The TCPPP—a Tasmanian interdisciplinary experience of clinical leadership

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Background: This abstract describes a partnership project between a faculty of health science at a local university, the Department of Health and Human Services, a general practice training organisation and a number of private hospitals. The project finishes in December 2012.

Aim: To increase clinical placements with an emphasis on interprofessional placements in novel settings in rural and remote areas for medical, nursing and midwifery, pharmacy, psychology and physiotherapy students using a multi-professional team of academic clinical leaders (ACL).

Method: The ACLs worked collaboratively identifying barriers and opportunities to facilitate clinical placement growth. Interdisciplinary working promoted fertilisation of ideas between the disciplines and collectively identified areas of growth. Each ACL developed activities to support placement growth based on the discipline-specific priorities using a team of academic clinicians. An overarching project workplan was developed. An action learning style approach was adopted to discuss progress, provide peer review and to re-evaluate priorities to ensure a cohesive and collaborative theme remained the focus.

A number of common issues were identified for all disciplines:

- inadequate knowledge about clinical placements and student abilities
- inadequate access about placement management and processes
- differences in interdisciplinary and school interactions with placement organisations
- resourcing for coordination/coordinators/contact people to arrange placements
- resourcing for student accommodation and travel.

Results: Overall the numbers of clinical placements for 2012 has been increased in line with the project objectives. New placement agencies have been identified leading to a greater understanding of the scope for rural and remote and non-traditional health care settings to provide quality clinical placements. A series of targeted activities were conducted to enhance knowledge, capacity and processes supporting clinical placements for clinical supervisors in these areas. Common resources and processes were developed for use across disciplines, and on a state-wide basis, to support placement organisations.

Conclusion: The project has strengthened relationships between the agencies involved in relation to clinical placements of health science students, with a focus on remote and rural settings using a leadership model to deliver a targeted range of activities. The team found
that there is a strong desire from rural communities to host students and provide a holistic placement/community experience. There is great expertise and willingness to support student learning, potential for growth in interdisciplinary learning and opportunities now exist for school-specific interdisciplinary projects that can be built on for the future sustainability of clinical placements.