The TCPPP—a Tasmanian interdisciplinary experience of clinical leadership

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Abstract

Background: The Tasmanian Clinical Placement Partnership Project (TCPPP) was a partnership project between the University of Tasmania, Department of Health and Human Services, General Practice Training Tasmania and Hobart Private Hospital.

Aim: The TCPPP aimed to increase clinical placements in Tasmania with an emphasis on inter-professional placements in novel settings in rural and remote areas for medical, nursing and midwifery, pharmacy, psychology and physiotherapy students using a team multi-professional team of Academic Clinical Leaders (ACLs).

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. The ACL team also worked to develop inter-professional resources for use across the state to address common issues/barriers to increasing placement capacity, as highlighted by placement agencies, placement managers and supervisors. These related to

- limited knowledge about clinical placements, student abilities and outcomes
- limited knowledge about placement management and processes
- confusion arising within placement agencies due to differences in school interactions and between disciplines in terms of expectations
- lack of resources for coordination/coordinators/contact people to arrange placements
- limited knowledge and resources for student accommodation and management of travel.

Results: Overall the numbers of clinical placements for 2012 increased. New placement agencies were 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 in Tasmania. 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 UTAS and DHHS, private and community agencies in relation to clinical placements of health science students across the state. In Tasmania, 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 opportunities such and school specific interdisciplinary projects that can be built on for the future sustainability of clinical Placements.
Background

The Tasmanian Clinical Placement Partnership Project (TCPPP) was a partnership project between the University of Tasmania, Department of Health and Human Services (DHHS), General Practice Training Tasmania and Hobart Private Hospital. The TCPPP was the first project in Tasmania funded from the 2009 COAG Health Workforce initiative. The project was completed in December 2012.

The overarching project aim was to increase the number of clinical placements available to medical, nursing and midwifery, pharmacy, psychology and physiotherapy students in Tasmania through the implementation of the state-wide clinical placement partnership model of practice. There was an emphasis on inter-professional placements in novel settings in rural and remote areas for medical, nursing and midwifery, pharmacy, psychology and physiotherapy students using a team multi-professional team of Academic Clinical Leaders (ACLs).

In addition to finding the additional placement capacity it was essential to ensure the placements were of high quality. In the literature there has been shown that there is a positive relationship between the quality of the student’s placement experiences and the quality of their educational and learning outcomes. A study (McCall, et al., 2009), of students, across a range of health disciplines, found that the “diversity and quality of placement experience plays a significant role in career decision-making and employment choices”. The authors contend that a student’s positive experiences while on placement influences “where students will choose to work after graduation”. This has consequences for the placement agencies in terms of their ability to recruit high-quality, experienced, enthusiastic staff who have a familiarity with the particular work-place cultures and practices.

Another key consideration was to ensure that the potential benefits for the preceptor were widely known. Many professional people find personal satisfaction and professional development to be mutually supportive. For example, in the study by Atkins & Williams, “Registered nurses’ experiences of mentoring undergraduate nursing students”, one participant spoke of how she had learned and developed both personally and professionally through mentoring a mature student who was considerably older than herself. In turn, activities that improve both the wellbeing of the mentor and their skills and abilities as a practitioner would be both good for the placement facility and the outcomes for patients.

The TCPPP project expected achievements included following objectives:

- a strengthening of relationships between UTAS and DHHS, private and community agencies in relation to clinical placements of health science students across the state and with a focus on remote and rural settings
- the establishment of a panel of academic clinical leaders who would provide mentorship and coaching to other academics in the development of new or enhanced relationships with service providers
- the establishment of teams of academics who will support clinicians and preceptors in the teaching and assessment of health science students to increase clinical placement capability
- to achieve an expansion of the numbers of placements for health science students as per the funding agreement. This is show below in Table 1.
Table 1  No. of new Placement capacity required 2012.

<table>
<thead>
<tr>
<th>Health discipline</th>
<th>Number. of new placements required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>20 (21,468 hrs ≈ 2,683 days)</td>
</tr>
<tr>
<td>Nursing/Midwifery</td>
<td>126 (37,688 hrs ≈ 5,767 days)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>20 (1,978 hrs ≈ 25 days)</td>
</tr>
<tr>
<td>Psychology</td>
<td>8 (2,127 hrs ≈ 304 days)</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>8 (8,000 hrs ≈ 1143 days)</td>
</tr>
</tbody>
</table>

**Project overview**

In early 2011 a project manager was appointed and an overarching project plan was identified. A key element of the project was to ensure clinical leadership was central to any initiatives that were undertaken, therefore it was deemed essential to recruit a team of ACLs from each of the five disciplines. This would also ensure that each discipline received adequate representation. It was essential that the ACLs who were chosen had links with the Schools and or a wide professional experience and a track record of clinical or professional leadership. Three ACLs were appointed from positions within UTAS, and the other two were external candidates. Once all the academic clinical leaders’ positions were appointed to, it was important for the team to engage as a group. After a short period of getting to know each other’s area of knowledge, skills, and individual background experience it was important to maintain regular contact to keep momentum on the project activities.

The ACLs for each discipline agreed to meet approximately every fortnight for the duration of the project; an Action Learning approach was adopted by the leadership group. Action learning is built on a pedagogical theory developed by Professor Reginald Revans. He proposed that we have two sources of learning: learning from ‘experts’ and learning from thinking about our own (shared) experience. Action learning is a learner-centred, team-based and action-oriented experiential learning process in which a small group of people (known as an ‘action learning set’) meet regularly to explore an opportunity or problem and to learn from their reflections on the actions they are taking to solve the problem. The knowledge and experience of a small group of people, combined with skilled questioning techniques means that participants in action learning can re-interpret old and familiar knowledge to produce fresh ideas. Real solutions to real world problems and a way to take action and learn at the same time are the major benefits of action learning.

The key elements of action learning are:

- tackling real tasks and issues in the real world
- learning with and through each other
- taking individual responsibility, and supporting each other
- actually implementing solutions and plans.

Ground rules were established that enabled the ACLs to talk freely about the issues and challenges that lay ahead in a truly supportive environment. The meetings were always very informal and allowed ideas to flow, information to be shared and solutions worked on in a supportive peer environment.

At these meetings each academic clinician would provide a summary of their current activities to date. Each ACL would have their own discipline specific project to concentrate on, but it quickly became apparent that there were common themes and issues across all areas. An overarching TCPPP work plan was developed in this initial phase of the project. This document provided the ACL’s group with a list of priorities.
The ACL’s worked collaboratively identifying barriers and opportunities to facilitate clinical placement growth in Tasmania. 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. As a result discipline specific project plans were also developed.

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 of student accommodation and travel.

**General achievements of the project**

In addition to achieving discipline specific objectives, TCPPP provided an ideal opportunity to bring the representatives from each of the five discipline leads together. The multidisciplinary nature of this collaboration was an efficient method to identify issues that were common to all clinical placements across all disciplines. Three foundation resources were developed as a result of this collaboration: (i) a faculty wide Safety in practice kit, (ii) the development of a faculty professional placement website and (iii) an exploration of models of inter-professional learning. (These three initiatives are described in more detail below). Other general achievements of the TCPPP, completed during the project, included; an exploration of different models of clinical placement management, a review of the guidelines for infectious disease and immunisation requirements for Australian university students, a cost and benefit analysis of clinical placements and an exploration into the diversity of requirements for clinical placements. These work streams benefited the faculty and placement system as a whole and have lead to further work in some cases.

**Safety in practice procedures and guidelines**

The introduction of national registration of health professionals led to a parallel introduction of a range of health and safety assessments for health professional students in Australian universities. This is to ensure the health and safety of patients and public are protected when organisations are hosting students on placement. At UTAS, the Schools of Human Life Science, Medicine, Nursing & Midwifery, Pharmacy, Psychology and Social Work each had their own requirements, so processes varied significantly between schools which led to some confusion amongst placement agencies that placed students from different disciplines and interstate. During the project the Medicine ACL and project manager worked with other team members and clinicians to develop a faculty wide Safety in practice kit to ensure each school and course had consistent documentation and policies in place. All health professional students at UTAS are now required to have both criminal history checks and health clearance before going on placements in external organisations. In addition to health and criminal checks, inherent functional requirements and procedures for exclusion from a clinical placement for each discipline were identified and incorporated into the procedures and guidelines.

**The development of a faculty professional placement website**

All of the ACL’s reported that preceptors in the work place needed access to detailed information about placements. The project was required to develop sustainable resources beyond the life of the project. It was decided to develop a web site that would act as a repository of essential placement information and resources to support preceptors in the placement agencies. The development of a web site ensured that preceptors would have ease of access to this information. This was especially useful for preceptors working rural and remote agencies, sometimes as single practitioners. A web designer was employed to
facilitate the development of the web site based on the feedback from the TCPPP team and other stakeholders. It was essential the design of the web site must be easy to maintain, faculty staff must be able to upload files and perform editing activities independently. It had to be straightforward for the end user to navigate, so that information could be found with a few clicks and the information had to be relevant and up to date. The website had to be visually appealing and interesting so that preceptors would engage with it. One of the key objectives behind the website creation was to develop a framework to stimulate the sharing of knowledge and experience of those involved with Placements. The website was launched January 2013, and will act as an on-line repository for essential information. The main elements included on the website were as follows:

- Safety in Practice kit
- placement dates for all courses
- forms, templates and documents
- resources to support placements
- online learning modules—developed as part of TCPPP
- links to external resources.

Models of inter-professional learning
Over the course of the project, it became apparent that the TCPPP needed to explore the challenges and enablers for inter-professional learning (IPL) in the Tasmanian context. Some funding was set aside to explore this potential. These discussions were as a result of the TCPPP leadership team coming together and sharing their experiences and suggesting the opportunities that should be explored. A small group of ACLs completed placement maps in rural areas (e.g. Westbury-Deloraine, St Helens-St Marys) identifying key staff and supervisors, placement opportunities for students from different disciplines and resources. The Nursing and Medicine ACLs developed inter-professional supervision models for use in private hospital settings. These models focused on a clinical facilitator who would manage the placement, facilitate and debrief student interactions and develop resources to promote Interprofessional learning in specific areas e.g. theatre. There is ongoing work in this area.

Discipline specific achievements
Below are summaries from three of the Academic clinical leaders which summarise their key achievements during the TCPPP.

Pharmacy
The Pharmacy team achieved a number of significant outcomes during the project. The school of Pharmacy were able to ensure all placement capacity targets were met for 2012, with spare capacity explored for 2013 onwards. A number of key resources were developed and trialled at a number of placement sites. Resources included student placement guides, case based activities and end of placement student surveys. These resources were evaluated most favourably (Spiller, C. Castrisios, M. and Crisp, L., 2012). An accredited preceptor skills interactive education event was held across three venues in the state; essential preceptors skills, different learning styles and cultural competency were the topics covered in the three hour session. These sessions were well attended and received very positive feedback. The session evaluation identified a range of further educational needs for future events. The education material was converted into an online application, hosted on the placement website so that it would be able to be used after the project. Many new placement sites were explored, which included a general practice placement, prison pharmacy and complementary medicines pharmacy. Rural and remote sites were visited and support provided where necessary. Support was provided to the hospital sites to assist with timetabling, rostering placement students and linking in with other services. Training, support and computer hardware was provided to placement sites where needed. A pilot of
inter-professional learning and debriefing occurred at a private hospital with both nursing and pharmacy students. This was a very successful learning experience and both the pharmacist and nurse preceptor are keen to continue and build on this concept for next year’s placements. During the project, the ACLs from pharmacy and nursing visited King Island and were able to meet a range of health professional preceptors and the students on placement there. They were able to visit the health care facility and the local pharmacy, and also deliver a continued education event and preceptor support session which was well received. The visit strengthened professional links and confirmed that the Island was providing an excellent opportunity for students on clinical placements.

At the end of the project the pharmacy team provided a summary report and list of recommendations. The academic clinician support model was recommended to be continued. As of January 2013, a new placement coordinator position was created, plus the academic clinicians involved in the project are to be re-employed to support placement sites in 2013.

**Nursing**

The primary achievements of the nursing team centred on supporting preceptors and organisations to build their capacity to supervise learners. In the first instance a scoping exercise was undertaken to map placement capacity and to identify potential gaps. In identifying whether organisations had capacity to increase placement capacity it was important to consult with a wide range of stakeholders to ensure the perspectives of all were considered.

Whilst many resources were developed—orientation guidelines, roster templates, IPL placement guides and case study scenarios—overwhelmingly the identified gap related to ‘how to be an effective preceptor’. Many preceptors indicated the need for more specific information about learning and teaching, assessment of students, the provision of feedback and guidelines pertaining to mentoring and supervising students from culturally and linguistically diverse backgrounds. Subsequently a series of workshops were tailored to meet specific agency requirements. These workshops were interactive and informative and were positively evaluated. All attendees were provided with hardcopy information and access to an online teaching and learning resource. Most importantly however, attendees were introduced to a community of practice whose focus was on the provision of quality of clinical placements. In addition to these workshops a series of facilitated sessions related to clinical reasoning were provided within a simulated learning environment. Preceptors were encouraged to engage in interactive learning and teaching sessions to further develop their understandings of the clinical reasoning cycle.

More specifically however pilot projects relating to differing models of clinical facilitation were initiated across the state. Of significance was one project where students rotated between multiple health care agencies within a rural environment whilst guided by a facilitator. The facilitator in this instance became the conduit and a consistent presence for the students regardless of placement location. This pilot was evaluated most favourably (Zournazis, H. and Marlow, A., 2012). Throughout the year it became obvious there was a need for ongoing support, communication and networking between preceptors, their peers and staff from the School of Nursing and Midwifery (SNM). As a result many differing forms of communication have been initiated, for example regular teleconference sessions were scheduled linking preceptors to each other and to staff from the SNM. In addition, a website designated to professional experience placement has been updated with specific information for preceptors and supervisors of learners.

**Psychology**

The psychology team achieved a number of important outcomes during this project. The most significant undertaking included conducting a statewide survey and comprehensive consultation with all psychologists across Tasmania in 2011/2012. The purpose of this was to provide a profile of the existing clinical placement system and to identify perceptions and potential improvements in the administration and management of clinical psychology placements for postgraduate students from UTAS. Results from
the surveys were presented at various forums to the psychologists across the state, together with draft recommendations for comment. A final report was submitted to the School of Psychology including recommendations for a sustainable placement model for the future.

Another initiative included the coordination of a two-day ‘Supervision for Registration’ workshop which is approved by the Psychology Board of Australia. Twenty seven psychologists completed the training which was facilitated by Dr’s Iain Montgomery and Elaine Hart. Participants welcomed the sessions and feedback from this event was very positive.

The TCPPP Psychology team also provided support to the development and co-supervision of new placements, particularly in the North and North West of the state. This included the implementation of a novel state-wide placement model which provided co-supervision for placements which did not have eligible clinical supervisors.

Before the TCPPP project began there was a large number of students who had already completed their coursework and thesis during their previous years of study but they were still waiting to complete placements As a result of the project developments these students were all given the opportunity to complete placements and pleasingly have now largely completed their placement requirement.

**Discussion**

The TCPPP was the first project at UTAS to investigate building clinical placement capacity in Tasmania using a multi-discipline approach. Supporting preceptors and organisations to build their capacity to supervise learners was a central focus to the project. A mapping exercise was undertaken to assess current capacity and to identify potential gaps. There was wide consultation of stakeholders to ensure the perspectives of all were considered.

Overall the numbers of clinical placements for 2012 has been increased. 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 in Tasmania. Common resources and processes were developed for use across disciplines, and on a state-wide basis, to support placement organisations.

The project has strengthened relationships between UTAS and DHHS, private and community agencies in relation to clinical placements of health science students across the state, with a focus on remote and rural settings using a leadership model to deliver a targeted range of activities. In Tasmania, 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 opportunities and school specific interdisciplinary projects that can be built on for the future sustainability of clinical Placements.

Feedback from organisations revealed a tension in balancing patient/client/service delivery needs against the learning and teaching requirements when supervising students. In light of this tension the concept of how students 'value add' to organisations became a key point for consideration. Promoting students’ capacity to contribute to care activities; highlighting the significant co-learning opportunities between students and supervisors and tailoring student assessment tasks to suit the needs of organisations had a positive impact on conversations between the project team and placement organisations. As a consequence collegial relationships were strengthened and the notion of reciprocity between education provider and placement organisation was evident.

The project not only benefited organisations, preceptors, students and ultimately the consumer of health care it demonstrated that a group of team members from five disciplines could work together collaboratively, sharing ideas and resources and ultimately modelling inter-professional learning at its best.
Conclusion
The project has identified the key challenges that face UTAS in ensuring adequate clinical placement capacity is sustainable. It has allowed some innovative solutions to be trialled and new relationships to form. It has provided some key enablers that will assist the placement process, but there is much work still to do. Each ACL provided their school with recommendations and further work that has allowed HWA clinical supervision funds to support ongoing TCPPP recommendations for 2013. Some disciplines have directed HWA funds for clinical supervision into extending some of the project work and building on some of the achievements gained through TCPPP. The project has provided a foundation for two other projects examining the feasibility of an IPL clinic and on the dynamics of Interprofessional co-supervision.

References