between Health Service and University

Key Components

- Commitment from Nurse Managers
- Resources
 - Increased academic presence on site
 - Simulation environment
 - Clinical staff involvement
- Approval from Nurses Board Victoria

Outcomes to date

- Increased capacity to 300 placements pa
- Increased clinical skills before direct patient contact
- Increased confidence from students
- Ward staff consider students better prepared

Outcomes to date

- Model has not prevented existing & new relationships
 - Regional
 - TAFE
- However additional pressure due to increased student and grad numbers

Issues for Capacity Building

- Consideration of increasing workload of clinical staff
 - same staff assist with increasing clinical placement capacity
- Caution around inter-disciplinary teaching models
- Need to develop more efficient and effective teaching models

Issues for Capacity Building

- The use of simulation models are currently applied to a limited degree
 - will require funding & innovative approaches
- There needs to be capacity to continue established & further develop complex arrangements (such as clinical schools)

Key Messages

- Acknowledgement of need to explore new/innovative placement models
- Established relationships must be maintained and built on
- Resources are required at Health Service level
 - Infrastructure
 - Clinical staff