Better Placed: Excellence in Health Education 2017-2019

Providing Clinical Placements in Health for Professional Entry Level Students

July 2017
Acknowledgements

We wish to acknowledge and thank all of the people who took part in the consultation process and offered their insights, experience and ideas to the development of the new framework for the governance and management of clinical placements for all health professions.

The Steering Committee – for their collaboration and contributions which provided the basis for the development of this ongoing work.

The SA Health Clinical Placement Executive Group, for their ongoing feedback, support and their ongoing leadership of the strategic objectives.

Lynne Cowan, Deputy Chief Executive Transforming Health – for support as Executive Sponsor to enable the successful accomplishment and delivery of the objectives.
## Contents

Forward .................................................................................................4  

1. Introduction .....................................................................................5  

2. Purpose ...........................................................................................5  

3. SA Health’s Response to the *Better Placed* Clinical Placement Partnership Steering Group’s Report - Great Clinical Placement Experiences for All .................................................................5  

   - Goal 1: Strong Partnerships That Work ..........................................6  
   - Goal 2: Making the Most of Clinical Placement Capacity ..................7  
   - Goal 3: Alignment with Workforce Need .........................................8  
   - Goal 4: High Quality Learning Experiences .....................................9  

Appendix 1: Education and Clinical Placement Leadership and Governance Structure 2017 .................10  
Appendix 2: SA Health Better Placed: Clinical Placement Guidelines ....................................................11  
   - Introduction .....................................................................................11  
   - Clinical Placements Partnership Steering Group Principles ...............12  
   - Vision ..............................................................................................12  
   - Mission ...........................................................................................12  
   - Goals 2017-2019 ............................................................................12  
   - Principles .......................................................................................13  

   - Goal 1: Governance and Leadership ..............................................14  
   - Goal 2: System Improvement ..........................................................14  
   - Goal 3: Capacity Building ..............................................................15  
   - Goal 4: Cost Sharing and Funding Transparency .............................15  

Appendix 4: Recommendations for SA Clinical Training Council 2017-2019 as approved by CPEG from the Partnership Steering Group’s Final Report .........................................................17

*Better Placed: Transforming Health Education 2017-2019*
Foreword

We are pleased to launch Better Placed: Excellence in Health Education 2017-2019 which replaces Better Placed: Strengthening our Clinical Placement Systems 2014-16. Through SA Health clinicians and education providers working together, partnerships have been strengthened, governance has been established and systems have been improved during the past three years.

Better Placed: Strengthening our Clinical Placement Systems 2014-16 has achieved changes across the complex systems of health and education that will ensure an ongoing focus on clinical placements, education and training during the Transforming Health changes. Most importantly clinical placement providers have confirmed their commitment to continue, including during times of change, to offer the opportunity for students to learn the skills and competencies required to work within the current and the new health care systems of the future.

Better Placed: Excellence in Health Education 2017-2019 builds on this work, reports on achievements so far and sets the agenda for the next two years. Based on the shared vision of the SA Health Clinical Placement Executive Group and the Better Placed Clinical Placement Partnership Steering Group, the focus of the new framework is on efficiency and sustainability, respect and understanding, transparency and consistency as well as flexibility and responsiveness. These are also the principles that students will be learning to become the work ready, competent, resilient and adaptable clinicians required under Transforming Health, to provide safe quality health care to our South Australian community in the future.

We sincerely thank the many students, clinicians, educators, academics and managers that have been involved in the Better Placed program and look forward to working together as true partners over the next two years on these exciting changes and developments that will ensure high quality clinical placement experiences for all.

Vickie Kaminski
Chief Executive
SA Health

Professor Alastair Burt
Chair, South Australian Clinical Training Council
Executive Dean of the Faculty of Health Sciences
The University of Adelaide
1. Introduction

SA Health has fulfilled Better Placed: Strengthening our Clinical Placement System’s vision by entering into a new era of partnership with education providers to support the development of students as future health professionals. Existing relationships have been strengthened and new partnerships have been established, all of which focus on the provision of the best quality clinical placement experiences for students in South Australia.

Coinciding with the announcement of SA Health’s Transforming Health program Better Placed has enabled the inclusion of education and training throughout the Transforming Health agenda thereby ensuring the delivery of contemporary and innovative health services by clinicians of the future.

These partnerships continue to respect the mission and values of Better Placed as demonstrated through the trust, collaboration, collegiality and integrity exhibited by all participants and partners. These principles are now integral to all governance groups, systems and clinical placement experiences. The leadership of the South Australian Clinical Training Council, SA Health Clinical Placement Partnership Steering Group and the governance structure overseen by the SA Health Clinical Placement Executive Group (CPEG) has been pivotal in bringing together divergent views resulting in a strong partnership vision for the future.

All members have acknowledged the symbiotic dependencies of education and training with future workforce requirements, the need for transparency and the challenges of supply and demand for clinical placements within a changing health care environment. Yet, despite these challenges, the South Australian Better Placed approach to ensuring strong and healthy relationships between health services and education providers has resulted in a strong state-wide partnership, focused on providing students with the best possible learning opportunities so that they become highly competent and flexible clinicians who will in turn, educate and support the next generation of health care professionals.

2. Purpose

The current framework for clinical placements in South Australia, Better Placed: Strengthening our Clinical Placement System 2014-2016, provides the underpinnings of this document. SA Health has listened to the views and input from our collaborators in the education and training arena, including universities and the Vocational Education and Training (VET) sector, and values their contribution and support. It is with this in mind, as well as the overlay of Transforming Health, that the new document, Better Placed: Excellence in Health Education 2017-19 will frame the activities and direction going forward.

3. SA Health’s Response to the Better Placed Clinical Placement Partnership Steering Group’s Report - Great Clinical Placement Experiences for All


CPEG endorsed the vision, goals and principles of the report, accepted eleven of the recommendations, accepted in principle or in part (pending further information or work) thirteen and rejected four recommendations as they were considered either the responsibility of others such as SA
Clinical Training Council (Appendix 4) or were considered too complex at this stage for inclusion into SA Health’s deliverables due to external factors out of SA Health’s control.

The Clinical Placement Partnership Steering Group Report has informed the Better Placed 2017-2019 document, with additional considerations given to Transforming Health and the changes to resources that occurred as a result of cessation of the Commonwealth Clinical Training Funding in mid-2016.


Goal 1: Strong Partnerships That Work

The partnerships between SA Health and education providers are long standing, and reflect the interdependencies between the health and education sectors. How well the collaboration between the two sectors works has a significant impact on the success of strategies to improve the clinical placement system. This is particularly important during implementation of Transforming Health, with mutual support and cooperation ensuring that education and training remains on the Transforming Health agenda.

In recognition of this, there are a number of committees within the Better Placed governance structure that are inclusive of education providers (Appendix 1).

Better Placed through its governance structure will continue to identify and consider opportunities for streamlining the clinical placement requirements for professional entry students contained in policies, procedures and processes across SA Health.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnerships are respected and valued to effectively manage clinical placements across all professions</td>
<td>➢ Relevant information relating to clinical placements in SA Health will be published on the Better Placed website as a resource for Local Health Networks (LHNs), education providers and professional entry students.</td>
</tr>
<tr>
<td></td>
<td>➢ The Better Placed committees will work with education providers within the Transforming Health environment and provide clear and consistent messages that will be appropriately targeted. This will include FAQ sheets targeted at the different professional groups (Medicine, Nursing and Midwifery and Allied Health) and regular newsletters.</td>
</tr>
<tr>
<td></td>
<td>➢ The Better Placed committees will work with LHNs and education providers to negotiate mutually beneficial arrangements, such as the use of innovative clinical placement models during the implementation of Transforming Health.</td>
</tr>
<tr>
<td></td>
<td>➢ SA Health will maintain a single process to centrally administer Clinical Placement Agreements between education providers and the Minister for Health.</td>
</tr>
</tbody>
</table>
Goal 2: Making the Most of Clinical Placement Capacity

Improving how clinical placement capacity is used involves understanding how SA Health, education providers, clinicians and professional entry students contribute to the available capacity, and ensuring that capacity is used efficiently. Ultimately, this allows SA Health to effectively manage the increasing demand for placements.

> SA Health and education providers recognise the central importance of each manager’s and clinician’s professional commitment in ensuring the ongoing provision of clinical placements.

> SA Health will continue to work in partnership with education providers to support clinicians’ professional commitment and development to train the next generation of health professionals.

> All clinicians’ standard role descriptions (above entry or new graduate level) should be amended to include references to supporting clinical placements, and annual performance reviews should include discussion of each clinician’s role as a clinical supervisor or teacher.

> SA Health will continue to work with education providers towards building a learning culture that recognises the benefits of taking professional entry students on clinical placements, including through the provision of health service delivery. Examples of professional entry students’ service delivery contribution should be highlighted to reinforce this culture with clinicians and managers.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions:</th>
</tr>
</thead>
</table>
| To improve the use of clinical placements by understanding how partners contribute to the available capacity and by ensuring it is used efficiently and effectively. | > SA Health will continue to support the development, implementation and evaluation of innovative and non-traditional placement models between LHNs and education providers. Innovative models will need to be consistent with accreditation requirements.  
  
> SA Health and education providers will continue to monitor and report on the rate of nursing and midwifery clinical placement cancellations. Quarterly cancellation reports will be provided at the Clinical Placement Administration Processes Group meetings.  
  
> SA Health through the LHN Group and CPEG will develop processes for equitable access for education providers with respect to requests for placements to SA Health sites.  
  
> Where possible SA Health will determine its available clinical placement capacity on an annual basis and communicate this to education providers in a transparent manner. |
Goal 3: Alignment with Workforce Need

Clinical placements are an important element of the preparation of students for entry to their profession. Preparation for professional entry, in turn, needs to be aligned with the needs of patients or clients, the community and health services.

Alignment between clinical placement, other aspects of educational preparation and workforce need ensures that newly graduating health professionals are able to take their place as beginning practitioners, responding to community needs, able to deliver contemporary models of care, and prepared for the challenges of the future. Aligning clinical placements with workforce need is built, amongst other things, on:

- Understanding that future workforce need is broader than the aggregate numbers involved, but also includes factors such as service models, distribution, skills mix and graduate attributes.
- Long-term health workforce planning that pays attention to both anticipated demand for existing professional groups and to new skill sets and emerging roles to provide for a continuously updated workforce.
- Mutual recognition that SA Health and education providers respond to different drivers and to multiple and sometimes competing policy imperatives but are jointly committed to the development of future professionals.
- Awareness that while SA Health is the largest employer of health professionals in South Australia, education providers are also training professional entry students for other employers in South Australia and beyond.
- Acknowledgment of the leadership provided by managers and clinicians in ensuring the ongoing provision of clinical placements.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions:</th>
</tr>
</thead>
</table>
| Link the interests of government, SA Health, education providers and professional entry students in clinical placements with initial qualification or registration as a health professional. | SA Health will identify anticipated future workforce needs in SA Health, taking into account such factors as:
  - System reconfiguration and new models of care being developed through Transforming Health
  - New ways of working, including those being introduced to the new Royal Adelaide Hospital
  - Both workforce demand and required competencies and attributes

SA Health and education providers will share intelligence about future health workforce needs for SA, Australia and internationally and continue to work together to explore implications and ensure educational programs reflect future needs and incorporate insights identified.
  - This engagement will include consideration of a more structured approach to SA Health involvement in university course advisory committees, and the development of training packages and curriculum for the VET sector.
Goal 4: High Quality Learning Experiences

The quality of professional entry students’ learning experiences while on clinical placements is a critical determinant of whether learning objectives are met, how well graduates transition into practice, and how long they are retained in the workforce.¹

The Steering Group’s findings in relation to the quality of the learning experiences on clinical placement include:

> While education providers have a range of information and processes which enable them to draw conclusions about the quality of clinical placement experiences, SA Health does not have a robust or systematic understanding of clinical placement quality.

> There are opportunities to leverage education providers’ existing information and processes for SA Health to develop a better understanding of, and strategies for the continuous improvement of, clinical placement quality, and

> The support provided to clinical supervisors is a key determinant of the quality of a clinical placement experience.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions:</th>
</tr>
</thead>
</table>
| Establish a system and processes to deliver high quality clinical placements. | > The principles for clinical placement partnerships (Appendix 2) have been included in the revised clinical placement agreements between the Minister for Health and education providers.  
> SA Health will work with education providers to optimise the quality of clinical placements through  
  ○ Comprehensive formalised evaluation structures between students, education providers and LHN’s  
  ○ Application of the validated national competency assessment tool  
  ○ Optimising facilitation/supervision models based on evidence based best practice  
  ○ Where possible, formalising the student assessment process through the use of a consistent validated assessment tool  
  ○ Advocating for consistency around education and qualifications of student facilitators. |


Better Placed: Excellence in Health Education 2017-2019
Appendix 1: Education and Clinical Placement Leadership and Governance Structure 2017

Key:
- Relationship Reporting
- Same level Grouped
- Transforming Health
- Both Health and EPs
- SA Health only
- Education Providers only

Better Placed: Excellence in Health Education 2017-2019
Appendix 2: SA Health Better Placed: Clinical Placement Guidelines

These two sets of guidelines were developed separately; the initial set were developed by SA Health to support and inform SA Health staff in transparency, consistency and decision making in relation to clinical placements. It was agreed that the LHN Group Guidelines needed to be used in conjunction with the set of principles developed by the Partnerships Steering Group as an overarching set of principles when viewed from an SA Health perspective.

Introduction

These guidelines have been developed by the SA Health Clinical Placement LHN Group when considering clinical placements within SA Health sites. These guidelines operate within and in conjunction with the overarching Clinical Placement Partnership Steering Group Principles.

SA Health will:

1. Support access for education providers with respect to requests for placements to SA Health sites, regardless of historical or previous arrangements.

2. Reserve the right to preference placements according to workforce need (for example students with rural background, Aboriginal / Torres Strait Islander students).

3. Determine its available capacity on an annual basis and communicate this to education providers in a transparent manner.

4. Work in partnership with private health sites to maximise student placement within South Australia to ensure students receive diverse clinical experience that also provides them with broad future employment opportunities.

5. Strive to maintain existing clinical placement capacity including during times of transition or change to sites or health services.

6. Be proactive in seeking information and planning for predicted workforce trends across professional groups and will use this information to guide capacity requirements for clinical placements.

7. Engage in broad engagement and active communication with stakeholders; with an emphasis on transparency of information and processes. This communication will also include timely discussions and negotiations regarding cancellations of placements and/or students and will be particularly important during times of transition or change to sites or health services.

8. Ensure that Education Providers comply with pre-placement requirements and other requirements as per the "deed" between SA Health and education providers.

9. Accept students independent of bi-lingual, bi-cultural and disability needs as long as processes are in place to support these students in the workplace and ensure patient safety.

10. Is committed to evaluation of both clinical placements and the processes used to obtain and develop quality clinical placements. This may include the development of mutually agreeable Key Performance Indicators between SA Health and education providers.
Each LHN:

11. Has a responsibility to optimise clinical placement capacity and be creative and innovative in identifying alternative and different options to provide quality clinical placements particularly during times of change or transition.

12. Will also work collaboratively to optimise the available clinical placements across SA Health sites and will consider options for redistribution when required.

These guidelines have been applied during 2016 and reviewed for currency and applicability for 2017-2019.

Clinical Placements Partnership Steering Group Principles

Vision

Great clinical placement experiences for all.

Mission

Partners ensure:

> Students contribute to safe, high quality, evidence based patient/client care.
> Collaborative relationships.
> Positive, safe learning culture and environments that use technology to support student acquisition of clinical competencies and promote lifelong learning.
> Sustainable, flexible clinical placement models that prepare students to deliver contemporary healthcare.
> Integration with established systems that support the ongoing education, training and development of existing professionals' to deliver high quality care to patients/clients.
> Sharing of comprehensive data and planning processes that support clinical placement and workforce planning.

Goals 2017-2019

1. Strong Partnerships that Work
2. Making the Most of Clinical Placement Capacity
3. Alignment with Workforce Need
4. High Quality Learning Experiences
Principles

Quality and excellence
Partners will endeavour to provide professional entry students with high quality learning experiences whilst on their clinical placements.

The high standard of healthcare expected by South Australians will be enabled through the commitment of all partners to continuous improvement and striving for excellence in clinical placements.

Efficiency and sustainability
Clinical placements are a public good. The resources that support clinical placements are limited and must be used efficiently and sustainably. It is incumbent on all partners to ensure that clinical placements are used effectively to meet the requirements of South Australia’s future health workforce.

Broad participation and inclusion
The clinical placement system, and by extension those within it, benefit from the breadth and depth in the relationships that exist between partners.

All clinical education stakeholders who provide courses or placements for professional entry students have an opportunity to engage with, and participate in, clinical placement partnerships.

This opportunity exists irrespective of clinical setting, organisation type, profession and nature of the engagement. In particular, this includes those stakeholders involved in training Aboriginal people to become health professionals.

Transparency and consistency
To support effective communication and ensure clinical placement activity is appropriately coordinated across South Australia, all partners are expected to share accurate information. This includes details of clinical placement capacity and demand, course requirements, availability, preferences, pre-existing arrangements, and relevant policies of all parties.

All partners are to be afforded the same opportunities to participate in clinical placement activities. Further, the processes used should be consistent for, and equally accessible to, all partners.

Respect and understanding
It is recognised that many organisations have well established and beneficial relationships with partners across the health and education sectors. These partnerships are founded on mutual respect and understanding for the views and interests of those organisations involved.

Flexibility and responsiveness
Both the delivery of health care and education occur in dynamic environments. Accordingly, partners will endeavour to be flexible and responsive to meet the needs of all.

Collaboration and collegiality
Responsibility for clinical placements is shared between government, LHNs, private and non-government health services, universities, VET providers, professional entry students and clinicians. Partners will work collaboratively to achieve positive outcomes for the community and South Australia’s future health workforce, notwithstanding the need to ensure individual organisations’ views are represented.

Supporting, not brokering
Education providers and health services retain control of and responsibility for the nature of their partnerships. This includes clinical placement planning, requests, offers and administration.

SA Health’s central clinical placement unit will assist by facilitating clinical placement planning, supporting governance arrangements and undertaking state wide functions as appropriate. This may extend to working with partners to ensure the efficient use of available capacity.

Goal 1: Governance and Leadership

The Transforming Health Education Lead is pleased to report that compared to 2013 SA Health now has a strengthened and committed leadership and governance structure (Appendix 1) in place to foster, grow and maintain partnerships in education and training. Through working with the Executive Sponsor, the Deputy Chief Executive, System Performance and Service Delivery, SA Health has successfully established the SA Health Clinical Placement Executive Group (CPEG) and the SA Health Clinical Placement Local Health Network (LHN) Group to lead the improvements in clinical education within all services provided by SA Health. Clinicians continue to provide ongoing dedication to education and student training through offering clinical placements and contributing to the governance groups working on improving SA Health as a learning organisation.

Concurrently the Manager, Health Education and Strategic Engagement established the South Australian Clinical Training Council (SACTC) with its inaugural Chair, Professor Michael Kidd. The SACTC is the peak clinical education and training partnership group for South Australia consisting of clinical placement providers, education providers and students.

With these strong governance groups in place and the renewed commitment to strengthening partnerships the majority of the Actions under the original Recommendation of ‘establish a clinical placement governance structure’ have been achieved.

Further work is required to:

- Strengthen partnerships between rural and metropolitan health services to enable students to undertake shared placements.
- Establish mechanisms for SA Health to contribute to curriculum design which aligns with contemporary and emergent healthcare and future workforce needs.
- Engage with education providers to introduce and operationalise quality improvement activities such as state-wide quality and monitoring evaluation processes.
- Continue to collaborate on ensuring the continuation of high quality clinical placements during the implementation of Transforming Health

Goal 2: System Improvement

The trial implementation of an information management system for clinical placement allocation and coordination has been a complex undertaking. Partnering with the Victorian Department of Health and Human Services (DHHS), South Australia has been able to trial the Clinical Placement Management System (CPMS), PlaceRight (previously known as viCPlace).

The trial has also assisted in the delivery of this goal’s actions related to business rules, improvement in administrative processes and the management of clinical placement bookings. The trial was completed in June 2016 and the CPMS is now being utilised for nursing, midwifery and seven allied health professions for 2017.

The Better Placed Clinical Placement Team is well on the way to completing the final action under this goal which is to:

- Implement a single state-wide clinical placement information management system or electronic platform to support matching and scheduling of student cohorts to clinical
placements; including monitoring and managing placement allocations for all health professions.

Goal 3: Capacity Building

The opportunity for work to commence on this goal has now arrived with Transforming Health. The Transforming Health agenda sets the case for change in models of care, team composition and education of the future workforce. Without the models of care and clear direction on services for the future it has been difficult to predict future workforce need. This in turn impacts planning of the numbers and types of clinical placements required.

Achievements against this goal include commitment throughout the organisation from the Chief Executive through to clinicians to continue to take students during Transforming Health and all its related changes and transitions.

Discussions have commenced on many of the actions and there is good will and energy to work together to solve some difficult challenges. The CPMS PlaceRight (viCPlace) trial showed the potential of the system to provide information required to accomplish the following:

- Specify the methods, systems and scope of data collection across the system to support planning, monitoring and evaluation of capacity, quality and sustainability
- Identify sites that are able to expand clinical placement capacity or benefit from the introduction of clinical placement.
- Assess resources and systems required to better utilise gaps within health services, both public, private, aged care and non-government settings.
- Implement quality improvement activities such as state wide quality, monitoring and evaluation processes.

The Transforming Health agenda sets the case for change in models of care, team composition and education of the future workforce. Without the models of care and clear direction on services for the future it has been difficult to predict future workforce need. This in turn impacts on planning for the numbers and types of clinical placements required.

Goal 4: Cost Sharing and Funding Transparency

Under this goal the SA Health Clinical Placement Partnership Steering Group (Partnership Steering Group) was established, allowing the exploration of new partnerships and a renewed understanding of existing partnerships and collaborations. Trust, inclusion and transparency have been exhibited consistently for the past year as education providers and clinical placement providers have raised concerns with each other respectfully in a truly partnership model of participation.

This could not have been achieved without the leadership of the Executive Deans of Health Sciences, Deans and SA Health’s senior executive representatives; their vision is to be commended. South Australia’s state-wide partnership approach between education providers and clinical placement providers will ensure all partners are focused on ensuring high quality clinical placement experiences for all as the priority for all discussions and deliberations.

The major focus of this goal was to understand the cost sharing and funding existing in South Australia. Through making this a transparent process it was envisaged that the information would assist discussions to develop strong partnerships of the future. The findings concluded that:
• Understanding the current contribution universities and SA Health are making in the education and clinical placement space has confirmed the symbiotic nature of the relationship. It is a finely balanced environment that requires respect, trust and strong partnerships to maintain and mature the approach to the shared responsibility that education providers and major employers of graduates hold.

This project has allowed universities to now move forwards with a focus on innovative clinical placement and education models to invest further in partnership with SA Health. Exciting new concepts are currently being drafted with a focus on quality, excellence and student experience.


1. The South Australian Clinical Training Council should consider a project to examine the feasibility of reducing the complexity and diversity of education providers’ clinical placement assessment and recording documentation within professions based on previous work commissioned by Health Workforce Australia.

2. SA Health should work in partnership with the South Australian Clinical Training Council to develop an understanding of the drivers of capacity of clinicians and sites to offer clinical placements.

3. SA Health should work with education providers and clinicians to develop definitions for each professional group that distinguishes between the time professional entry students spend on clinical placements that:
   i. Is integrated with health service activities that would occur irrespective of whether a professional entry student was present for a clinical placement (embedded supervision time), or
   ii. Involves the performance of functions or activities that only occur because a professional entry student is present for a clinical placement (dedicated education time).

4. Subject to the development of a definition of dedicated education time, where an education provider is seeking SA Health to either perform:
   i. Clinical placements in excess of available base capacity, or
   ii. Dedicated education time this should operate on the principle that the relevant LHN may seek some form of contribution from the education provider.

   The following three options to access dedicated education time should continue to be supported:
   a) SA Health staff can provide dedicated education time and the relevant education provider would reimburse the LHN at negotiated rates
   b) Subject to LHN approval, an education provider can engage their own staff to send them into a LHN to provide dedicated education time, or
   c) An education provider and SA Health can enter into an arrangement for joint appointments, clinical academics or adjunct appointments with specific provision in that arrangement for the provision of dedicated education time.

   These options should not preclude LHNs and education providers negotiating to enter into other mutually beneficial arrangements, such as the use of innovative clinical placement models.

5. In those circumstances where an education provider and a LHN agree to enter into negotiations for the LHN to provide dedicated education time in respect of a specific request for clinical placements:
   i. The negotiations between the LHN and the education provider would cover the amount of dedicated education time required, the tasks or functions that would be performed during that dedicated education time, and any associated KPIs, quality standards and reporting
   ii. In consultation with the education provider, the LHN may assign provision of the dedicated education time to an appropriately qualified clinician who either provides dedicated education time as all or part of their role
   iii. The education provider would then negotiate to reimburse the LHN for the clinician’s dedicated education time at up to the hourly salary rate (inclusive of any applicable penalty

Better Placed: Excellence in Health Education 2017-2019
17
rates) of the clinician plus on costs multiplied by the number of hours of dedicated education time performed

6. SA Health and education providers should establish a process for clinicians and educators from each profession to provide advice on what defines a high quality learning experience.
   i. A research strategy should be developed by the South Australian Clinical Training Council.
   ii. Explore alternative training opportunities/modes for clinical supervision in rural and remote areas.
   iii. Explore evidence based innovative ideas and practices for clinical education, including greater application of simulation to achieve competencies, tele-health technologies where appropriate and inter-professional learning.
   iv. Implement quality improvement activities such as state-wide quality, monitoring and evaluation processes.
   v. Specify the methods, systems and scope of data collection across the system to support planning, monitoring and evaluation of capacity, quality and sustainability

7. SA Health should work with education providers to develop a robust process for evaluating the quality of the clinical learning environment in a clinical placement context.
   i. This process should include professional entry students' and clinical supervisors' feedback, along with the views of key education provider staff. Further, it should build on information that is already being collected by education providers.
   ii. Analysis of the evaluation process on the quality of professional entry students’ learning experiences should be used to target support for and training of clinical supervisors.

8. The South Australian Clinical Training Council should consider a project to examine the feasibility of reducing the complexity and diversity of education providers’ clinical placement assessment and recording documentation within professions based on previous work commissioned by Health Workforce Australia.

9. The principles for clinical placement partnerships should be included in evaluation activities and reported to the South Australian Clinical Training Council. The South Australian Clinical Training Council should have an ongoing role in monitoring and reviewing the ongoing application of the principles for clinical placement partnerships.

10. SA Health and education providers should work in partnership to ensure continuous improvement in the following elements of a quality clinical learning environment:
   
   i. Effective supervision
      
      Clinical supervisors are charged with a dual role of ensuring patient safety while promoting professional entry students’ development. This requires the performance of a combination of education, support and administration functions by clinical supervisors.
   
   ii. An organisational culture that values learning
      
      An organisational culture that values learning has the following characteristics: education is valued; educators are valued; professional entry students are valued; there is a career structure for educators; education is included in all aspects of planning and governance; and the use of facilities and resources is optimised for all educational purposes.
iii. Best-practice clinical practice

Best-practice clinical practice reflects three main factors: an organisational commitment to quality of care; the skill, knowledge and competency of clinical staff; and the adoption of evidence into practice.

iv. A positive learning environment

A positive learning environment can be characterised as: being welcoming and safe, with appropriate orientation; having appropriate learning opportunities and clear objectives; high-quality clinical education staff and well prepared professional entry students; appropriate ratios of professional entry students to educators and professional entry students to patients; a continuity of learning experiences and structured learning programs and assessment.

A positive learning environment is one which actively seeks to change practices through supporting a culture of quality improvement.

v. An effective health service-education provider relationship

Effective relationships are characterised by mutual respect and understanding, practical mechanisms to assist each partner, open communication at all levels, and clear expectations and responsibilities.

vi. Effective communication processes

In the context of clinical education, effective communication improves teaching and learning, informs actions, behaviours and decision making, and is critical for providing feedback.

vii. Appropriate resources and facilities

Professional entry students and clinical supervisors should have access to the facilities and materials needed to optimise the clinical education experience.

For more information

Office for Professional Leadership
Citi Centre Building
11 Hindmarsh Square, ADELAIDE 5000
Telephone: 08 8226 6406
Public I1-A1

Better Placed: Excellence in Health Education 2017-2019
19