WA CLINICAL TRAINING NETWORK

Profile of clinical training placement stakeholders and models of clinical supervision and facilitation

Rural Consultation Summaries

30 August 2013
Our Vision:
To positively impact people’s lives by helping create better health services.

Our Mission:
To use our management consulting skills to provide expert advice and support to health funders, service providers and users.
# Table of contents

1. **Broome** ........................................................................................................................................................................ 5
   1.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY ........................................ 5
   1.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS ................................................................. 7
   1.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ........................................................................ 8
   1.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS .................. 13
      1.4.1 Enablers to placement establishment and continuation ........................................................................ 13
      1.4.2 Key barriers to clinical placement capacity .............................................................................................. 14
   1.5 KEY OPPORTUNITIES FOR THE FUTURE .................................................................................................................. 15

2. **Bunbury** .......................................................................................................................................................................... 17
   2.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY ........................................ 17
   2.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS ................................................................. 19
   2.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ........................................................................ 19
      2.3.1 Interdisciplinary placements or interprofessional education ........................................................................ 25
   2.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS .................. 25
      2.4.1 Enablers to placement establishment and continuation ........................................................................ 25
      2.4.2 Key barriers to clinical placement capacity .............................................................................................. 26
   2.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES .............................................................. 27
   2.6 KEY OPPORTUNITIES FOR THE FUTURE .................................................................................................................. 28

3. **Geraldton** ............................................................................................................................................................................ 29
   3.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY ........................................ 29
   3.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS ................................................................. 30
   3.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ........................................................................ 31
      3.3.1 Interdisciplinary placements or interprofessional education ........................................................................ 38
   3.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS .................. 38
      3.4.1 Enablers to placement establishment and continuation ........................................................................ 38
      3.4.2 Key barriers to clinical placement capacity .............................................................................................. 39
   3.5 KEY OPPORTUNITIES FOR THE FUTURE .................................................................................................................. 42

4. **Narrogin** ............................................................................................................................................................................. 43
   4.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY ........................................ 43
   4.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS ................................................................. 44
   4.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION ........................................................................ 45
      4.3.1 Interdisciplinary placements or interprofessional education ........................................................................ 49
   4.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS .................. 50
      4.4.1 Enablers to placement establishment and continuation ........................................................................ 50
      4.4.2 Key barriers to clinical placement capacity .............................................................................................. 51
   4.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES .............................................................. 53
   4.6 KEY OPPORTUNITIES FOR THE FUTURE .................................................................................................................. 55

5. **Port Hedland** ......................................................................................................................................................................... 57
   5.1 GENERAL OVERVIEW OF EDUCATION PROVIDERS AND COURSES .............................................................. 57
   5.2 MODELS OF CLINICAL SUPERVISION AND FACILITATION ........................................................................ 58
      5.2.1 Interdisciplinary placements or interprofessional education ........................................................................ 59
   5.3 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS .................. 59
      5.3.1 Enablers to placement establishment and continuation ........................................................................ 59
      5.3.2 Key barriers to clinical placement capacity .............................................................................................. 61
   5.4 KEY OPPORTUNITIES FOR THE FUTURE .................................................................................................................. 62
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASW</td>
<td>Australian Association of Social Workers</td>
</tr>
<tr>
<td>ACCHO</td>
<td>Aboriginal Community Controlled Health Organisations</td>
</tr>
<tr>
<td>AEP</td>
<td>Accredited Exercise Physiologist</td>
</tr>
<tr>
<td>AHCWA</td>
<td>Aboriginal Health Council of Western Australia</td>
</tr>
<tr>
<td>BRAMS</td>
<td>Broome Regional Aboriginal Medical Service</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing professional development</td>
</tr>
<tr>
<td>CTN</td>
<td>Clinical Training Network</td>
</tr>
<tr>
<td>CUCRH</td>
<td>Combined Universities Centre for Rural Health</td>
</tr>
<tr>
<td>EN</td>
<td>Enrolled Nurse</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GRAMS</td>
<td>Geraldton Regional Aboriginal Medical Service</td>
</tr>
<tr>
<td>HFRG</td>
<td>Hospital Fieldwork Reference Group</td>
</tr>
<tr>
<td>HMA</td>
<td>Healthcare Management Advisors Pty Ltd</td>
</tr>
<tr>
<td>HWA</td>
<td>Health Workforce Australia</td>
</tr>
<tr>
<td>ICAT</td>
<td>Interprofessional Capabilities Assessment Tool</td>
</tr>
<tr>
<td>IPE</td>
<td>Interprofessional Education</td>
</tr>
<tr>
<td>IPL</td>
<td>Interprofessional Learning</td>
</tr>
<tr>
<td>JFPP</td>
<td>John Flynn Placement Program</td>
</tr>
<tr>
<td>KAMSC</td>
<td>Kimberley Aboriginal Medical Services Council</td>
</tr>
<tr>
<td>MBBS</td>
<td>Bachelor of Medicine and Bachelor of Surgery</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
</tr>
<tr>
<td>NUCAP</td>
<td>National University Course Accreditation Program</td>
</tr>
<tr>
<td>NZ</td>
<td>New Zealand</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>PCA</td>
<td>Personal Care Assistant</td>
</tr>
</tbody>
</table>
RACF  Residential Aged Care Facilities
RCS  Rural Clinical School
RN  Registered Nurse
RPH  Royal Perth Hospital
RTO  Registered Training Organisation
VET  Vocational Education Training
WA  Western Australia
WACHS  WA Country Health Service
WA CTN  Western Australia Clinical Training Network
Broome

This chapter provides an overview of university and VET courses being delivered in Broome, clinical placements occurring in local health services and community agencies and enablers and barriers specific to this region.

1.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY

**Health Service Overview:** Broome Hospital has 36 beds, including six nursing home beds. It caters for medical, surgical, paediatric, mental health, maternity, emergency care and allied health services. There are six GPs that work at the hospital. Two of the hospital GPs staff the Caesarean section service for the town, and GPs also provide the anaesthetic service. Broome has a resident general surgeon, a general physician and a public health physician. There are also regular visits from the Derby-based regional paediatrician and obstetrician/gynaecologist. Two psychiatrists and a psychiatric registrar, provide services to the Kimberley and Pilbara regions. The mental health unit provides acute psychiatric inpatient care to people in the Kimberley and Pilbara. The Kimberley Mental Health and Drug Service is collocated on the site and provides community based mental health and alcohol and other drug services to the Kimberley region.

Two private practices in Broome employ the equivalent of about four full-time private GPs, and there are also several GP registrars in town.

The Broome Regional Aboriginal Medical Service (BRAMS) hosts a four-doctor primary care facility and a new ten station haemodialysis unit. The Kimberley Aboriginal Medical Services Council is based next door and provides a teaching campus for Aboriginal health workers and medical students as well as support for Aboriginal health services throughout the Kimberley.

Additionally there are a range of primary care services including Boab Health Services and the Broome Community and Child Health Centre.

The Broome Rural Clinical School is located in the Kimberly Aboriginal Medical Services Council (KAMSC). The school supports fourteen students each year in the second last year of their medical degree. Eight of the fourteen students are located in Broome, three in Derby, and three in Kununurra. The clinical school also facilitates placements for seven medical students who are in their final year of medicine and placements for recipients of scholarships under the John Flynn Placement Program (JFPP) (who can be from any Australian university that offers medicine). The latter group of students come to Broome for two week periods for every year of their medical degree. All medical students gain experience in a wide variety of health service settings within Broome and the Kimberley region, participating in trips to remote communities and clinics. Students attend clinical teaching sessions at the Broome Rural Clinical School on a Wednesday and Friday afternoon.

The University of Notre Dame Australia offers a wide variety of courses at their Broome campus. These include a Bachelor of Nursing, a Diploma of Nursing and Certificate III in Health Services Assistance and Certificate III for Aboriginal Health Workers. Courses articulate with each other, enabling students who have successfully completed one course to be admitted to a more advanced course, and in doing so have their prior learning recognised. Students living within the Kimberley region can complete these courses predominately in their own locale and only need to travel to Broome for one week study blocks. There are currently 54 students undertaking the Bachelor of Nursing and 10 students in each semester of the Diploma of Nursing course.
Having a campus in Broome is key to developing the local workforce, as the students are more likely to stay in the area in which they are educated. Placements for the courses may be anywhere within the Kimberley region. Students are required to complete at least one remote placement outside Broome or their hometown within their course.

Table 1.1 presents an overview of educational providers delivering courses in Broome, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.

<table>
<thead>
<tr>
<th>Education provider or organisation</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course duration</th>
<th>Placement structure</th>
<th>Approximate hours/days</th>
<th>Placement settings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broome Rural Clinical School of WA</strong></td>
<td>Bachelor of Medicine / Bachelor of Surgery (The University of Western Australia)</td>
<td>14 students attend</td>
<td>6 years undergraduate</td>
<td>Placement structure includes: rural experiences in primary care at BRAMS, rotations at the hospital, trips to remote clinics and communities, supervised by doctors at the health service, formal teaching ward rounds, tutorials, classes facilitated by clinical school staff, students in Derby and Kununurra attend tutorials via video link</td>
<td>Placement for the University year in second last year of course</td>
<td>Placements in: public hospitals, private general practices, Aboriginal Community Controlled Health Organisation s, community and remote clinics</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Medicine / Bachelor of Surgery (University of Notre Dame)</td>
<td>7 students attend in their final year*</td>
<td>4 years postgraduate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical students completing the John Flynn Placement Program</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The University of Notre Dame Australia</strong></td>
<td>Bachelor of Nursing</td>
<td>13 in year 1, 15 in year 2, 26 in year 3</td>
<td>3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diploma of Nursing</td>
<td>10 each semester</td>
<td>1.5 years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number increases due to articulation with other courses

Placement requires 800 hours
Complete 1240 hours
Students complete one block of placement every semester
5x 5 week blocks
1x 6 week block
Accreditation requires 800 hours
Complete 600 hours
Complete one block every semester
1x 2 week block
1x 6 week block
1x 7 week block
Placements in: residential aged care facility, hospital (public and private), multi-purpose hospital, acute care facilities, acute mental health, community based care facility such as Silver Chain or a Home and Community Care Service
<table>
<thead>
<tr>
<th>Education provider or organisation</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course duration</th>
<th>Placement structure</th>
<th>Approximate hours/days</th>
<th>Placement settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberley Aboriginal Medical Health Service Council</td>
<td>Certificate III and IV Aboriginal Health Worker Diploma and Advanced Diploma of Aboriginal &amp;/or Torres Strait Islander Primary Health Care</td>
<td>30 students a year</td>
<td>Approx. 18 months</td>
<td>Placements are all in Broome and Kimberley region Students supervised by RNs and ENs in a 1:1 mentor model</td>
<td>Generally students are employees of health services and are released in two week blocks to attend training. All clinical experience occurs within the service the AHW is working in.</td>
<td>Placements in: <em>residential aged care facility • hospital (public and private)</em></td>
</tr>
</tbody>
</table>

*facilitated by the Broome Rural Clinical School but not funded and rural clinical school funding*

### 1.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS

It is a competitive process for students to gain medical placements in Broome. The Rural Clinical School has eight students in 2013 who are in Broome for the University year (four from The University of Western Australia and four from The University of Notre Dame Australia). Additionally there are seven students undertaking placements in their final year and a large number of students apply to do elective placements in Broome including: those who have received a John Flynn or First Wave Scholarships, students from interstate medical schools (with a lot of applications received from James Cooke University) and overseas students. The Broome Rural Clinical School undertakes the selection process and takes responsibility for the scheduling of elective placements when students from the Rural Clinical School are out of town on rotation or in university holidays.

The University of Notre Dame Australia, Broome campus limits the number of nursing students in their course each year to ensure there are enough clinical placements. There are currently 26 students completing third year. The numbers in year three are greater than other year levels, because:

1. A number of students have entered the program, having successfully completed the Diploma of Nursing, which articulates with the Bachelor or Nursing.
2. Students from The University of Notre Dame Australia Fremantle Campus are able to complete their final year in Broome.

The Diploma of Nursing and Certificate III Health Services Assistant enrolment numbers are relatively stable, at approximately 10 students per intake.

Workforce retention is difficult for health services within Broome and the Kimberley region, as much of the population is transient- with many staff coming on short term working holidays. This has resulted in health services within Broome and the Kimberley region focusing on ‘growing their own’ and consequently only accommodating nursing requests from other universities if they fit in around what is required by The University of Notre Dame Australia.

Despite no competition from other universities in Broome, there is still a shortage of nursing placements. There is likely to be a greater level of shortages when the Broome Regional Prison moves to Derby in 2015, as there is no student accommodation to support placements.
Current shortages exist for the compulsory placements in mental health and theatre. However, it is hoped that the recent opening of the new 14 bed Broome Mental Health Unit will alleviate the shortage of mental health placements.

In the past to address shortages, the Broome campus of University of Notre Dame has requested placements directly from Perth health services. This process was not successful. Rather than approaching hospitals directly, the university now approaches their Fremantle campus for any placements they are not utilising. This is not a formal collaboration and has only resulted in a small number of placements.

Boab Health Service has a preference for taking more mature students in their final year of study.

### 1.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

The predominant model is a 1:1 model of supervision. Depending on the health service or discipline area this may be the one person throughout the placement or it may change between a number of different staff. Health services all had a key contact person who managed requests and facilitated placements at their facility.

**Medicine**

The Rural Clinical School takes responsibility for supervision and facilitation of all student placements across the local services including the organisation of trips for students to remote communities. Medicine students receive direct supervision from the doctors at the health services they work in and the person supervising them may change from day to day. Students rotate through the Broome hospital, Broome Regional Aboriginal Medical Service (BRAMS) and services in remote communities. Approximately two third of all placements occur at the hospital and one third in remote communities. The Rural Clinical School oversees every student’s supervision and facilitates the placements and rotations across the health services.

A mentoring program has been developed at the hospital to support students come to terms with what they may see and experience at work, for example client death. Given students on placement, are away from their family and social network it was considered important to develop a support structure for them. Students are buddied up with someone more senior who is able to provide support as required.

**Nursing**

The University of Notre Dame Australia does not use a 1:8 facilitator preceptor model which is common in metropolitan Perth. This is because: there are small enrolment numbers; no health service has the capacity to take more than four students at a time; there is often a significant distance between health services; and there are a limited number of university staff and funding available to support students on placement.

In Broome, a 1:1 supervision model is the predominant model. At the hospital, the nurse educator facilitates all placements, and preceptorship provided by staff members on the wards. For longer placements, a student follows the one nurse across all rosters, who provides supervision under a one to one model. For shorter placements this role may be shared by a few nurses.

The senior management team at the hospital believe the university should be providing a clinical tutor to support students. This is because it is often difficult to find staff with the required competencies to supervise students. At present a large percentage of the workforce
are graduate nurses, who are consolidating their own practice, and it is not considered appropriate for them to be supervising students. The hospital is keen for students to have a good experience, as they are aware that in providing a good placement you have greater success in recruiting students.

At the Southern Cross aged care facilities in Broome, students work as personal care assistants whilst on placement. When a client requires clinical care, the nurse on the shift supervisors the students to ensure they have the opportunities to achieve their required competencies. At small health services, the one nurse is often responsible for both supervising and facilitating student placements.

Aboriginal Health Workers

At the Broome Aboriginal Medical Service (BRAMS) four aboriginal health students at a time undertake placements. They are supervised by a Senior Aboriginal Health Worker and also spend time working with other staff. BRAMS has a strong focus on developing their Aboriginal Health Workers to go on to undertake further study, with a number of previous Aboriginal Health Workers now employed as doctors and nurses.

Due to difficulties retaining staff there are currently no Aboriginal Health Workers employed on the wards at the Broome Hospital. There are a number in the emergency department. However, it was unclear if they took students.

Mental Health

The Kimberley Mental Health and Drug Service hosts psychology students on nine week placements under a 1:1 supervisor to student model. Having students on placement has allowed for more clients to be seen and improved treatment planning processes, as the students have been able to undertake psychometric assessments which inform treatment planning process.

The psychiatrist at Kimberley Mental Health and Drug Service often takes one student a year, when approached to do so. It is not a mandatory requirement for students to undertake a psychiatry rotation, which may be why demand for placements is low. The service model is unique in providing opportunities for students to be exposed to both mental health and alcohol and other drug treatment. Currently, the opportunity to gain practical experience in ‘everyday’ psychiatry is not being widely taken up. The service would like to expand its involvement in providing clinical placements for students.

Allied Health

Boab Health Services directly take requests for placements from students and universities in WA and interstate. The service places the students in their two bases in Kununurra and Broome. Dietetics students work in both clinical and community settings, while podiatry students are predominantly placed in a clinical environment. On placement, students work under a 1:1 supervisor to student model. Supervisors are responsible for student orientation and assessing student’s required competencies.

Overview

Table 1.2 presents the supervision and facilitation models for each of the disciplines undertaking clinical placements at the health services HMA visited. It is important to note that this table presents information from representatives of services or agencies spoken with
during the current project and may not capture all placement activity and settings in place within Broome.
### Table 1.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Discipline of student undertaking placement</th>
<th>Approximate number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broome Hospital</td>
<td>Registered Nursing (RN)</td>
<td>Approximately 50 in total (no more than 4 students at any one time)</td>
<td>1:1</td>
<td>Students are supervised by a nurse on the ward Usually supervised by nurse of same qualification. For example RN supervised by RN however some days this is not possible For longer placements students will be buddied with the one staff and work their shifts For shorter placements this will change</td>
<td>University sends request year before Nurse Education Coordinator is responsible for the facilitation of placements. The role includes: • requesting staff to take students (especially for long placements no one is assigned a student unless they volunteer) • allocating students to areas • communicating with the university • communicating with nurses and students if there is an issue</td>
</tr>
<tr>
<td></td>
<td>Enrolled Nursing (EN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwifery</td>
<td>1 student under a paid placement model</td>
<td>1:1</td>
<td>Only take one at a time due to number of births Usually an existing staff member who is employed at the hospital as an RN and who wants to pursue a career as a midwife Supervised by midwives on ward</td>
<td>Vertical supervision Additionally a mentoring system has been developed established to support students come to terms with what they see at work. They are buddied up with a junior doctor who mentors the students. This is seen as particularly important as students are often away from their natural support structures for a long time.</td>
<td>Placement facilitated by the Broome Rural Clinical School Formal teaching, tutorials, classes facilitated by clinical school staff</td>
</tr>
<tr>
<td>Medical</td>
<td>8 from the Rural Clinical School for 10 months 7 final year students for most of the year Plus students who have scholarships and elective placements</td>
<td>1:1</td>
<td>Students are supervised by a registered allied professional in their field, unless they undertake field work in a remote area, where they are supervised by the senior allied health team leader</td>
<td>Vertical supervision</td>
<td>Facilitated by the head of allied health at Broome Hospital</td>
</tr>
<tr>
<td></td>
<td>Speech pathology</td>
<td>2 students per year</td>
<td>1:1</td>
<td>Students are supervised by a registered allied professional in their field, unless they undertake field work in a remote area, where they are supervised by the senior allied health team leader</td>
<td>Std initiated by the head of allied health at Broome Hospital</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>2 students per year</td>
<td>1:1</td>
<td>Students are supervised by a registered allied professional in their field, unless they undertake field work in a remote area, where they are supervised by the senior allied health team leader</td>
<td>Facilitated by the senior allied health clinician at Derby Hospital</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td>2 students per year</td>
<td>1:1</td>
<td>Students are supervised by a registered allied professional in their field, unless they undertake field work in a remote area, where they are supervised by the senior allied health team leader</td>
<td>Facilitated by the senior allied health clinician at Kununurra Hospital</td>
</tr>
<tr>
<td></td>
<td>Dietetics</td>
<td>2 students per year</td>
<td>1:1</td>
<td>Students are supervised by a registered allied professional in their field, unless they undertake field work in a remote area, where they are supervised by the senior allied health team leader</td>
<td>Placement facilitated by the Broome Rural Clinical School Formal teaching and tutorials, classes facilitated by clinical school staff</td>
</tr>
<tr>
<td>Derby Hospital</td>
<td>Occupational therapy</td>
<td>1 student per year</td>
<td>1:1</td>
<td>Students are supervised by a registered allied professional in their field, unless they undertake field work in a remote area, where they are supervised by the senior allied health team leader</td>
<td>Facilitated by the senior allied health clinician at Kununurra Hospital</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td>2 to 4 students per year</td>
<td>1:1</td>
<td>Students are supervised by a registered allied professional in their field, unless they undertake field work in a remote area, where they are supervised by the senior allied health team leader</td>
<td>Placement facilitated by the Broome Rural Clinical School Formal teaching and tutorials, classes facilitated by clinical school staff</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>1 to 2 students per year</td>
<td>1:1</td>
<td>Supervised by GPs. Supervisors change depending on availability</td>
<td></td>
</tr>
<tr>
<td>Name of Health Service</td>
<td>Discipline of student undertaking placement</td>
<td>Approximate number of students taken each year</td>
<td>Supervisor to student ratio</td>
<td>Description of supervision model</td>
<td>Description of facilitation model</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Nursing</td>
<td>1-2 nursing students a year 4 students at a time</td>
<td>1:1</td>
<td>Supervised the nurse clinical coordinator Use a 1:1 model Senior Aboriginal Health Worker supervises students. Clinical coordinator supports supervisor if required.</td>
<td>Contacted by university the year before Facilitated by the nurse clinic coordinator Facilitated by a senior Aboriginal health Worker</td>
<td></td>
</tr>
<tr>
<td>Aboriginal Health Workers</td>
<td></td>
<td>1:4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kimberley Mental Health and Drug Service</td>
<td>Nursing 12 students in Broome 4 or 5 students in Derby 3 or 4 students in Fitzroy Crossing Students undertake 2 or 3 week block.</td>
<td>1:1 model with a number of supervisors supervising students</td>
<td>Students are buddied up with a number of clinicians whilst on placement so that they can gain an appreciation of the service models. They spend some time with the: case manager, triage officer, Aboriginal and Torres Strait Islander team, Aboriginal Medical Service, the Drug Service team, child and adolescent team and inpatient centre.</td>
<td>• A Workforce Development Nurse Manager within WACS facilitates all placements for nurses across regional mental health services in WA. • Students are initially orientated. • Staff are rostered to take students for a few days a year. This ensures everyone has a role and means that the task is not onerous for any particular individual.</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td>2 students for 9 week placements</td>
<td>1:1</td>
<td>Supervised by psychologist.</td>
<td>University facilitated the placement. University links in via teleconference for the midyear review and are always available for support as required. University manual supports student placement.</td>
<td></td>
</tr>
<tr>
<td>Medical (psychiatry)</td>
<td>1 a year</td>
<td>1:1</td>
<td>Supervised by psychiatrist.</td>
<td>Individuals approach service to undertake a placement</td>
<td></td>
</tr>
<tr>
<td>Broome Community Health Services</td>
<td>Nursing 8 Registered Nurses who come for 2 weeks at a time. Starting to take a few Enrolled Nurses.</td>
<td>1:1</td>
<td>The nurses supervise students in the delivery of a range of community and public health roles delivered at the centre and in a range of outreach settings. Every student has an opportunity to go out to a remote community with clinic staff and/or Rural Clinical School doctors. The students also generally have an afternoon at the population health.</td>
<td>The service seeks to provide placements for student in around the time they spend at the university. Students from the University of Notre Dame have a structured workbook and the nurses supervising students seek to support students acquire the relevant experience / competencies. Students have the opportunity to participate in local professional development training when it is available.</td>
<td></td>
</tr>
<tr>
<td>Southern Cross Care</td>
<td>Registered Nursing (RN) 5 RN students x 5 week blocks per semester in year 1</td>
<td>1:1</td>
<td>Students predominantly work in the role of a personal care assistant (PCA) as no qualification required for PCA in Broome As a PCA they will have their own beds to attend to When the nurse on the ward has a client who requires specific nursing care they will supervise students in the provision of care Nurse in charge oversees overall student performance.</td>
<td>• University have a central contact at the facility • University send out requests year before • Have a calendar which changes as required • Nurse in charge facilitates all placements</td>
<td></td>
</tr>
<tr>
<td>• Germanus Kent House</td>
<td>Enrolled Nursing (RN) 2 EN students x 2 week blocks per semester in year 1</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bran Nue Dae Respite Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boab Health Services (Primary Health Care organisation: 90% of funding is from Medical Local funding stream)</td>
<td>Dietetics 2 students for a 3-5 week placement in Broome and Kununurra</td>
<td>1:1</td>
<td>Each student has a supervisor responsible for overseeing their clinical placement in clinical and community settings.</td>
<td>Supervisors provide student orientation and are guided by the university student guides in assessing the required competencies.</td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td>2 students for a 3-5 week placement in Broome and Kununurra</td>
<td>1:1</td>
<td>Each student has a supervisor who provides direct supervision in the clinical setting.</td>
<td>Supervisors provide student orientation and are guided by the university student guides in assessing the required competencies.</td>
<td></td>
</tr>
</tbody>
</table>
1.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussions with stakeholders in Broome, a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

1.4.1 Enablers to placement establishment and continuation

This section discusses the enablers to placement establishment and continuation.

Medicine

A key enabler to supporting medical student placements has been the strong commitment of health services in partnership with the Rural Clinical School to ‘grow their own’ doctors and maximise clinical placement capacity:

“We have been working hard over the last ten years to ‘grow our own doctors’ and we are now starting to see doctors coming back to do their placements here as fifth year students, sixth year students, interns and RMOs. Whether they finally settle in Broome or not, they have a clear career goal in working in a rural area. To achieve this vision, you need to: have a clear and shared vision of what you are wanting to achieve. We have good partnerships with the rural clinical school and other service providers in our area and we work together to achieve that goal.”

Medical Officer

Accommodation and funding to cover accommodation costs is a key enabler for the placement of medical students.

Nursing

Health services only provide placements to other universities if they are not required by e The University of Notre Dame Australia, Broome Campus. This loyalty is a key enabler of clinical placements as without this a Broome based course would not be possible.

Within mental health, a Workforce Development Nurse Manager of WACHS facilitates all regional clinical placements. She undertakes all negotiations with the universities and supports services through the development of standard policies and guidelines.

Allied Health

WACHs commented that allied health staff at the Kimberley hospitals have a “can do” attitude, which meant they were willing to take-on students. Some of the circumstances in which students were placed (clinic visits to remote locations) lead to a requirement for students who were strong and independent.

Boab Health Services offer unique placements, where having the appropriate staff to provide supervision is just as important as having the student with the maturity to respond to client need. They also identified working with universities in a partnership model to select appropriate students as a key to placement success.
1.4.2 Key barriers to clinical placement capacity

Key barriers for the continuation and increase of student clinical and field placement capacity in Broome included:

(1) **Accommodation**: The key barrier people spoke about in Broome was the lack of affordable accommodation, particularly for the allied health disciplines. Opportunities may exist to increase capacity, by partnering with accommodation providers who generally close for the ‘wet season’. A number of services also identified that it would be possible to support students in more remote locations if accommodation was available.

(2) **Travel and transport**: The cost of travel to and from Broome is prohibitive for many students. Additionally, one they are there, it can be difficult for students to get around town due to the lack of public transport. Given students start shifts early or finish them late, there are concerns related to safety.

(3) **Lack of jobs on graduation**: To support the ‘grow your own’ approach, it is vital that jobs are available for graduates to take up on graduation. The lack of availability of such positions is a barrier to strengthening workforce capacity.

(4) **Lack of physical space**: This was particularly a problem for allied health students at Broome Hospital. There was limited space for permanent staff. The cramped conditions were compounded when there were 3 or 4 students on placement at the hospital.

Barriers specific to disciplines or services are presented in the following paragraphs.

**Medicine**

The high turnover of supervisors and the variable quality of supervisors make it challenging at times to provide appropriate levels of support for students. Accordingly, it is important to ensure staff have continued access to professional development programs related to supervision. ‘Teaching on the run’ is held in high regard.

BRAMS identifies the lack of clinical space as a major barrier to expanding placement capacity. Within their facility, they only have ten consulting rooms with throughput of over 150 clients a day. With increased consulting space and funding for more staff, they could increase their client throughput and increase student capacity.

Although there is accommodation for medicine students in Broome, without more accommodation, it is not possible to expand student numbers.

One stakeholder was concerned the remuneration levels were insufficient to act as an incentive for GPs involvement. This stakeholder said that if appropriate levels of remuneration were provided, GPs would be more willing to support more active models of clinical placement for students and there would be less inappropriate use of students.

**Nursing**

The University of Notre Dame Australia, Broome Campus faces ongoing challenges in securing clinical placements for nursing students in Perth. This has far-reaching effects on Broome’s workforce sustainability. Many graduating students who do not gain tertiary...
hospital experience during their course move to Perth to gain this rather than entering in the Kimberley region graduate program, and there is a misconception this is vital to their career development. However, students who gain a tertiary hospital placement are more likely to stay in their local area.

Access to accommodation outside of Broome is considered to be a major barrier, as it limits the use of potential placement sites at Derby and One Arm Point. Capacity in remote sites is also affected by the physical infrastructure of clinics to accommodate students. In addition, there may be insufficient throughput of clients or nurses with the required competencies to supervise students at some sites.

The University of Notre Dame Australia reported there are some health services in the region that do not offer placements as they perceive their client caseload is not complex enough, even though the university thinks it would be adequate.

**Aboriginal Health Worker**

It can be difficult to secure placements for Aboriginal Health Worker students in mainstream health services as doctors and nurses are reluctant to supervise the students.

### 1.5 KEY OPPORTUNITIES FOR THE FUTURE

Key opportunities suggested through consultations included:

1. **Development of an Allied Health Clinical School**: Stakeholders suggested that an allied health clinical school be developed that operates on a similar model or is integrated with the Rural Clinical School. If the infrastructure was available to support students (clinical space and accommodation) then the number of allied health placements could be expanded, including physiotherapy, radiology and pharmacy.

2. **Collaboration between services for ‘student’ sharing**: There is the opportunity to create additional places if two organisations worked together to provide placements for students, particularly where there was part time staff. This collaboration may enhance placement opportunities and also provide students with exposure to both hospital models and primary care models.

3. **‘Growing our own’**: Priority needs to be given to encouraging young people in schools to consider careers in health and ensuring rural students are able to undertake placements in their hometown or a regional area of their choice.

4. **Support to grow the Aboriginal and Torres Strait Islander workforce locally**: Opportunities need to be developed to continue to support Aboriginal and Torres Strait Islander people from the local area to pursue training as Aboriginal Health Workers, nurses, doctors and allied health professionals.

5. **Encourage students to undertake general practice placement**: To encourage more students to pursue careers in general practice, it has been suggested that the structure of clinical placements needs to change so that students have at least two continuous weeks in a general practice. Under such models, it was suggested that students would get a much more rounded experience and have a greater appreciation of what being a GP is really about.
"GP surgeries are such different places to hospital services. You really need to have a placement for two weeks straight to get a feel for it. Being a GP is about seeing the patient, identifying what is wrong, providing treatment and then following up and supporting as required. To understand this you need to have the time to see through the issue with the client. The real joy of being a GP is developing relationships with clients and following through and supporting the patient."

Practice Manager

(6) **Greater university and health service collaboration**: Another stakeholder suggested there were opportunities for health services and universities to work more closely together. Given that the opportunities to participate in professional development programs in Broome are limited, universities may be able to support services by providing training and/or providing library access in return for health services committing to take a certain number of students on placement.

(7) **Strengthen allied health placements within mental health and other services**: Currently there are few allied health students undertaking placements in mental health services. Potential opportunities exist to strengthen allied health placements within mental health services. There is also an interest in establishing social work placements as a strategy to recruit social workers to the area. Currently, there are only three positions across the whole of the Kimberley.
This chapter provides an overview of university and VET courses delivered in Bunbury, clinical placements occurring in local health services and community agencies and enablers and barriers specific to this region.

2.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY

Established within The University of Western Australia School of Primary, Aboriginal and Rural Health Care, the Rural Clinical School incorporates medical students from The University of Notre Dame Australia and The University of Western Australia with the goal of attracting more doctors to regional, rural and remote practice. The Bunbury Rural Clinical School is one of the 13 regional schools and is located on the Edith Cowan University Campus. Whilst at the Bunbury Rural Clinical School students participate in a formal university curriculum for approximately 30% of their time, and spend the other 70% of their time in the clinical setting within hospitals, health services and GP practices. During placement in Bunbury, the medical students are provided with accommodation within walking distance to the South West Health Campus.

Edith Cowan University offers both tertiary education in social work and nursing. The Bachelor of Social work is a four year undergraduate course and approximately half of the students will study the program off campus. Students complete 28 weeks of clinical placements across their third and fourth year, in a range of settings and organisations including public health, child protection, Centrelink, corrections, non-profit and community.

Between 60 and 90 students each year will enter the Edith Cowan University’s three year Bachelor of Science (Nursing). Nursing students complete 23 weeks of clinical placements across all six semesters of their course. In semester one and two, students complete a one and three week placement in an aged care setting, respectively. In semester three, students undertake a four week medical/surgical ward placement and in semester four, students undertake a mix of mix of medical/surgical ward, midwifery, paediatric and mental health placements for four weeks. In semester five, students can choose to spend four weeks in either a medical/surgical ward or in another speciality placement. Semester six involves a two week community placement and a six week placement in a medical/surgical ward.
South West Institute of Technology has two intakes of 20 students per year into the 18 month Diploma of Nursing (Enrolled/Division 2 Nursing). Students complete a two week aged care placement and one week in a country hospital placement in semester one. In semester two, students undertake a two week hospital placement at both the Bunbury Regional Hospital and St John of God Hospital. Semester three involves a two week health campus placement, a one week aged care placement, and a two week community placement.

Table 2.1 presents an overview of educational providers delivering courses in Bunbury, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.

<table>
<thead>
<tr>
<th>Education provider or organisation</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edith Cowan University</td>
<td>Bachelor of Social Work</td>
<td>Approx. 60 students in both Year 3 and 4</td>
<td>4 years (on and off campus modes)</td>
<td>Year 3 Semester 1 Year 4 Semester 2</td>
<td>140 seven hour working days (at least 980 hours) undertaken over two placements (70 days per semester). No placement is to be shorter than 40 days May vary from 5 days per week to 2 days per week (with two five day blocks within the rotation) 15 weeks each placement.</td>
<td>• public health settings • child protection • Centrelink • corrections • non-profit organisations • community organisations</td>
</tr>
<tr>
<td></td>
<td>Undergraduate (Bunbury campus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South West Institute of Technology</td>
<td>Diploma of Nursing</td>
<td>Two intakes per year with 20 students per intake</td>
<td>1.5 years Up to 4 years part time</td>
<td>Students complete clinical placements throughout the course</td>
<td>12 weeks (510 hours): Semester 1: • 2 week aged care • 1 week country hospital Semester 2: • 2 week Bunbury Regional Hospital • 2 week St John of God Hospital Semester 3: • 2 week health campus • 1 week aged care • 2 week community</td>
<td>• residential aged care facilities • hospital (public and private) • acute care facilities • community based care facilities (e.g. Silver Chain) • the mining sector • schools</td>
</tr>
</tbody>
</table>
2.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS

The South West Institute of Technology’s Diploma of Nursing is highly competitive, with at least 40 students applying each intake. The institute has had to cap its intake to 20 students per semester based on the limited availability of clinical placements. Competition for local, metropolitan and other rural clinical placements was raised consistently by educational providers. Aside from competing with one another, nursing students have to compete with postgraduate midwifery students, medicine students, paramedicine students, Certificate III and IV aged care students and nursing assistants. Placement providers also said that too many new graduate students or interns at their sites would prohibit them from taking some university students on placement.

Edith Cowan University anticipates increased clinical placement pressure for their nursing students in the future. The current undergraduate program is undergoing change and the new curriculum will require an additional placement in the first semester of the first year. This will require the sourcing of between 60-90 places within the local region.

An administrative staff member within the WA Country Health Service South West Learning and Development Unit coordinates all nursing student clinical placements for the south west, and many of the allied health student clinical placements. The placement coordinator also receives requests and places students from interstate universities and those studying through Open Universities Australia. Although this assists with equity of placement and reduces the burden on the area health services, competition for placement between and within disciplines is still strong. The south west region is a popular choice for many students due its distance from Perth, proximity to other popular destinations such as Margaret River, the size of the town and the lifestyle that is available for students.

The placement coordinators for the Edith Cowan University social work program commented that it is an ongoing challenge to seek the number and type of placements for students each year. Although local health services and agencies will often give preference to local students, regular placements beyond the south west region are harder to establish.

2.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Students on clinical placement are usually supervised by senior clinicians from the health service in a range of supervisor to student ratios. Unless funded through the HWA program, clinicians will often facilitate student placements on top of their usual clinical caseload and/or management duties. Competency frameworks provided to the supervisors by the educational providers assist in providing guidance for what the students are required to experience during placement.

Dentistry

Within The University of Western Australia School of Dentistry Bunbury satellite clinic, students provide a full range of dentistry services to the local community for which patients pay either full price or receive a subsidy. The students work largely independently but with immediate supervision and support always available from one of two available supervisors. At present the students undertake a four week rotation in this clinic and will see approximately six patients a day. The students also attend lunchtime seminars run by one of the supervisors or by the students themselves. In addition to clinical dentistry, the students within the...
Bunbury centre are taught the principles of business management and how to run a dental practice. The university arranges rosters and housing for the students.

At the Bunbury site there is no capacity to increase number of student placement as they are limited by the number of dental chairs, equipment and supervisors available. Although the Bunbury supervisors consider that they are able to comfortably manage six students during the rotation, the numbers are dictated by the number of treatment spaces and dental chairs available (four only). Interestingly, for each rotation the Bunbury centre can only host two left handed students at a time due to the configuration of the treatment rooms.

**Dietetics**

Dietetics students from Edith Cowan University and Curtin are able to undertake their food service or community rotation at the Bunbury Regional Hospital. They are not able to offer the clinical rotation at present due their capacity to provide the level of supervision, length of time and competencies necessary with only 1.7FTE in the team. Dietetic students may undertake a project, participate in a community education program, assist with outpatient visits or provide talks to the community.

**Medicine**

Facilitated by the Rural Clinical School Bunbury, eleven medical students undertaking their second to last year of education will undertake placement at the Bunbury Regional Hospital. An additional six students will be placed within Busselton. The supervision model is predominantly one supervisor to two students and all assessments are undertaken by the Rural Clinical School lecturers (some of whom are joint employees of the hospital and the Rural Clinical School). The students have the opportunity to participate in regular ward rounds and experience supervision with a range of medical practitioners in different hospital departments.

**Nursing**

Edith Cowan University Bunbury campus and South West Institute of Technology employ clinical instructors to provide supervision, education and assess clinical skills for their nursing students on placement. One clinical instructor can look after up to eight students. Each student is also paired with a preceptor who is a registered nurse at the health service. As students get closer to the end of their placement, the clinical instructor’s role and hours decrease and the preceptor takes over more of the supervision. This is the case for all placements other than those at the Bunbury/Harvey Community Health Service, where supervision is supplied by the health service’s clinicians. Students will undertake placement in a range of settings at present including hospitals, doctors’ surgeries, the mining sector, Hospital in the Home, Silver Chain and the Royal Perth Hospital.

**Social Work**

The social work ‘field educator’ is the primary supervisor of the student on site. The field educator must be a qualified social worker with a minimum of two year’s practice experience and be eligible for membership of the AASW. Field educators must provide a minimum of 1.5 hours of supervision (including formal and informal) for each five days on placement. This can be provided individually or in a group. Students on placement can participate in a range of individual case work or group activity dependent on the stage of their study, level of competence and skill, and working experience.

The model of supervision within social work is predominantly 1:1 or 2:1 supervisors to students, complemented by group teaching in some larger facilities. The social work field
placements are structured in accordance with AASW guidelines and relevant social work program requirements. The ‘university liaison person’ is the university’s representative for the field placement and is responsible for supporting, monitoring and evaluating the placement. The liaison person is available for support, advice and direction for both the student and the field educator/practice educator and can assist with issues as they arise. Generally, the liaison person will visit the student at their sites twice during placement: beginning and mid placement. Edith Cowan University provide a liaison person for six hours per student which are inclusive of three liaison meetings, conversations, correspondence and completion of the final page of the placement assessment report.

Where the agency is not able to provide a field educator, an external field educator will be provided by the university. The external field educator will provide the supervision requirements as set out by the AASW, but the student is also supported by an ‘agency supervisor or practice/task educator’ who provides orientation to the agency, informal supervision of placement activities, and oversees their daily tasks and activities (but is not necessarily a social worker themselves).

**Pharmacy**

Bunbury Regional Hospital takes two students a year for a six week rotation each. There are four pharmacists on staff and they will only take one student at a time. Curtin University contacts the chief pharmacist on staff directly to request placements. The chief pharmacist assumes the primary supervision and coordination role, but student supervision is shared amongst the other pharmacists on staff.

**Physiotherapy**

Physiotherapy student placements and activity within Bunbury Regional Hospital are coordinated by a full time clinical educator/coordinator funded through HWA. The coordinator assigns 0.5 FTE for every two students so will therefore host four students at any one time for a five week placement. The students undertake placements in pairs and will spend half the day with the primary supervisor/coordinator and the other half of the day working independently or under the supervision of other members of the team. Under the current funding the department is able to offer placement for 30-40 students per year compared with 3-4 a year pre-funding. The funding has also enabled the coordinator to develop and implement formalised placement orientation and guidelines.

In addition, it was reported that at St John of God Hospital Bunbury students are supervised 1:1 with an experienced clinician.

**Speech Pathology**

Approximately four speech pathology students a year are hosted at the Bunbury Regional Hospital; two in the first semester and two in the second semester from both Edith Cowan University and Curtin University. The placements will run for approximately seven weeks each rotation. The students will undertake observation only for the first two weeks and dependent on level of skill will be able to undertake some work themselves, with supervisor support. The students are supervised by two speech pathologist who job share to make up 1FTE only.
The Bunbury Community Health service

The Bunbury Community Health Service hosts students from a range of disciplines including social work, occupational therapy, speech pathology, and podiatry. All placement activity is facilitated through the WACHS coordinator.

Overview

Table 2.2 presents the supervision and facilitation models for each of the disciplines undertaking clinical placements at each of the health services HMA visited in Bunbury. It is important to note that this table presents information from representatives of services or agencies who were consulted with during the current project and may not capture all placement activity and settings in place within Bunbury.
### Table 2.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Discipline of student undertaking placement</th>
<th>Approximate number of students taken each year</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Centre of WA-Bunbury</td>
<td>Dentistry</td>
<td>56 students (4 students per rotation, 4 week placement)</td>
<td>1:4</td>
<td>Students provide a full range of dentistry services largely independently but immediate support and supervision is available as needed.</td>
<td>The supervising professor assumes responsibility for student coordination and placement.</td>
</tr>
<tr>
<td>WA School Psychology Service</td>
<td>School psychology</td>
<td>Each site will take 1 student per placement (2 placements a year)</td>
<td>1:1 or 1:2</td>
<td>Shadowing and observation predominantly. Supervised at all times. Able to perform basic tests but under direct supervision of school psychologist.</td>
<td>School Psychology Service assists university to facilitate supervision with each site. The school psychologist at each site will then assume complete responsibility for student while on placement.</td>
</tr>
<tr>
<td>Bunbury Regional Hospital</td>
<td>Dietetics</td>
<td>2 students a year for five weeks</td>
<td>1:2</td>
<td>Food service and community placement only. Not clinical at present. Will work in pairs and undertake community projects and other activities with some supervision.</td>
<td>The senior dietician will assume all responsibility for student placement, including assistance with locating accommodation when necessary.</td>
</tr>
<tr>
<td></td>
<td>Pharmacy</td>
<td>2 students (4th year students from Curtin for 6 week rotation, 1 student at a time)</td>
<td>1:1</td>
<td>Students have a primary supervisor but will share supervision with other pharmacists. Students go out with assistant pharmacists on district site visits and shadow diabetes educators, nurses and doctors. Mixture of shadowing and some independent work.</td>
<td>The senior pharmacist assumes responsibility for the students’ coordination, orientation to the hospital and assessment.</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>11 students rotate in pairs for 12 months (excluding Rural Clinical School in Bunbury and 5 go to Busselton)</td>
<td>1:2</td>
<td>In pairs, students follow a supervisor around the hospital. Students are exposed to different supervisors and hospital settings, departments and activities including regular medical rounds.</td>
<td>All student assessments are completed by the RCS.</td>
</tr>
<tr>
<td></td>
<td>Speech pathology</td>
<td>4 students a year for 7 weeks</td>
<td>1:2; 1:1</td>
<td>The students will undertake observation only for the first two weeks and dependent on level of skill will be able to undertake some work themselves, with supervisor support. ECU has 4 day placement and 1 day lectures and Curtin has full 5 day placement.</td>
<td>The senior speech pathologist is approached by the universities and coordinates the placements in the department.</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td>30-40 students (4 per placement for five weeks full time)</td>
<td>1:2</td>
<td>The students undertake placements in pairs and will spend half the day with the primary supervisor/coordinator and the other half of the day working independently or under the supervision of other members of the team. Tutorials are run once a week for the students.</td>
<td>Coordinated by a full time clinical educator/coordinator funded through HWA.</td>
</tr>
<tr>
<td>Bunbury / Harvey Community Health Service</td>
<td>Registered nursing</td>
<td>6-10 3rd year students from Edith Cowan University for about 2 weeks and 1-2 3rd year students from Curtin University for about 4 weeks</td>
<td>Varies dependent on discipline and aim of placement. Ratio is in line with competency recommendations</td>
<td>Each student has a supervisor that is responsible for overseeing their clinical placement and experiences a mix of adult and paediatric services. They also spend time with a diabetes educator and a continence nurse. Placements are mainly observational. Each student has a supervisor that is responsible for overseeing their clinical placement and experiences a mix of adult and paediatric services.</td>
<td>Supervisors provide student orientation and are guided by the university student guides in assessing the required competencies</td>
</tr>
<tr>
<td></td>
<td>Speech pathology</td>
<td>Approximately 6 students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dietetics</td>
<td>Approximately 4 students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social work</td>
<td>Approximately 1-2 students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td>Approximately 1-2 students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>Approximately 4 students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Podiatry</td>
<td>Approximately 6 students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HMA was advised following the consultations that St John of God Hospital in Bunbury hosts approximately six physiotherapy students each year.

2.3.1 Interdisciplinary placements or interprofessional education

No regular interdisciplinary placements or interprofessional education are currently undertaken in Bunbury. Many placement sites try to give students an understanding of the roles and responsibilities of the different professions within their health service, but there are no formal processes in place.

2.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussions with stakeholders across the disciplines a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

2.4.1 Enablers to placement establishment and continuation

Key enablers for the continuation and increase of student clinical and field placement capacity in Bunbury included:

1. **The quality of the placement offered**: across consultations, stakeholders commented on the diversity, breadth and complexity of the placement experience in the regional setting. Students are offered the opportunity to experience a wide range of population groups, social issues, departments and programs that they would not be able to in a metropolitan setting. Students will also have a greater opportunity to work with a number of other health professionals in smaller teams.

   “Prac students see so much and do so much more. They step up quicker, get more skilled, and it enables them to work in high level jobs. Their competency development is fast tracked in some areas.”

   Clinician, Bunbury

2. **Collegial working relationships and communication**: between Edith Cowan University and the South West Institute of Technology regarding nursing placement activity;

3. **Attracting health professionals to the regions**: Many stakeholders suggested that a key motivating factor for them to host students was to attract graduates to the region. There was general agreement that longer placements (five or more weeks) are more beneficial, both to students, the health service and the local community.

4. **WA Country Health Service South West Learning and Development Unit**: regional placement coordinator to assist with equity of placement and burden reduction for the area health services.

5. **Funding from Health Workforce Australia**: HWA funding has supported the establishment of student coordinator positions, the development of infrastructure to support the expansion of clinical placements (i.e. training resource manuals and accommodation in rural areas) and creation of student training coordinators/facilitator roles (within the Bunbury Regional Hospital).

6. **Scholarships to undertake rural placements**: the scholarships available for students such as the John Flynn Scholarships, and those supported by the Combined Universities...
Centre for Rural Health, Services for Australian Remote and Rural Allied Health and the WA Country Health Service assist with the cost of student placements.

(7) **Attractiveness of the region:** The south west region is a popular choice for many students due to its distance from Perth, proximity to other popular destinations such as Margaret River, the size of the town and the lifestyle that is available for students.

(8) **Enriching services to the community:** student placements provide a unique opportunity for the hosting agencies to enhance their service capacity or implement programs in the community that they would not be able to do alone.

(9) **Individual motivation of the supervisors:** Team leaders, managers and clinicians commit to student supervision for many reasons. They include: altruism, the desire to ‘give back’ to their profession, providing a positive role model for students, imparting knowledge to ensure sustainability of the profession into the future, diversity in their work load, opportunity to self-reflect and learn of new research and contemporary practices taught in the universities, opportunity for professional development, and the enjoyment they receive from supervising students.

| “There is a sense of continuity; our staff got to go on clinical placements and now they can offer clinical placements.” | Clinician, Bunbury |
| “It’s professionally rewarding taking students. It keeps you current and encourages you to look at your own practice and why you do things the way that you do.” | Clinician, Bunbury |
| “They are our future. They are just so important. We love having students here. They are very valuable to the team.” | Clinician, Bunbury |
| “We take them because they beg us to. They find it difficult to find places at the moment. Initially they are time consuming but by the end of the placement they are very valuable.” | Clinician, Bunbury |

(10) **Accommodation and student resources in place:** Access to quality accommodation and resources required by the students during their placement, such as computers and internet, provided a better quality placement for the students in the region. Relative to other disciplines clinical placements for medical students receive large amounts of funding, with students incurring no costs for accommodation or travel expenses.

(11) **Remuneration provided to some clinical supervisors, services or departments:** For some disciplines the universities will provide some payment for the hosting of students.

(12) **Shared health resources and facilities:** The combined facilities agreement between St John of God Hospital and Bunbury Regional Hospital has allowed for Bunbury Regional Hospital to grow much faster than it would have on its own and be able to offer a large number of clinical placements. The hospitals share facilities and services to avoid duplication.

**2.4.2 Key barriers to clinical placement capacity**

Key barriers for the continuation and increase of student clinical and field placement capacity in Bunbury included:

(1) **The availability and cost of accommodation:** The cost and availability of accommodation in Bunbury and surrounding regions was raised as a significant issue for many students. Some of the allied health supervisors reported providing assistance to find accommodation, including hosting them in their own home in the past. This in addition to cost of living and transport means that only those students with family in town, or who are particularly motivated will seek placement in regional settings for
many disciplines. Some student accommodation is available at the Edith Cowan University campus but is not guaranteed and some disciplines will receive priority.

(2) **Space:** As with the metropolitan agencies, sufficient space to accommodate students within the workplace is an ongoing issue for many services.

(3) **Sufficient and appropriate staff to provide supervision:** Hosting agencies report that it is difficult for staff to manage the responsibilities of supervision and their own ongoing case workload. Often there is no reduction of their caseload, which means staff have to supervise students on top of an already busy workload. This can be particularly challenging for small teams of clinicians comprising part-time staff and job-share roles. In addition, some health professionals in the regional setting may be early in their professions and still consolidating their own clinical practices.

> "We would love to send our students out to our smaller hospitals in the region, and they would be of service to us out there but there are not enough supervisors available out there. We need more doctors in our small towns."  
> Clinician, Bunbury

(4) **Social and community isolation:** Some students are reluctant to participate in a rural or remote placement due to concerns that they may feel isolated while away from their families and usual social activities. Social isolation can also occur when a student does not have access to transport during placement.

(5) **Access to clinicians to supervise students:** There are very few podiatrists, audiologists, speech pathologists and clinical psychologists living in the region which makes it difficult to host students and in turn attract professionals to the area.

## 2.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

Committees, groups and networks suggested through the consultations included:

(1) Enrolled Nurse Cooperative- Head of Diploma courses from eight institutes meets twice a year to discuss issues around placements, and review enrolled nursing standards, and accreditation.

(2) School of Pharmacy, Curtin University has recently established a Hospital Fieldwork Reference Group (HFRG) as an arm of the existing Pharmacy Advisory Committee. The aim of the HFRG is to provide input into the strategic directions of placements and hospital-based research, develop policies, procedures and guidelines for hospital placements, and assist in the review and development of fieldwork coursework. HFRG meetings will be held bi-annually at Curtin University and the group will include Head of the School of Pharmacy, fieldwork coordinators, six hospital pharmacists from a range of practice areas and a student representative.

(3) An Interagency Field Education Practice Group made up of social work coordinators from The University of Western Australia, Curtin University and Edith Cowan University meet twice a year. They discuss changes in accreditation requirements, recognition of prior learning and share training. Last year Australian Association of Social Workers (AASW) hosted a forum about growing placements and sustainability that the practice group attended. AASW now has a network that meets three times a year with representatives from large organisations like Centrelink, to increase placement capacity in the system to benefit all universities.
Many stakeholders mentioned that they are often forgotten or left out of meetings, being a regional town. One health service representative said it would be great to have a data base with committees and health services to prevent this from happening into the future.

### 2.6 KEY OPPORTUNITIES FOR THE FUTURE

The Edith Cowan University program coordinators for nursing suggested that better pooling of resources with other education providers could enable a greater number of external supervisors to be employed for all students, particularly for rural and remote placements.

To address all competency requirements for Aboriginal Health Worker Certificates, students could undertake valuable placements with the Telethon Speech and Hearing Earbus Program. The program provides mobile children's ear clinics to a network of primary schools, kindergartens and child care centres and delivers a free hearing and middle ear health screening service to Indigenous Australian children who are at risk of middle ear problems.

It was also suggested that simulated learning activity could replace some clinical placements in the future if done well. A simulated learning education program at Edith Cowan University Bunbury campus provides nursing students with the opportunity to work in a demonstration ward for five consecutive days, with a range of rotating ‘patients’ (medium fidelity mannequins). This program is an extracurricular project and well received by students and staff but requires dedicated time and resources to operate each session. The 2013 delivery of the project has only been able to occur due to HWA funding and its future delivery will be reliant on further funding.
3

Geraldton

This chapter provides an overview of university and VET courses being delivered in Geraldton, clinical placements occurring in local health services and community agencies and enablers and barriers specific to this region.

3.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY

**Health Service Overview:** Geraldton Regional Hospital is a 55-bed hospital comprising accident and emergency, medical, surgical, children’s (there is a resident paediatrician available), maternity, intensive nursing, chemotherapy unit, day surgery and a renal dialysis unit. Allied health services (speech pathology, physiotherapy, occupational therapy, pharmacy and audiology) are also available at the hospital.

St John of God Hospital is a 60-bed hospital with medical, surgical, acute care and palliative care. There is also an adjoining specialist centre where some of the residential specialists (three general surgeons, orthopaedic surgeon, obstetrician/gynaecologist, physician and anaesthetist) and visiting specialists' rooms are based. There are 42 private practitioners now residing in Geraldton, including four general practitioners employed by the Geraldton Regional Aboriginal Medical Service (GRAMS). Most of the GPs in Geraldton will be involved in teaching Rural Clinical School students. Geraldton has three consultant general surgeons, one orthopaedic surgeon, one obstetrician/gynaecologist, one paediatrician, one physician, one anaesthetist, one ophthalmologist, three radiologists, three psychiatrists, one psychologist and one vascular surgeon.

The Geraldton Rural Clinical School is one of the 13 regional schools. The Geraldton Rural Clinical School supports approximately nine students each year in completing their second last year of their medical degree (year five of the undergraduate course or year three of the postgraduate course). Students undertake clinical supervision within the Geraldton Hospital and local GP practices, and participate in the 1.5 days of university curriculum (formal teaching, exams and tutorials). The Geraldton Rural Clinical School provides accommodation for students locally.

The Combined Universities Centre for Rural Health (CUCRH) is an academic centre of all five WA universities that aims to improve rural, remote and Indigenous health through innovative health education programs, research and community service activities. CUCRH has two 12 bedroom units in Geraldton and will have an education simulation centre finished at the end of 2013. CUCRH employees act as supervisors for students on placement in health services and will expose students to numerous health services. At present CUCRH has two occupational therapy and two speech pathology students from Curtin University on placement.

Durack Institute of Technology offers an 18 month full time Diploma of Nursing (Enrolled/Division 2 Nursing) (up to four year’s part time). Approximately 12 students are enrolled each year. Full time students complete 13 weeks of clinical placements throughout the course including a two week residential care facility and a one week acute care facility placement in semester one. In semester two, students complete a three week acute care facility placement, and in semester three, a three week medical/surgical ward placement and a four week mix placement involving medical ward, midwifery, paediatric, palliative care, community nursing, hospital in the home and theatre placements.
Table 3.1 presents an overview of educational providers delivering courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.

<table>
<thead>
<tr>
<th>Education provider or organisation</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durack Institute of Technology</td>
<td>Diploma of Nursing</td>
<td>12 students in each year</td>
<td>1.5 years full time and up to 4 years part time</td>
<td>Students complete clinical placements throughout the course</td>
<td>13 weeks across 3 semesters: Semester 1: 2 week residential care facility 1 week acute care facility Semester 2: 3 week acute care facility Semester 3: 3 week medical / surgical ward 4 week mix of medical ward, midwifery, paediatric, palliative care, community nursing, hospital in the home and theatre</td>
<td>• residential aged care facilities • hospital (public and private) • acute care facilities • community based care facilities</td>
</tr>
<tr>
<td>Geraldton Rural Clinical School of Western Australia</td>
<td>Bachelor of Medicine and Bachelor of Surgery (MBBS) The University of Western Australia</td>
<td>9 -11 students each year</td>
<td>6 years</td>
<td>Students complete clinical placements at the Geraldton Rural Clinical School in Year 5</td>
<td>At the Geraldton Rural Clinical School students complete 48 weeks in regional placement (44 weeks in Geraldton approximately)</td>
<td>• Geraldton Regional Public Hospital • private general practice • Aboriginal health service based in community health service • community and remote clinics</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Medicine and Bachelor of Surgery(MBBS) University of Notre Dame</td>
<td>4 years</td>
<td>4 years</td>
<td>Students attend Rural Clinical School in Year 3</td>
<td>At the Geraldton Rural Clinical School students complete 48 weeks in regional placement (44 weeks in Geraldton approximately)</td>
<td>•</td>
</tr>
</tbody>
</table>

### 3.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS

Health services in Geraldton offer placements to local students as a first priority but will also host students from other regions and states when possible. The Geraldton Rural Clinical School is approached regularly by interstate universities to host students and has an ongoing arrangement to host two students from Norway for a one month placement each year. In addition the Rural Clinical School has agreed to facilitate six Chinese medical students for a short term elective in August of 2013.

**Nursing**

Nursing students undertaking placement in the Midwest will have the opportunity for placement at the Geraldton Regional Hospital and other smaller hospitals in the region. The health service representatives reported providing approximately 4,000 student days across the sites to nursing students each year. A regional clinical coordinator for nursing students and graduate nurses is responsible for the coordination across all 13 hospitals in the Midwest. Nursing students from a range of WA universities and vocational education providers and other interstate educators seek placement in Geraldton. The supervisors across the hospitals
reported feeling pressure to increase the number of students they host. The number of students they host is largely dependent on the number of registered nurses they have on staff. The region clinical coordinator has suggested that the July and Christmas time period is not sufficiently utilised despite it being offered to the universities as an option. However, interstate universities will often accept these placement times.

The region coordinator and the individual hospital supervisors will make decisions on whether to take students based on the aims of the placement and whether they are able to provide all competencies required at their particular hospital.

Nursing students compete with medicine, allied health and AHW students, graduate nurses and the internal teaching of staff for clinical placements. Durack Institute of Technology base their enrolled nursing intake on the number of clinical placements that are available in the region. Geraldton Regional Hospital no longer employs enrolled nurses which reduces employment options for enrolled nursing students on graduation.

“We offer a good program here for enrolled nurses. We need to foster the local students who want to stay here and work and have a family. If they can’t get work here though they will have to move away.”

Durack Institute of Technology Representative

3.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Students on clinical placement are usually supervised by senior clinicians from the health service in a range of supervisor to student ratios. Unless funded through the HWA program, clinicians will often facilitate student placements on top of their usual clinical caseload and/or management duties. Competency frameworks provided to the supervisors by the educational providers assist in providing guidance for what the students are required to experience during placement.

Audiology

A private audiologist accepts students from both The University of Western Australia and Flinders University of South Australia. The audiologist takes two students a year and provides intensive 1:1 supervision and teaching for approximately five weeks full time placement each rotation. The audiologist hosts students to provide them with a rural experience and hopefully attract new graduates to the region.

Geraldton Regional Aboriginal Medical Services

The Geraldton Regional Aboriginal Medical Services (GRAMS) hosts a range of students from registered nursing, enrolled nursing, aboriginal health, medicine, dietetics, chiropractics, physiotherapy as part of the local IPE program or standalone. The length and model of placements vary between students and are in line with that required by their respective profession. Chiropractic student placement is undertaken for one week per year and the university provides a supervisor to attend the site with the student. Requests for student placement are directed to the practice manager. They have had social work students in the past for a three month rotation which they found very valuable. The Aboriginal health worker students are generally local but the service has hosted students from Broome and Perth. Based on the staff number and composition they have at present, GRAMS feel that they are unable to increase their student placement capacity.
At Central West Mental Health Service, all students including registered and enrolled nursing and allied health students are supervised by a clinician at the health service in a 1:1 supervisor to student model. These placements are arranged through a learning and development coordinator, who provides the Central West Mental Health Service with a placement roster three months before students commence placement, so the health service can pre-book student accommodation.

**Medicine**

Facilitated by the Rural Clinical School Geraldton, nine medical students undertaking their second to last year of education will undertake placement in Geraldton each year. The supervision model is predominantly one supervisor to one student but there is also some small group supervision. All assessments are undertaken by the Rural Clinical School lecturers (some of which are joint employees of the hospital and the Rural Clinical School). The students have the opportunity to participate in regular ward rounds and experience supervision with a range of medical practitioners in different hospital departments. They will also undertake regular supervised placement with general practices in the area which will host one or up to three students at time dependent on the size of the practice and number of GPs on staff.

The Geraldton Regional Hospital is also contacted directly by a number of interstate universities for placement opportunities. The hospital representative felt that the number of medical student currently hosted for placement is appropriate and it would be difficult to increase their capacity significantly.

**Nursing**

Registered nursing students at Geraldton Regional Public Hospital have a preceptor who provides them with direct supervision at all times on a 1:1 ratio. The universities provide a supervisor at varying levels of contact and methods (face to face, telephone or video conferencing). The regional clinical educator organises placements and allocates staff to students at all sites.

The Durack Institute of Technology invest significant staffing resources into the clinical placement education of their enrolled nursing students. Up until very recently, the Institute has provided a clinical supervisor to attend placements with the students at all time. The supervisor undertakes learning tasks with the students and completes their assessment framework. This intensive support has been appreciated by the hospital team and enables the students to receive focused and consistent supervision by a registered nurse, who will also conduct lectures and teaching at the Institute. At present the Geraldton Regional Hospital is assessing their risk management and insurance obligations in regards to patient contact and care, and until the processes are formalised the Institute provided supervision and hands-on assistance will be significantly reduced. It is expected that this will increase the burden on the hospital team.

Durack Institute of Technology funds a casual supervisor to provide sole supervision to students while on placement at Graylands Hospital, a public psychiatric teaching hospital in Perth.

**Occupational therapy**

The clinical educator role within the occupational therapy department of the Geraldton Regional Hospital is funded currently by the HWA program. Prior to this funding the coordination and management of the occupational therapy students was assumed by the senior
occupational therapist in addition to their regular workload. Students are hosted from Curtin University and Edith Cowan University for both 3rd and 4th year placements (as applicable). The occupational therapy student coordinator notifies the regional clinical coordinator of placement opportunities each year, who passes this information on to the universities to follow up. While on placement, students can be supervised in a 1:1 or a 1:3 supervisor to student model when they accompany an occupational therapist out to regional site or run school groups, respectively. Occupational therapy students are able to access accommodation at no cost to them within the nurse’s quarters.

Physiotherapist
At the Geraldton Regional Hospital, the senior physiotherapist is nominated to be a student coordinator each year to organise student placements and liaise with universities. The hospital hosts about 14 students a year (two students at a time for five week rotations for 4th year students from Curtin University, The University of Notre Dame Australia and Edith Cowan University, and two week observation placement for 2nd year students from Curtin and Edith Cowan University). Physiotherapy students have one primary supervisor for an inpatient placement and one primary supervisor for a community placement. By the last two weeks of placement, the fourth year students are generally able to provide physiotherapy care to patients on their own. It was reported during discussion that the students from The University of Notre Dame Australia in particular were considered to be well prepared for their placements.

Podiatry
The Geraldton Regional Hospital hosts podiatry students from The University of Western Australia, but has taken students from other universities in the past (such as Charles Sturt University). The team hosts four podiatry students over an eight week placement within the hospital setting. Podiatry students are supervised in a 1:2 or 1:1 supervisor to student model.

School psychology
Under ongoing supervision, school psychology students from The University of Western Australia travel around the region and see a range of school environments, provide assessments, write reports, participate in professional learning, and attend network meetings every three weeks. As well as formally inducting students, the leading school psychologist (for the region) liaises with universities; develops a term planner so students are exposed to a range of schools around the region; liaises with and supports individual school psychologist supervisors; and completes students’ final reports. The placements will run for approximately six weeks but may vary.

Speech pathology
Speech pathology placements are coordinated by a full time HWA funded clinical educator, based in the paediatric unit. Due to the HWA funding the service is able to host 25 students at present, compared with eight students prior to its introduction. The funding enables to department to pay for the coordinator role, a rental car for the students to use, accommodation, on site rooms, laptops and other IT resources. Students are supervised in a 1:1 supervisor to student model and also experience indirect supervision when they run school programs and complete multidisciplinary screens in day cares. Students themselves supervise therapy assistants to prepare them for supervision in the future. Students work within a range of paediatric settings such as schools, kindergartens and day care. In their final year of university, students need to manage 12 clinical caseloads per week while on placement.
Students are hosted from Edith Cowan University predominantly and Curtin University to a lesser degree. The national assessment program for speech pathology COMPASS is very time consuming. The clinical educator has to rank students mid-way through their placements and at the end of their placement on an online tool with analogue scales. Mid placement assessments take from 1 to 1.5 hours and end placement assessments take anywhere longer than 0.5 hours.

**WA Country Health Services Geraldton Subacute Aged Care**

As part of the formal Interprofessional Education program (IPE), the WA Country Health Services (WACHS) Geraldton Subacute Aged Care program offers speech pathology, occupational therapy, physiotherapy, and pharmacy students the opportunity to work together in the sub-acute rehabilitation program. In addition to the experience of learning within an interprofessional team, this placement allows each student to learn more about working within a rural setting. A dedicated clinical educator organises placements, allocates staff to students and provides IPE supervision to students.

The length of placement is dependent on the discipline and will range from five weeks to seven weeks and there is usually one student on placement at the day therapy unit from each discipline at any one time. The program has hosted nursing students in the past but is unable to currently as there is not a registered nurse available to supervise. Pharmacy students will spend a one day placement at the day therapy unit in 2013.

Students within the IPE work within several settings including the Day Therapy Unit, Community Rehabilitation and the Early Supported Stroke Discharge. A diverse range of learning experiences are provided such as comprehensive assessment, care planning and case management of frail aged inpatient and outpatients, exposure to the continence clinic and exercise, cooking and cognitive groups, supervision of therapy assistants, and community based multidisciplinary stroke rehabilitation. Each student assumes case management responsibility for a small group of patients, and participates in a weekly meeting to review and discuss new and existing client cases with other students. Supervision is shared amongst clinicians from a variety of disciplines in the department, giving students further appreciation to other disciplines’ approaches. Students also liaise with a GP and are involved in the patient discharge process.

Student response to participation in the IPE program is positive and they report a greater understanding of working within a multidisciplinary team, and appreciation for a holistic approach to client care.

**Overview**

Table 3.2 presents the supervision and facilitation models for each of the disciplines undertaking clinical placements at each of the health services HMA visited in Geraldton. It is important to note that this table presents information from representatives of services or agencies who were consulted with during the current project and may not capture all placement activity and settings in place within Geraldton.
### Table 3.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Discipline of student undertaking placement</th>
<th>Approximate number of students taken each year</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central West Mental Health Service</td>
<td>Registered nursing, Enrolled nursing, Occupational therapy, Social work, Aboriginal health worker</td>
<td>Around 50 students from 2 day to 12 week placements. Occasionally 1 Occasionally 1 Occasionally 1</td>
<td>1:1</td>
<td>Students are provided with a supervisor who is responsible for their exposure between the 2 teams: Adult; and child, adolescent and older adult. Students learn how to complete mental health assessments.</td>
<td>Supervisors provide student orientation and are guided by the university student guides in assessing the required competencies.</td>
</tr>
<tr>
<td>The Geraldton Regional Aboriginal Medical Services (GRAMS)</td>
<td>Includes: registered nursing, enrolled nursing, aboriginal health, medical, dietetics, chiropractics, and physiotherapy students.</td>
<td>Varies each year- minimum of 8-9</td>
<td>Predominantly 1:1 for all students</td>
<td>The length and model of placements vary between students and are in line with that required by their respective profession. Chiropractic student placement is undertaken for one week per year and the university provides a supervisor to attend the site with the student.</td>
<td>Requests for student placement are directed to the practice manager.</td>
</tr>
<tr>
<td>Speech Pathology Department (paediatrics) WACHS Midwest</td>
<td>Speech pathology</td>
<td>25 students this year for 5, 7 and 9 week placements over 5 blocks.</td>
<td>1:1</td>
<td>Each student has a supervisor that is responsible for overseeing their clinical placement. There are 2 school programs which students participate in. Students also complete multidisciplinary screens in day cares. Students themselves supervise therapy assistants to give them experience in supervising. Students work within a range of settings such as schools, kindergartens, day care and community.</td>
<td>A dedicated clinical educator facilitates placements. Their role includes: liaising with universities; allocating staff to students; sourcing student accommodation; and assessing students.</td>
</tr>
<tr>
<td>Hearing West</td>
<td>Audiology</td>
<td>2 a year for five weeks fulltime</td>
<td>1:1</td>
<td>The first week is student observation only. Based on level of skill and confidence the student may undertake some testing themselves under supervision.</td>
<td>The sole practitioner assumes all responsibility for coordination and supervision.</td>
</tr>
<tr>
<td>School Psychology</td>
<td>Statewide School Psychology Service</td>
<td>3 students in term 3 for a 6 week placement.</td>
<td>1:1</td>
<td>Under supervision, students travel around the region and see a range of school environments, provide assessments, write reports, participate in professional learning, and attend network meetings every 3 weeks. Students take on 3 cases: 1 learning, 1 emotional and 1 behavioural. Students are supervised at all times.</td>
<td>The leading school psychologist for the region facilitates placements. The role includes: liaising with universities; formally inducting students; developing a term planner so students are exposed to a range of schools around the region; liaising with and supporting supervisors; and writing the student’s final report. Supervisors are guided by the university student guides in assessing the required competencies.</td>
</tr>
<tr>
<td>Name of Health Service</td>
<td>Discipline of student undertaking placement</td>
<td>Approximate number of students taken each year</td>
<td>Supervisor: Student ratio</td>
<td>Description of supervision model</td>
<td>Description of facilitation model</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| **WA Country Health Services Geraldton**  
**Subacute Aged Care**  
IPE: speech pathology, occupational therapy, physiotherapy, and pharmacy students the opportunity to work together in the sub-acute rehabilitation program | 27 students (18 core group) each year. | Based on discipline but generally 1:1 | Based on discipline. Will generally have one student from each discipline at a time supervised by their own discipline specific supervisor. OT and physiotherapy students will sometimes work in pairs. Students are supervised while they do the assessment. They then make a care plan & speak with students from other disciplines & manage the case. IPE coordinator provides IPE specific supervision | A dedicated clinical educator organises placements, allocates staff to students and provides IPE supervision to students |
| **Geraldton Regional Public Hospital**  
**Physiotherapy** | 14-16 over the year in groups of 2 students at a time.  
4th year students (Curtin University, University of Notre Dame and Edith Cowan University for 5 weeks  
2nd year students for 2 weeks (Curtin University and Edith Cowan University). | 2:1 1:1 | Everybody in the team helps with placements. Students have 1 prime supervisor for each stream:  
- inpatient placement; and  
- community placement.  
There is always a senior physician in each stream (they won’t necessarily be the supervisor).  
By the last 2 weeks of placement, the 4th year students work independently | Supervisors provide a 3 hour student orientation and are guided by the university student guides in assessing the required competencies. Regional Physiotherapy Coordinator assumes responsibility for student coordination. |
<p>| <strong>Medicine</strong> | 9 students per year | 1:1, 1:2 or small groups | All assessments are undertaken by the Rural Clinical School lecturers (some of which are joint employees of the hospital and the Rural Clinical School). The students have the opportunity to participate in regular ward rounds and experience supervision with a range of medical practitioners in different hospital departments. They will also undertake regular supervised placement with general practices in the area. | All placement coordination assumed by the Rural Clinical School |
| <strong>Podiatry</strong> | 4 students for 8 week placements. | 1:1 | Each student has a supervisor that is responsible for overseeing their clinical placement. The students undertake hospital based- high risk podiatry client work and bio-mechanical practice. | Supervisors provide a 3 hour student orientation and are guided by the university student guides in assessing the required competencies. Regional Physiotherapy Coordinator assumes responsibility for podiatry student coordination also. |
| <strong>Occupational therapy</strong> | 13 students in groups of 1-3 at a time for 7 weeks across 6 blocks | 1:1 and 1:3 | Each student has a supervisor that is responsible for overseeing their clinical placement. Students can accompany an occupational therapist out to regional sites and are under direct supervision. At the local schools in Geraldton, students run groups by themselves and a supervisor pops in. | A dedicated clinical educator liaises with universities, allocates staff to students and fills out student evaluation forms. Supervisors are guided by the university student guides in assessing the required competencies. |</p>
<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Discipline of student undertaking placement</th>
<th>Approximate number of students taken each year</th>
<th>Supervisor: Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nursing</td>
<td>4000 student days including enrolled nursing students, registered nursing students and international students completing a bridging course. 1st and 2nd years do a 2 week placement and 3rd years do a 6–8 week placement. Is dependent on number of registered nurses on staff so 4 nurses = 4 students.</td>
<td>2:1(1 supervisor and 1 preceptor)</td>
<td>Students have a preceptor who provides them with direct supervision at all times. Students also have a clinical supervisor whose supervision can vary from an occasional video conference to face to face supervision 2 hours a day or 2 hours once or twice a week, depending on the university.</td>
<td>A dedicated clinical educator organises placements and allocates staff to students. Preceptors are guided by the university student guides in assessing the required competencies.</td>
<td></td>
</tr>
<tr>
<td>Enrolled nursing</td>
<td>There will be none this year.</td>
<td>2:1</td>
<td>Durack Institute supplies a full time clinical instructor to supervise students.</td>
<td>The clinical instructor provides student orientation and completes all competency assessments.</td>
<td></td>
</tr>
</tbody>
</table>
3.3.1 Interdisciplinary placements or interprofessional education

Within Geraldton the IPE program (described in section 4.2) is a formalised opportunity for interprofessional education. In addition, CUCRH presents a regular Interprofessional Learning (IPL) tutorial program and informal student afternoons every Friday which are open to all health science students on clinical placement in Geraldton.

3.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussions with stakeholders across the disciplines a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

3.4.1 Enablers to placement establishment and continuation

Key enablers for the continuation and increase of student clinical and field placement capacity in Bunbury included:

(1) **The quality of the placement offered**: Across consultations, stakeholders commented on the diversity, breadth and complexity of the placement experience in the regional setting. Students are offered the opportunity to experience a wide range of population groups, social issues, departments and programs that they would not be able to in a metropolitan setting. Students will also have a greater opportunity to work with a number of other health professionals in smaller teams.

> “It’s more eclectic here. We have patients from the spectrum of age, and series of illnesses. There are unique experiences that are not as narrow or siloed.”
> Clinician, Geraldton

> “You get to see it all. In metro, it’s just orthopaedics, surgery, respiratory but here you get it all.”
> Clinician, Geraldton

(2) **Attracting health professionals to the regions**: Many stakeholders suggested that a key motivating factor for them to host students was to attract graduates to the region. There was general agreement that longer placements (five or more weeks) are more beneficial, both to students, the health service and the local community. Health services want to provide students with exposure to elements unique to a rural placement, to give them a rich placement and encourage them to consider a rural pathway.

> “We treat this placement as a nine week job interview. We hired four students last year; three of whom said they wouldn’t have gone regional without having done the Geraldton prac.”
> Clinician, Geraldton

> “It’s a great recruitment option. Fifty per cent of our staff were here on clinical placement.”
> Clinician, Geraldton

(3) **Funding from Health Workforce Australia**: HWA funding has supported the establishment of student coordinator positions, the development of infrastructure to support the expansion of clinical placements (i.e. training resource manuals and accommodation in rural areas) and creation of student training coordinators/facilitator roles. The IPE program and other funding has enabled the rental of student accommodation, resources and a hire vehicle for their use during placement.
(4) **Scholarships to undertake rural placements**: The scholarships available for students such as the John Flynn Scholarships, and those supported by the Combined Universities Centre for Rural Health, Services for Australian Remote and Rural Allied Health and the WA Country Health Service assist with the cost of student placements.

(5) **Enriching services to the community**: Student placements provide a unique opportunity for the hosting agencies to enhance their service capacity or implement programs in the community that they would not be able to do alone (for example the school, kindergarten and child care speech pathology programs undertaken by students).

> “Occupational therapy students are beneficial for service delivery. We have six new groups running at schools, and they can help pick up lost FTE and caseloads” health service representative.”

Clinician, Geraldton

(6) **Individual motivation of the supervisors**: Team leaders, managers and clinicians commit to student supervision for many reasons. They include: altruism, the desire to ‘give back’ to their profession, providing a positive role model for students, imparting knowledge to ensure sustainability of the profession into the future, diversity in their work load, opportunity to self-reflect and learn of new research and contemporary practices taught in the universities, opportunity for professional development, and the enjoyment they receive from supervising students.

> “We get to revisit our nursing theory. We are re-exposed to it. We benefit and learn from them too.”

Clinician, Geraldton

(7) **Accommodation and student resources in place**: Access to quality accommodation and resources required by the students during their placement, such as computers and internet, provided a better quality placement for the students in the region. Relative to other disciplines clinical placements for medical students receive large amount of funding, with students incurring no costs for accommodation or travel expenses.

(8) **Remuneration provided to some clinical supervisors, services or departments**: For some disciplines the universities will provide some payment for the hosting of students.

(9) **Training provided for some supervisors**: Under a new memorandum of understanding universities must provide preceptor training to nurses at Geraldton Regional Public Hospital in the future. Training will occur four times a year for about a 30 minute session.

### 3.4.2 Key barriers to clinical placement capacity

Key barriers for the continuation and increase of student clinical and field placement capacity in Geraldton included:

(1) **The availability and cost of accommodation**: The cost and availability of accommodation in Geraldton and surrounding regions was raised as a significant issue for many students. Some of the allied health supervisors reported providing assistance to find accommodation, including hosting them in their own home in the past. This in addition to cost of living and transport means that only those students with family in town, or who are particularly motivated will seek placement in regional settings for many disciplines.
“Students are billeted out with staff and have camped before – there are issues with this. Nursing students’ expectations are mixed with accommodation – the nursing quarters don’t have air-conditioning and it can be very uncomfortable. Other students have to pay $600-700 a week for accommodation.”

Clinician, Geraldton

(2) **Space**: As with the metropolitan agencies, sufficient space to accommodate students within the workplace is an ongoing issue for many services.

(3) **Sufficient and appropriate staff to provide supervision**: Hosting agencies report that it is difficult for staff to manage the responsibilities of supervision and their own ongoing case workload. Often there is no reduction of their caseload, which means staff have to supervise students on top of an already busy workload. This can be particularly challenging for small teams of clinicians comprising part time staff and job share roles. In addition, some health professionals in the regional setting may be early in their professions and still consolidating their own clinical practices.

(4) **Social and community isolation**: Some students are reluctant to participate in a rural or remote placement due to concerns that they may feel isolated while away from their families and usual social activities. Social isolation can also occur when a student does not have access to transport during placement.

“We could have more students out at outlying/smaller communities around Geraldton but travel takes such a long time and it’s expensive. Loneliness and isolation also comes into play. It’s also hard to offer direct supervision if students need it.”

Clinician, Geraldton

(5) **Access to clinicians to supervise students**: There are very few podiatrists, audiologists, speech pathologists and clinical psychologists living in the region which makes it difficult to host students and in turn attract professionals to the area.

(6) **Variability in quality and quantity of supervision**: provided between universities at present for nursing.

(7) **Lack of consistency**: between objectives and assessments of educational providers for some disciplines;

(8) **No standardised skills or training for preceptors and supervisors**: To date some of the universities offer supervision training but not always in regional areas which makes attendance challenging.

(9) **Insufficient preparation by students**: Although students are provided with material to review prior to placement in a rural setting, many students do not appear to be prepared or have not taken the time to read the materials thoroughly (if at all).

“Students aren’t always prepared for their placements. They get an electronic document before they come but they don’t always read it.”

Clinician, Geraldton

(10) **Length of placements**: For some disciplines it is considered that placements are not long enough to gain sufficient experience in the rural setting.

“Universities are moving towards shorter placements and this is worrying. Two weeks is not enough time for students to be on clinical placements and help and learn too. We’d like to see semester long placements. This would allow students to properly orientate, see a whole range of health services and see what it truly is to be rural. Longer placements can also provide continuity of care to patients.”
3.5 KEY OPPORTUNITIES FOR THE FUTURE

The CUCRH would like to become a stronger host for clinical placements in the future, in particular for disciplines such as social work, physiotherapy and pharmacy. Stakeholders consulted with, reported Medicare Locals and GP super clinics as untapped services for clinical placements.

Suggestions to overcome barriers affecting the quality of placements included:

- hosting fewer students at a time throughout the whole calendar year to accommodate the same number of students but reduce pressure on supervisors;
- introducing a standardised preceptor training; and
- introducing standardised objectives and assessments for students on clinical placement across education providers for those disciplines in which this does not occur at present.

“The gap over Christmas and July has not been exploited by universities, though it is getting more full with students coming from interstate. It would be good if we could spread students out over the whole year rather than fill every space all year round.”

Clinician, Geraldton

“It would be great to have standardised processes across the universities. It would be good to have standardised assessment frameworks in place.”

Clinician, Geraldton
This chapter provides an overview of university and VET courses being delivered in Narrogin, clinical placements occurring in local health services and community agencies and enablers and barriers specific to this region.

4.1 KEY HEALTH SERVICES, EDUCATIONAL COURSES AND PLACEMENT ACTIVITY

**Health Service Overview:** Narrogin Hospital provides emergency, obstetric, paediatric, acute, surgical, medical, psychiatric, cancer support and palliative care to the community. The hospital provides support to the smaller surrounding towns, many of which do not have doctors available 24 hours a day. Narrogin has two general practices employing seven full-time and two part-time GPs, and a general surgeon lives in the town. The Wheatbelt General Practice Aboriginal Health Service is colocated with the Narrogin Community Health Service.

The Great Southern Mental Health Service Narrogin provides community based mental health treatment and support for clients with a mental illness.

There are also a number of community based services such as Silver Chain, a community health centre and five aged care specific services and facilities. There is also a School Psychology Service at the local primary school.

The Narrogin Rural Clinical School is one of 13 regional sites across WA that hosts medical students from The University of Western Australia and University of Notre Dame Fremantle. The school supports four students each year in completing their second last year of their medical degree (year five of the undergraduate course or year three of the postgraduate course). Whilst at the Narrogin Rural Clinical School students participate in a formal university curriculum for approximately 30% of their time, and spend the other 70% of their time in the clinical setting. The Narrogin Rural Clinical School provides accommodation for students locally.

The C.Y. O’Connor Institute offers an 18 month Diploma of Nursing (Enrolled/Division 2 Nursing). In semester one, students complete a three week residential aged care placement in which are generally located within the local multi-purpose hospital. In semester two, students undertake a four week placement focussed on gaining experience in a general ward and the emergency department of a local multipurpose hospital, as well as a one week placement at an acute mental health service in Perth, usually Swan District Hospital. Semester three involves a four week acute hospital placement in Perth (usually Sawn District Hospital, St John of God Hospital Subiaco or South Perth Hospital) and a one week community based care placement that often occur at Silver Chain or a Home and Community Care Service.

Table 4.1 presents an overview of educational providers delivering courses in Narrogin, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.
Table 4.1: Placement Activity

<table>
<thead>
<tr>
<th>Education provider or organisation</th>
<th>Programs that require placement</th>
<th>Approx. number of students</th>
<th>Course duration</th>
<th>Placement structure</th>
<th>Approximate hours/days</th>
<th>Placement settings</th>
</tr>
</thead>
</table>
| Narrogin Rural Clinical School of Western Australia | Bachelor of Medicine / Bachelor of Surgery (The University of Western Australia) | 3 students attend the Narrogin Rural Clinical School | 6 years undergraduate | Students complete clinical placements at the Narrogin Rural Clinical School in 5th year | At the Narrogin Rural Clinical School students complete 48 weeks of placements | • Narrogin Hospital  
• private general practice  
• Aboriginal health service based in community health service  
• community and remote clinics |
| | Bachelor of Medicine / Bachelor of Surgery (University of Notre Dame) | 1 student attends at the Narrogin Rural Clinical School | 4 years postgraduate | Students complete clinical placements at the Narrogin Rural Clinical School in 3rd year | | |
| C.Y. O’Connor Institute | Diploma of Nursing | 20 | 1.5 years | Students complete clinical placements throughout the course | 13 weeks across 3 semesters: Semester 1: 3 week local residential aged care placement  
Semester 2: 4 week local general hospital ward and Emergency Department placement  
1 week acute mental health placement in Perth  
Semester 3: 4 week hospital placement in Perth 1 week community based placement | • residential aged care facility  
• hospital (public and private)  
• multi-purpose hospital  
• acute care facilities  
• acute mental health  
• community based care facility such as Silver Chain or a Home and Community Care Service |

4.2 ENROLMENT CAPACITY AND COMPETITION FOR PLACEMENTS

C.Y. O’Connor Institute used to have two intakes of 20 students into its Diploma of Nursing each year. Due to difficulties in securing sufficient placement sites in the local area and in Perth, C.Y. O’Connor Institute has had to reduce its intake to 20 students to once every 18 months despite strong demand from people to undertake the course. At times, the limited number of clinical placement sites can also prolong the graduation of students, as students must complete 12 weeks of clinical placement before they can graduate as an enrolled nurse.

The Great Southern Mental Health Service Narrogin is only able to take two to three students at a time, and so students have to be split into groups and rotated through the health service at a pace that can be accommodated by the service. The limited numbers of placements available means that it can take longer to complete the course.

The capacity of the local hospital to take nursing students on placement is limited, and often C.Y. O’Connor Institute is in competition with universities seeking to place their undergraduate and postgraduate nursing students.
4.3 MODELS OF CLINICAL SUPERVISION AND FACILITATION

Students on clinical placement are mostly supervised by senior clinicians from the health service in a 1:1 supervisor to student model. The clinicians usually facilitate student placements on top of their usual clinical caseload and/or management duties. The guides provided to them by the educational providers generally assist in providing structure for what needs to be covered in the placements.

In most cases, educational providers contact placement sites requesting clinical placements. Some universities have developed strong collaborative relationships with health services and together they discuss possible clinical placement opportunities, as well as the progress of their students throughout their placement. One university requires its students to ring their placement site to ask how they can to prepare for the placement prior to commencement. This not only helps students prepare for the placement but students tend to be more comfortable with staff and the community when they arrive.

Medicine

Students of the Rural Clinical School undertake placements in the Narrogin Hospital and two general practices in Narrogin and also attend lectures in Narrogin and via teleconference. An administration officer organises the students’ programs, including when and where they will be on placement across the local and remote health facilities.

Within the GP clinic students are supervised by a GP under a 1:1 supervisor to student model. The clinic endeavours to have students taking patients’ histories on their own and debriefing with their supervising doctor afterwards. However, on a busy day, there may be no rooms available or time and students will only be able to observe their supervisor.

Nursing

A clinical instructor from the C.Y. O’Connor Institute visits each placement site and spends around 2 hours a week with each student. When students go on placement to metropolitan areas they engage a facilitator located in Perth to support their students. The Narrogin Hospital recently took its first group of students and the C.Y. O’Connor Institute supplied a full time clinical facilitator to supervise the students using a 1:2 or 1:3 supervisor to student ratio.

Aboriginal Health Workers

The Manager of the Community Health Service supervises the AHWs on a 1:1 supervisor to student model. Narrogin Community Health Service seeks to recruit its AHW from the local Narrogin community. After they have been employed, they are enrolled in the Aboriginal Health Worker course at Marr Mooditj. They undertake their clinical placements at the health service as an employee and are supported to travel to Perth to undertake their study at Marr Mooditj. The supervisor liaises with Marr Mooditj so they are aware of what is being taught and they can be provided with appropriate experience to support the consolidation of their knowledge. Table 2.2: presents the supervision and facilitation models for each of the disciplines undertaking clinical placements at the health services HMA visited.
Mental Health

Students from a range of professions (nursing, occupational therapy and social work) spend time across the three mental health program areas: adult inpatient services, child and adolescent services, older adult settings.

Overview

Table 4.2 presents the supervision and facilitation models for each of the disciplines undertaking clinical placements at each of the health services visited in Narrogin. It is important to note that this table presents information from representatives of services or agencies spoken with during the current project and may not capture all placement activity in services within Narrogin.
### Table 4.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Discipline of student undertaking placement</th>
<th>Approximate number of students taken each year</th>
<th>Supervisor to student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Southern Mental Health Service Narrogin *</td>
<td>Registered nursing</td>
<td>None planned for 2013. Last year offered to take some but the cancelled. In 2010 were 6-8</td>
<td>1:1</td>
<td>Each student has a supervisor responsible for overseeing their clinical placement in each of the 3 streams of mental health that they are rotated across, including: child and adolescent, adult and older adult mental health.</td>
<td>Supervisors give their respective student a full day induction, equivalent to that of a new employee. The university student guide assists in providing a framework for the placement and in assessing student competencies.</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>1 from 2-3 weeks</td>
<td>1:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social work</td>
<td>1 from 2-3 weeks</td>
<td>1:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narrogin Community Health Service</td>
<td>Physiotherapy</td>
<td>There is always 1 student on placement</td>
<td>1:1</td>
<td>Each student has a supervisor that is responsible for overseeing their clinical placement.</td>
<td>Supervisors proved student orientation and are guided by the university student guides in assessing the required competencies.</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>4 students</td>
<td>1:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dietetics</td>
<td>1 student</td>
<td>1:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speech pathology</td>
<td>2 students scheduled so far this year who come 4-5 weeks</td>
<td>1:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AHWs</td>
<td>1 recent graduate and 1 new trainee.</td>
<td>1:1</td>
<td>The unit has weekly planning meetings where the Clinical Nurse Manager allocates who will be their supervisor for the following week.</td>
<td>Students are employees of the health service and are released to undertake their studies. The Marr Mooditj student guide supports the student’s supervisor by articulating the experience students need to be provided to gain the required competencies.</td>
</tr>
<tr>
<td>Narrogin Hospital</td>
<td>Registered nursing</td>
<td>16 over the year in groups of 3-4 at a time for periods of 4 weeks</td>
<td>1:1</td>
<td>Students are allocated supervisors daily depending on workforce demands and availability.</td>
<td>A full day of student orientation is provided by the region’s work force development coordinator. Supervisors are guided by the university student guides in respect to assessing the required competencies.</td>
</tr>
<tr>
<td></td>
<td>Enrolled nursing</td>
<td>20 in groups of 5 at a time (half during the morning shift and the other half during the afternoon) for 4 weeks</td>
<td>1:2 or 1:3</td>
<td>C.Y. O’Connor supplies a full time clinical instructor to supervise students.</td>
<td>The clinical instructor provides student orientation and completes all competency assessments.</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>3-4 students Additionally some first year UNDF students for 3-4 day placements</td>
<td>1:1</td>
<td>Students see patients on the wards and are supervised by doctors within the hospital.</td>
<td>Royal Clinical School supports the orientation and placement of students.</td>
</tr>
<tr>
<td>Earl Street Surgery</td>
<td>Medicine</td>
<td>4 students Additionally some first year students from the University of Notre Dame come for 3-4 day placements</td>
<td>1:1</td>
<td>Students are supervised by a doctor at the surgery.</td>
<td>Supervising doctors provide student orientation and are guided by the RCSWA student guides in respect to assessing the required competencies.</td>
</tr>
<tr>
<td>Wheatbelt General Practice Aboriginal Health</td>
<td>Medicine</td>
<td>4 students a year. They undertake one day a week in blocks of a month.</td>
<td>1:1</td>
<td>The placements are predominantly about providing opportunities to learn about ways of working with Aboriginal people. General practitioner provides observational placements as well as opportunities for students to interview and examine clients under supervision of the GP.</td>
<td>Placements are facilitated through the Rural Clinical School.</td>
</tr>
<tr>
<td>Name of Health Service</td>
<td>Discipline of student undertaking placement</td>
<td>Approximate number of students taken each year</td>
<td>Supervisor to student ratio</td>
<td>Description of supervision model</td>
<td>Description of facilitation model</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Silver Chain, Narrogin</td>
<td>Enrolled nursing</td>
<td>6 for half or full days to make up 1 week of placement</td>
<td>1:1</td>
<td>Students go out into the community with a RN or EN supervisor.</td>
<td>Placements are facilitated via Silver Chain central office. Students receive initial orientation and education about hand hygiene. They are supervised by nurses who take the students out with them. They student workbooks are used to guide the placement and assess competencies.</td>
</tr>
<tr>
<td>Primary Mental Health Service</td>
<td>Aboriginal Health Worker</td>
<td>2 students</td>
<td>1:1</td>
<td>Observational placements supervised by mental health worker.</td>
<td></td>
</tr>
</tbody>
</table>

*Narrogin mental health service also hosts students from the IPE Mental Health program in Albany for part of their placement.*
4.3.1 Interdisciplinary placements or interprofessional education

The WA Department of Health’s Great Southern mental health catchment area includes Narrogin, Katanning and Albany Mental Health Services and from time to time, students on longer placements may undertake part of their placement in Narrogin.

Great Southern Mental Health Service Albany hosts nursing, occupational therapy, social work, psychology and, for the first time this year, paramedicine students for Interprofessional Education (IPE) placements as part of the HWA initiative to attract students into careers in mental health.

The program is designed to tailor the placement to meet the needs of the student with the intention of helping them meet their learning goals. In customising the placement, regard is made to the discipline the student is studying, the length of their placement and whether they are an undergraduate or postgraduate student. In providing the placement there are generally three key goals:

1. Developing discipline specific competencies related to placement goals of the student.
2. Providing opportunities for students to work in an interprofessional environment and build their interdisciplinary skills.
3. Developing students’ mental health skills in undertaking a mental health state examination and a mental health risk assessment. These are skills that all practitioners can utilise irrespective of where they ultimately practice.

Placements run from two days to four weeks, with the exception of social work placements that run for 70 days. Students on four week placements or longer have the opportunity to undertake more specialised placement related to their discipline in particular mental health settings or with population groups.

A 2:1 supervision model is used where students have a clinical supervisor, who provides discipline specific supervision, and a task based supervisor, who can be from any discipline. In assessing student competencies, most disciplines (with the exception of occupational therapy) require students’ competencies to be assessed under both a discipline specific assessment tools and the Interprofessional Capabilities Assessment Tool (ICAT). The placements are facilitated by a coordinator whose role includes: regular liaison with the universities; allocation of students to staff; liaison with students before they commence to prepare them for placement; meeting the students on the weekend they arrive and orientating them to the local community; facilitation of a full day induction for students; and provision of ongoing support to students during their placement.

Table 4.3 presents the supervision and facilitation models associated with clinical placements through the IPE program at the Great Southern Mental Health Service Albany. Since the establishment of the program the Great Southern Mental Health Service Albany has significantly increased its student placement numbers from taking one or two students a year to an expected total of 26 to 30 students in 2013. The service is now starting to see clear outcomes with previous graduates being employed and students expressing a desire to be employed at the service.
### Table 4.3: Model of supervision and facilitation for Albany Mental Health Service

<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Discipline of student undertaking placement</th>
<th>Number of students taken each year</th>
<th>Supervisor to Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPE Mental Health Program, Great Southern Mental Health Services Albany</td>
<td>Registered nursing</td>
<td>0 (2010, 2011) 7 (2012) 6 (2013) placements run from 2 days to 4 weeks</td>
<td>2:1</td>
<td>Students are placed in teams of interdisciplinary clinicians. Each student has a clinical supervisor, who is discipline specific, and a task based supervisor who can be from any discipline.</td>
<td>A dedicated coordinator facilitates clinical placements. Her role includes: * communicating with universities; * allocating students to staff; * liaising with students before they commence; * providing an orientation to the community on the weekend they arrive; * completing a full day induction; supporting students throughout the placement as required; and * liaising with universities if a student is struggling; Supervisors are guided by the university student guides in respect to assessing the required competencies.</td>
</tr>
<tr>
<td></td>
<td>Psychology</td>
<td>0 (2010, 2011) 2 (2012) 0 (2013) placements run from 2 days to 4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paramedicine</td>
<td>0 (2010, 2011, 2012) 1 (2013) placements run from 2 days to 4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.4 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussions with stakeholders in Narrogin, a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

#### 4.4.1 Enablers to placement establishment and continuation

The IPE program has significantly expanded the number of placements in Narrogin. The program has also provided for a dedicated person to facilitate and student accommodation. With accommodation available, the service has an incentive to go out looking for students to come on placement. With a full time coordinator it has been possible over time to build a culture where it is expected that staff will take placements.

```
“It’s common for staff to now ask: ‘Where are our students?’”
```

Program Coordinator

Some stakeholders report that staff have embraced the students and include them in their sporting teams and social lives outside of work. They are conscious of the importance of giving students a positive experience, in the hope that they will decide to come back and work at the service after they graduate.

Overall, the staff were very motivated to take students and considered that they can provide a rich placement with exposure to elements unique to a rural placement. Motivators mentioned during interviews that drive health services to host student placements included:
• investing in a possible future workforce: if people have a good time they may come back to work in the area;
• enriching client services as students often have more time to spend with patients;
• helping staff reflect on their own clinical practice and maintain currency;
• providing staff with opportunities to mentor; and
• opportunities for clinicians to give back to their profession and develop the next generation of clinicians.

“There is much more variety in the experience students gain than in metro placements. Here they are very diverse and a lot more problem solving required.”
Clinician, Narrogin

“It’s a different experience doing your placement here. You have more of a personalised experience; you get to know the patient, doctor, the nurse and the whole system very well. You also get better access to patients.”
Clinician, Narrogin

“Clients enjoy the extra time that students are able to spend with them. They also feel like they’re able to influence future generations.”
Clinician, Narrogin

“Staff like having students to teach and share their knowledge and expertise with.”
Clinician, Narrogin

“Students keep the staff young; they breathe life back into the service.”
Clinician, Narrogin

“There is a sense of continuity; our staff got to go on clinical placements and now they can offer clinical placements.”
Clinician, Narrogin

Accommodation is a key enabler for health services to take students. Medical students have accommodation provided through the Rural Clinical School WA, and the nursing quarters in Narrogin are available to registered nursing students primarily and allied health students if there are vacancies.

Having dedicated staff at the C.Y. O’Connor Institute to facilitate student placements supports placements in local health services. Last year was the first year that Narrogin Hospital took enrolled nursing students on clinical placement. To facilitate this, C.Y. O’Connor Institute supplied a full time clinical instructor to supervise their students using a 1:2 or 1:3 supervisor to student ratio. This initiative was well received by the hospital staff as there was someone who was always able to supervise the students. In addition, C.Y. O’Connor also provides clinical instructors two hours a week to students on clinical placements at other locations.

HWA funding support has allowed for the FTE placement coordinator, a rental house that can sleep four students, office space, computers and books. Since this support for their IPE mental health program, Great Southern Mental Health Service Albany has significantly increased its student placement numbers. Prior to HWA funding for the program, they could only take one or two students a year. This year they expect to take 26 to 30 students.

4.4.2 Key barriers to clinical placement capacity

The most common barrier preventing sites from hosting more students on clinical placement was the lack of staff available and able to supervise students, particularly given the high demand for treatment. Some services have part time staff or have staff working a range of rostered hours which can add to the difficulty of taking students.
“The number of clinical placements we can offer is very dependent on our workforce. Lack of staff is the biggest barrier.”

Clinician, Narrogin

“The changing profile of our residents has required more clinical input from nursing staff to support our carer staff. As a consequence we have been trying to find another registered nurse (with chronic disease management skills) for about 6 months now – with no luck. With Students – we have neither the resources nor funds to touch then – good luck finding a rural small aged care service provider who can.”

Clinician, Narrogin

“We would love to send our students out to our smaller hospitals in the region, and they would be of service to us out there but there are not enough supervisors available out there. We need more doctors in our small towns.”

Clinician, Narrogin

“I only work two days a week and one of those days is a short day. If the rostering of the medical students could occur earlier and I could have them with me longer I would be able to provide them with a more in-depth experience in working with Aboriginal clients – the biggest problem is there is so much to be covered in the course.”

Clinician, Narrogin

**Nursing**

A key barrier to taking nursing students at the hospital is the lack of senior staff available to supervise staff. The staffing profile has a relatively high percentage of graduate nurses who are only just consolidating their own practice.

Whilst Narrogin does have some accommodation in the nursing quarters it is generally not available for enrolled nursing students to stay at. The demographics of those undertaking the course tend to be: more mature aged students with families (either young children or older parents) they are caring for, often they are the sole bread winner, and travelling up two hours or more to get to and from their placements. There is particular concern about the potential safety of students driving home after a long evening shift. Some hospitals recognise this challenge for rural students and roster them on early shifts on the last day of a metropolitan placement, so they can travel home early, whilst others do not.

To expand accommodation capacity in Narrogin a new program is being developed involving nurses offering short-term accommodation to enrolled nursing students for a small fee. It has also been suggested that greater use could be made of the Rural Clinical School accommodation for both nursing and allied health students when it is not being utilised by medical students.

The costs associated with undertaking placements in the city can be just as difficult for students from regional and remote areas.

“Ocean to outback is a good initiative but we need help going to the city. The country needs to have some commitment to help our enrolled nursing students get into metro Perth for clinical placements. It’s valuable that they go but it’s cost prohibitive.”

Education Provider

Stakeholders reported that there is no staff development nurse in the whole of the Wheatbelt region, which means professional development opportunities are limited for nursing. In addition, some hospitals are reluctant to employ enrolled nurses, which makes it difficult for students on graduation to find employment in rural areas. To grow the workforce in rural areas it is important to recognise the role of the enrolled nurse.
“Some hospitals don’t recognise the merits of having an enrolled nursing student. People have misconceptions from the ‘old days’ and don’t understand the value they can add. Some rural hospitals only want to employ registered nurses and they often have difficulties recruiting to the position. However, most of the enrolled nurses we see, once they have a job commence studying to become a registered nurse.”

Education provider

Allied Health

If students are unable to stay in the nursing quarters, they have to pay for their own accommodation and this is expensive and often prevents allied health students undertaking placement in Narrogin despite potential to do so.

Medical

It was reported that some of the students coming out on placement do not have a real interest in practicing in a rural setting. The clinician expressing concern about this, said there needed to be more screening of students to ensure that those attending rural placements had an interest in rural medicine.

The experience that students are able to be exposed to is based on the competencies of the students. The students on placement from The University of Notre Dame Australia have absolutely no prior clinical experience, whilst The University of Western Australia students have had one year of clinical experience. Whilst the placements accommodate this difference, when clinicians have considerable specialist expertise and limited time to teach, the scheduling of students becomes particularly important to maximise the benefits for students and effectively utilise the limited teaching resources available. Greater consideration of maximising the effective use of limited teaching staff is required in the scheduling of students.

4.5 CURRENT PARTNERSHIPS, GROUPS, NETWORKS AND COMMITTEES

Community mental health service providers across the Great Southern region keep in regular contact with one another and often discuss clinical placements. The mental health IPE clinical placement coordinator attended the WA CTN inaugural meeting and has submitted expressions of interest to attend discipline specific meetings to be hosted by the WA CTN.

All nursing coordinators from universities and VET providers in meet at a Clinical Coordinators meeting every six-12 months to discuss issues around nursing curriculum, including clinical placements. Additionally the heads of the diploma of nursing courses from the eight institutes across WA meets twice a year to discuss issues around placements. They made an agreement where if any institutions have to cancel clinical placements, they will offer them to each other.

The WACHS Allied Health Leadership Team also has clinical placements frequently on their agenda.
4.6 KEY OPPORTUNITIES FOR THE FUTURE

In respect of nursing placements, a level of support was expressed support for:

- a more streamlined booking system for nursing placements particularly to assist rural training agencies secure placements in metropolitan locations; and
- home warding models of placement that will allow the VET provider to engage efficiently nursing facilitators.

Silver Chain would also like to take medical students out into the community for one or two days, so students can gain a deeper understanding of what everyday life and living situations can be like for patients. It would also be a good chance for medical students to see firsthand the work that Silver Chain does in the community.

The Earl Street Surgery said they could consider take some nursing students, as they have practice nurses working in the clinic. One of the Narrogin GPs who also works in metropolitan Perth said she would be keen to take students in her private practice, but is unaware of how to facilitate this. She suggested that more information was needed as to how GPs could become involved in taking students.
5

Port Hedland

This chapter provides an overview of university, VET and RTO courses being delivered in Port Hedland, clinical placements occurring in local health services and community agencies, and enablers and barriers specific to this region.

5.1 GENERAL OVERVIEW OF EDUCATION PROVIDERS AND COURSES

<table>
<thead>
<tr>
<th>University/VET</th>
<th>Programs that require placement</th>
<th>Course Duration</th>
<th>Placement Structure</th>
<th>Approximate hours/days</th>
<th>Placement Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Rural Clinical School Port Hedland</td>
<td>Medicine</td>
<td>4 or 6 years</td>
<td>1 year rural</td>
<td>70% of university year</td>
<td>Hospital, community GP, RFDS</td>
</tr>
<tr>
<td>Wirraka Maya</td>
<td>AHW Cert IV</td>
<td>-</td>
<td>-</td>
<td>150 hours</td>
<td>Aboriginal Medical Service</td>
</tr>
</tbody>
</table>

**Health Service Overview:** Port Hedland Regional Hospital provides 50 acute beds catering for medical, surgical, paediatric, and obstetrics and gynaecology care. Attached to the hospital is Yulanya Nursing Home which offers residential accommodation for up to 25 people. The hospital has eight full-time GPs, two registrars, two interns and seven resident specialists. There are three GP practices in town. Resident specialists include a general surgeon, radiologist, anaesthetist, two physicians, a paediatrician and an obstetrician/gynaecologist.

Through the Port Hedland Rural Clinical School, ten students are placed each year in the Pilbara region, five at Port Hedland and five at Karratha. Students spend the university year at the rural site in their second last year of their course. In Port Hedland the academic components of the course are delivered largely by two academic staff, with support from other clinicians as required. Students live in the Rural Clinical School’s accommodation.

The students undertake placements across five different areas of the hospital and health services: Emergency, Obstetrics, Paediatrics, Internal Medicine/Surgery, Primary Care (including private practice, Royal Flying Doctor Service, community health and ACCHO). A rapid rotation model is used where students do two week placements and rotate through each discipline. During the course of a year they will rotate through each one on multiple occasions. Hospital staff are required to rate students and identify an area for improvement on each rotation but RCS staff are responsible for signing off on completion of required learning.

Wirraka Maya is a Registered Training Organisation (RTO) but is not currently providing training in Port Hedland. Training is outsourced to the Aboriginal Health Council of Western Australia (AHCWA). The service employs a number of people who are undertaking training as Aboriginal Health Workers and their placements are incorporated into their job roles. The required face to face training is provided by AHCWA on site and trainees are supported by Wirraka Maya to attend during working hours.

Table 5.1 Table 5.1: presents an overview of educational providers delivering courses, the duration of the course, hours of clinical placement required and the range of settings in which clinical placements occur.
5.2 MODELS OF CLINICAL SUPERVISION AND FACILITATION

With the exception of rural clinical school medical students, across all disciplines, the majority of students are supervised under a 1:1 supervisor to student model. In many disciplines there is only capacity to have one student at a time so group models are not relevant. All disciplines indicated that they undertake a brief orientation with each student at the beginning of the placement. The orientation process involves giving students practical information about the health service including health and safety procedures.

**Medicine**

Medical students may have more than one supervisor/preceptor depending on the rotations they undertake and which medical staff are available at the time. All employed medical officers at the hospital are involved in supervision, but residents and interns are generally not responsible for completing assessments of student placements. This is undertaken by Rural Clinical School staff.

**Nursing**

Nursing placements at the PH Health Campus are offered based on applications received. There are no arrangements in place to coordinate placements with any particular university. Assessments are undertaken based on the learning objectives provided by the student. Prior to the placement, each student is sent information about Port Hedland and the health service to assist in their planning. Orientation is provided by the staff development unit. Students are supervised by a nurse in the relevant clinical area. In most situations students will work with more than one nurse, depending on rostering and availability of the nominated supervisor at any given time.

Nursing and enrolled nursing students placed with Southern Cross Care are allocated an experienced nurse or home care worker to supervise them. They spend their placement working with that person and their clients.

**Allied Health**

Allied health (physiotherapy, occupational therapy and speech pathology) students are assigned to a supervisor. Each discipline generally only has one student at a time, due to staffing capacity. Depending on their level of capability, students may shadow a clinician or be given a small case load to manage under supervision.

**Aboriginal Health Workers**

Generally Aboriginal Health Worker trainees are supervised by a senior Aboriginal Health Worker. This model is seen as providing the most effective learning environment, rather than being supervised by a nurse or other clinician.

**Overview**

Table 5.2 presents the supervision and facilitation models for each of the disciplines undertaking clinical placements at each of the health services HMA visited. Detailed numbers of students were not always available. Where they were provided, numbers are based on 2012. HMA was advised that numbers vary considerably from year to year depending on staff availability, capability and capacity to supervise students.
It is important to note that this table presents information from representatives of services or agencies spoken with during the current project and may not capture all placement activity in services within Port Hedland.

Table 5.2: Model of supervision and facilitation for services consulted

<table>
<thead>
<tr>
<th>Name of Health Service</th>
<th>Discipline of student undertaking placement</th>
<th>Number of students taken each year</th>
<th>Supervisor to Student ratio</th>
<th>Description of supervision model</th>
<th>Description of facilitation model</th>
</tr>
</thead>
<tbody>
<tr>
<td>PH Health Campus</td>
<td>Nursing</td>
<td>59 (2012)</td>
<td>1:1</td>
<td>Generally buddied up with one supervisor who is responsible for signing off on objectives as provided by the student.</td>
<td>Information sent prior to placement about Port Hedland and health service, 1:1 orientation provided on first day.</td>
</tr>
<tr>
<td>PH Health Campus</td>
<td>Enrolled Nursing</td>
<td>12 (2012)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newman</td>
<td>Nursing</td>
<td>1</td>
<td>1:1</td>
<td>Details not provided</td>
<td>Details not provided</td>
</tr>
<tr>
<td>Roebourne</td>
<td>Enrolled Nursing</td>
<td>4</td>
<td>1:1</td>
<td>Details not provided</td>
<td>Details not provided</td>
</tr>
<tr>
<td>Nickol Bay EN RN conversion</td>
<td>1</td>
<td>1:1</td>
<td>Details not provided</td>
<td>Details not provided</td>
<td></td>
</tr>
<tr>
<td>Nickol Bay ED</td>
<td>9</td>
<td>1:1</td>
<td>Details not provided</td>
<td>Details not provided</td>
<td></td>
</tr>
<tr>
<td>Nickol Bay RN</td>
<td>5</td>
<td>1:1</td>
<td>Details not provided</td>
<td>Details not provided</td>
<td></td>
</tr>
<tr>
<td>Wirraka Maya AHW</td>
<td>1:1</td>
<td></td>
<td>Trainees work with a senior AHW</td>
<td>Most are employed so their classroom hours are covered by the service.</td>
<td></td>
</tr>
<tr>
<td>PH Health campus</td>
<td>Medicine</td>
<td>5 RCS 2 University of Newcastle 4 John Flynn</td>
<td>Students are supervised by various clinicians depending on rotations within the hospital</td>
<td>1 person responsible for orientation</td>
<td></td>
</tr>
<tr>
<td>RFDS</td>
<td>Nursing</td>
<td>4</td>
<td>1:1</td>
<td>Student allocated a supervisor but work with whoever is on shift</td>
<td>One person does orientation</td>
</tr>
<tr>
<td>PH Community Health</td>
<td>Speech Pathology</td>
<td>1:1</td>
<td>Student works directly with one supervisor</td>
<td>Information sent prior to placement about PH.</td>
<td></td>
</tr>
<tr>
<td>PH Community Health</td>
<td>Physiotherapy</td>
<td>3</td>
<td>1:1</td>
<td>Student works directly with supervisor</td>
<td></td>
</tr>
<tr>
<td>Southern Cross Care</td>
<td>Enrolled Nursing</td>
<td>4</td>
<td>1:1</td>
<td>Student works directly with one home carer visiting clients</td>
<td></td>
</tr>
</tbody>
</table>

5.2.1 Interdisciplinary placements or interprofessional education

No regular interdisciplinary placements or interprofessional education is currently undertaken in Port Hedland. Allied health staff noted the importance of students understanding the roles of different clinical disciplines, but there are no formal processes in place.

5.3 PLACEMENT ESTABLISHMENT, CONTINUATION AND QUALITY: ENABLERS AND BARRIERS

During discussion with stakeholders across the discipline a number of key themes arose pertaining to the enablers and barriers to: placement establishment and continuation; and quality placements.

5.3.1 Enablers to placement establishment and continuation

A number of placements were taken by local students studying by distance education. Nursing staff from the health service noted that they try to give preference to local students where
possible in order to grow a local workforce. Placements for local students are easier to manage and do not require accommodation.

Several stakeholders identified the WA Health Department “Art of Clinical Supervision” workshop as a valuable resource which supports clinicians involved in supervising students, although it was also noted that at least one of these sessions had been cancelled or postponed.

There was a general view from the consultations that providing students with a positive experience through their placement is important, both in terms of the clinical experience and in improving the possibility that graduates might want to return there to work in the future. To this end some stakeholders cited examples of supervisors providing students with support such as lifts to and from work. Placements were often facilitated by the commitment and dedication of individual staff.

Stakeholders from all disciplines were strongly supportive of the benefits of student placements and identified a number of factors beneficial for students undertaking placements in Port Hedland including:

- the opportunity to gain hands on experience;
- the variety of work and caseloads;
- the opportunity to experience a different way of life;
- the capacity to gain experience across a number of different clinical areas; and
- low numbers of students at any one time.

**Aboriginal Medical Service**

The majority of AHW undertaking training are employed by Wirrika Maya, with paid time to attend face to face elements of training. This model facilitates placements as most students can undertake the necessary hours as part of their ongoing duties or in different parts of the organisation.

**Medical**

Under the RCS model, five students spend a full university year in Port Hedland working across different clinical areas within the hospital as well as in primary care settings. This model enables small group learning as well as access to a wide range of clinical experience.

A key enabler of the model is the infrastructure funded under the Rural Clinical Schools Program. The Port Hedland RCS has housing for students and staff and rents office space. Additional enablers identified include:

- social support facilitated through the RCS including regular social events;
- professional medical education staff based in Port Hedland;
- rapid rotation model whereby students do two week rotations through different clinical areas and repeat them during the year, rather than single longer block rotations; and
- close exposure to senior clinicians.

**Allied Health**

Stakeholders identified that the nationally agreed standard assessment forms used in physiotherapy and speech pathology are of great benefit to supervisors who only need to be familiar with one process.
5.3.2 Key barriers to clinical placement capacity

The most commonly cited barrier to taking students on placements was the lack of suitable accommodation and transport. The health services has limited accommodation available for students. The Rural Clinical School has its own accommodation for the five full time students based in Port Hedland. Other accommodation options are very limited and expensive and there is no funded accommodation for couples. The lack of accommodation is the key limiting factor in how many students can currently be taken on placement.

In addition, transport options within and around Port Hedland are also limited. The health service provides a daily bus service from the accommodation in Port Hedland to the health campus in South Hedland, but does not provide access to vehicles for students. Students can be very isolated which can have a negative impact on their overall experience and potentially their intention to return.

Social isolation can be a barrier for students, particularly if they do not have independent transport. Some stakeholders identified the difficulties for supervisors and preceptors in maintaining a supervisor/student relationship as they often feel obliged to assist students by picking them up or arranging social activities for them in order to support them and provide them with a positive placement. The extent to which this occurs differs between individuals but can place additional pressure on supervising staff.

Nursing

Supervision capacity was identified as a barrier to increasing the available student placements. In some clinical areas there is a tendency for the same staff to be required to supervise students which places considerable pressure on those individuals and their workloads. One of the contributing factors is the lack of education and support for nurses to develop their skills in teaching and giving feedback leading to a reluctance to take on student supervision.

Bookings for nursing placements in the following year are made in October or November and the hospital staff plan around the expected students. There have been several instances where students have cancelled at the last minute with insufficient time to be able to offer the place to another student. This is disruptive for the staff as well as being inefficient for the allocation of scarce hospital accommodation places.

Because students apply directly to the hospital from any nursing school, there is no consistency across students about their expectations and learning objectives. Students that come on placement are at different stages of their courses and have very varied levels of skill. Considerable time and effort is then needed by supervisors to work out what each student is capable of and to tailor the placement experience to their individual needs. It was suggested that greater consistency between the universities on when students undertook placements and the development of common objectives would be beneficial for the health services in providing quality placements.

Several stakeholders identified the lack of support and contact from the universities as a barrier. In most cases nursing students and their clinical placement supervisors have no direct contact with anyone from the university during the placement and the health service assumes the full responsibility for ensuring that learning objectives are met and for assessing students’ competence at the end of the placement.

There was general agreement that longer placements (five or more weeks) are more beneficial, both to students and the health service.
Southern Cross Care identified recruitment and retention of staff as a barrier at times due to the lack of suitably qualified and experienced workers to supervise students. Recruitment and retention is a particular challenge given the low pay in comparison to the mining sector.

Aboriginal Medical Service

The service has not been able to take medical students due to the lack of suitably qualified medical supervisors. The capacity of the service to take on students is dependent on the medical workforce at the time. A strong reliance on international medical graduates generally limits this capacity.

Medical

Medical staff at the hospital said they felt they have clinical capacity to take more students, particularly during the periods when medical students are not in Port Hedland for university breaks and over the new year period. This capacity is largely underutilised due to accommodation issues.

There is a lack of capacity for supervision in the primary care sector in Port Hedland due to the high numbers of international medical graduates and doctors who are not necessarily familiar with the health system as a whole. There is also limited physical space which limits capacity to undertake parallel consultations.

Allied Health

The key limiting factor in taking more students, in addition to accommodation, for most of the allied health disciplines is the staffing levels at any given time. The allied health team is relatively small and there is not always capacity to take students given workload pressures.

Some stakeholders suggested the added responsibility of supervising students means that they see fewer clients although in some situations it was also acknowledged that students can assist in service provision, particularly more senior students who may be close to graduation in their respective disciplines.

5.4 KEY OPPORTUNITIES FOR THE FUTURE

A number of potential opportunities were identified during the consultations that may assist in increasing placement capacity in Port Hedland. However the key limiting factor remains accommodation and unless this can be addressed through the provision of more affordable/funded housing for students, it is unlikely that overall clinical placement capacity will increase.

Overall there was minimal collaboration or coordination between the range of stakeholders involved in clinical placements in Port Hedland. There is potential for greater coordination around a number of issues including:

- accommodation;
- transport;
- social support for students; and
- orientation to Port Hedland.

With the exception of the RCS, there are no formal relationships with universities. Stronger partnerships may provide benefits including:
• better understanding of expectations;
• improved coordination – potential to reduce cancellations; and
• potential for improved/standardised assessment procedures.