

Designing whole-of-system placements for undergraduate medical, nursing and allied health students in rural settings

Natalie Radomski¹, Les Fitzgerald², Geoff Solarsh¹, Amanda Watson³, Kylie Coking³, Carol McKinstry⁴, Linda Mckenna²

¹Monash University, School of Rural Health, ²La Trobe Rural Health School, ³Castlemaine Health,

⁴La Trobe Rural Health School

Background

Funded through the Victorian Department of Health, the aim of this project was to develop and pilot a *Whole-of-System* clinical placement (WoSSP) model for professional entry students from medicine, nursing and allied health disciplines. The objectives were to improve the efficiency and quality of placements for students in smaller rural health services and provide a mechanism for inter-professional learning and systems-based health education. Structured clinical learning experiences were designed to enable students to interact with patients with complex, chronic health conditions, as they journeyed through the local health system. The project was based at the local rural hospital and involved health professional students from the two major University health education providers in the region. Community and health services representatives were involved as Project Steering Group and Advisory Group members.

Why this project?

In more traditional clinical placement models¹, students tend to be based in a single health service with the guidance of a supervisor from the same disciplinary background. Placing students from multiple disciplines within the same health system at the same time opens new opportunities to align health curricula to identify common learning objectives and activities that can be achieved in inter-professional student groups. By developing a *Whole-of-System* approach to rural clinical placement planning, the capacity of smaller health services to support a larger number of students may therefore be enhanced.

Implementation strategy

A collaborative clinical placement governance framework was put in place to plan, implement and evaluate the WoSSP model within an identified geographic area and rural health system. Program development occurred in two main phases over a period of 18 months. Following a detailed community engagement, health service mapping and curriculum analysis process, two 11-week WoSSP pilots were conducted during the 2012 academic year. One day per week was devoted to WoSSP activities.

21 students from medicine, nursing and allied health disciplines participated in the Semester One WoSSP program. A further 27 students participated in the Semester Two pilot.

Outcomes and impacts

All students involved in the 2012 WoSSP pilots were invited to complete a written questionnaire and participate in a focus group at the end of their placements. 19 students from the Semester One WoSSP pilot completed the written questionnaire (90% of cohort one). 16 students (59% of cohort two) completed the questionnaire in Semester Two. The students were also invited to participate in a 30-45 minute, semi-structured focus group interview to reflect on their WoSSP learning experiences and provide feedback to improve the WoSSP model.

WoSSP learning objectives related to the 'development of effective therapeutic relationships with patients', 'increased awareness of patient perspectives', 'opportunities for interprofessional learning' and the capacity 'to analyse the local health service system, were rated highly by all students. Student recommendations to improve the structure of the WoSSP program for future students included: further development of task-focused, practical learning experience to more fully integrate WoSSP with health care practice to gain a deeper understanding of interprofessional care and patient health care journeys.

Health service and teaching representatives involved in the project were invited to participate in a 30-45 minute individual or semi-structured interview. Themes identified from the staff and clinical supervisor interviews paralleled the student feedback in many instances. The need for ongoing 'cross-institutional clinical placement dialogue', 'relationship-building' and 'clear organisational communication' to meet student placement requirements and strengthen the WoSSP model was emphasised.

Our evaluation findings demonstrate substantial achievements in increasing the number of student placement days in the rural region for 2012. Other key outcomes include a comprehensive analysis of the identified rural primary health care system and a well-conceptualised Whole-of-System placement model. The model has also been piloted to test the capacity of the local health system, health education providers and local communities to sustain the model in the short and medium term.

Future directions and recommendations

Customising health curricula to fit the local health system is complex and needs active involvement from health services, clinical supervisors, patients and educational providers. Shared governance structures supported by strong community partnerships are essential for program sustainability.

Future goals for this interprofessional rural clinical placement program would aim to embed the WoSSP model within the local primary health care system. We now have a detailed understanding of the health services in the region and the opportunities they provide for student placements and learning. Mechanisms for the co-placement of students from the participating universities are in place. Substantial community relationships have been developed.

A second goal would be to determine the applicability of the evolving WoSSP model and clinical learning process for other rural health care systems in Victoria and beyond.

Acknowledgment

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Reference

1. Frenk, J, Lincoln, C, Bhutta, Z, Cohen, J, Crisp, N, Evan, T, ...Sewadda, D. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. The Lancet 2010, 376(Dec. 4), 1923-1958.