

Student Clinical Education: A Scoping Paper on the Role and Contribution of The University of Sydney

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THE UNIVERSITY OF SYDNEY
BUSINESS SCHOOL



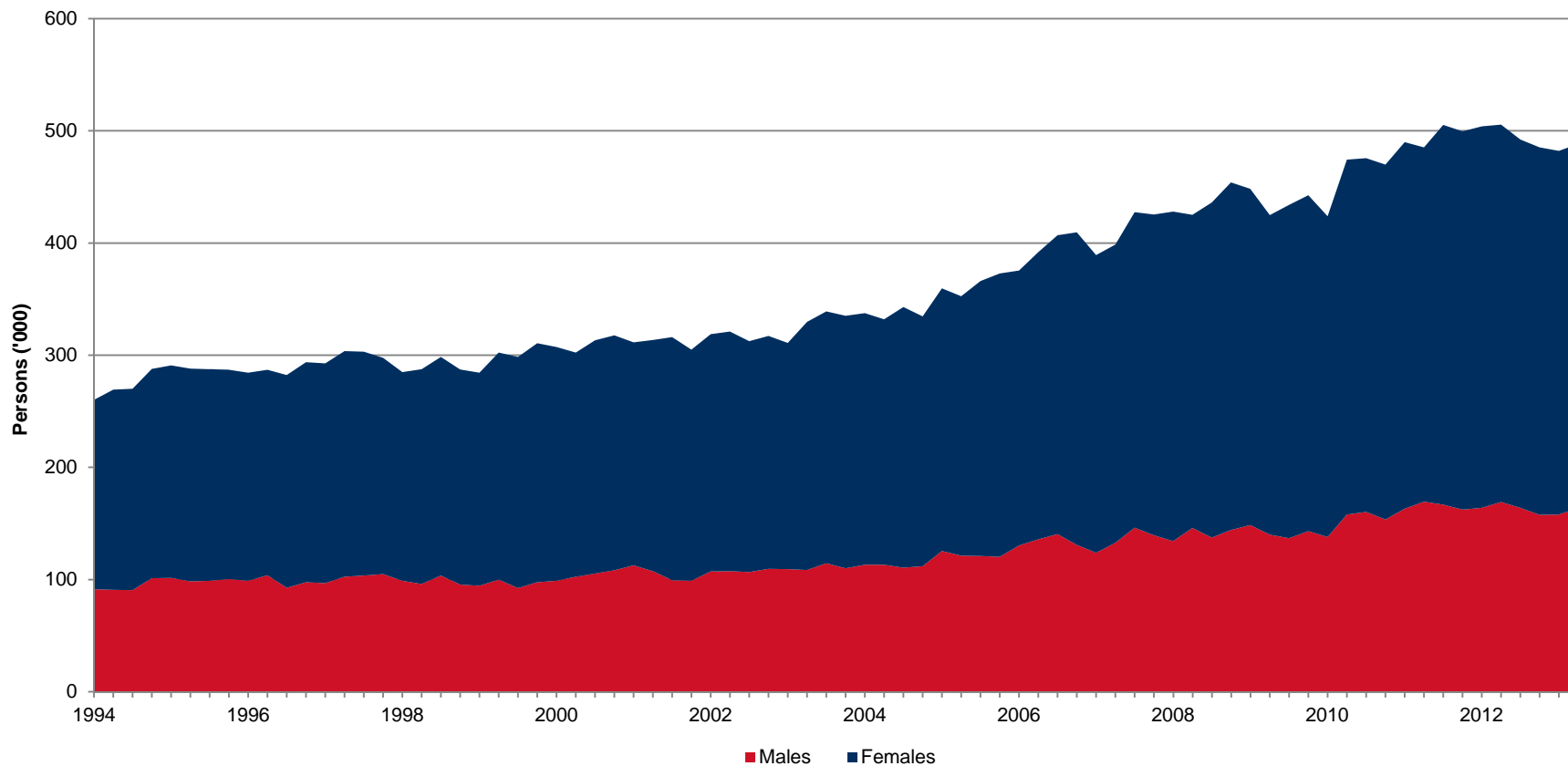
THE UNIVERSITY OF
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- › Introduction
- 1. Context
- 2. Current arrangements
- 3. Benefits
- 4. New Directions
- › Conclusion

What is the nature of clinical placements at The University of Sydney?

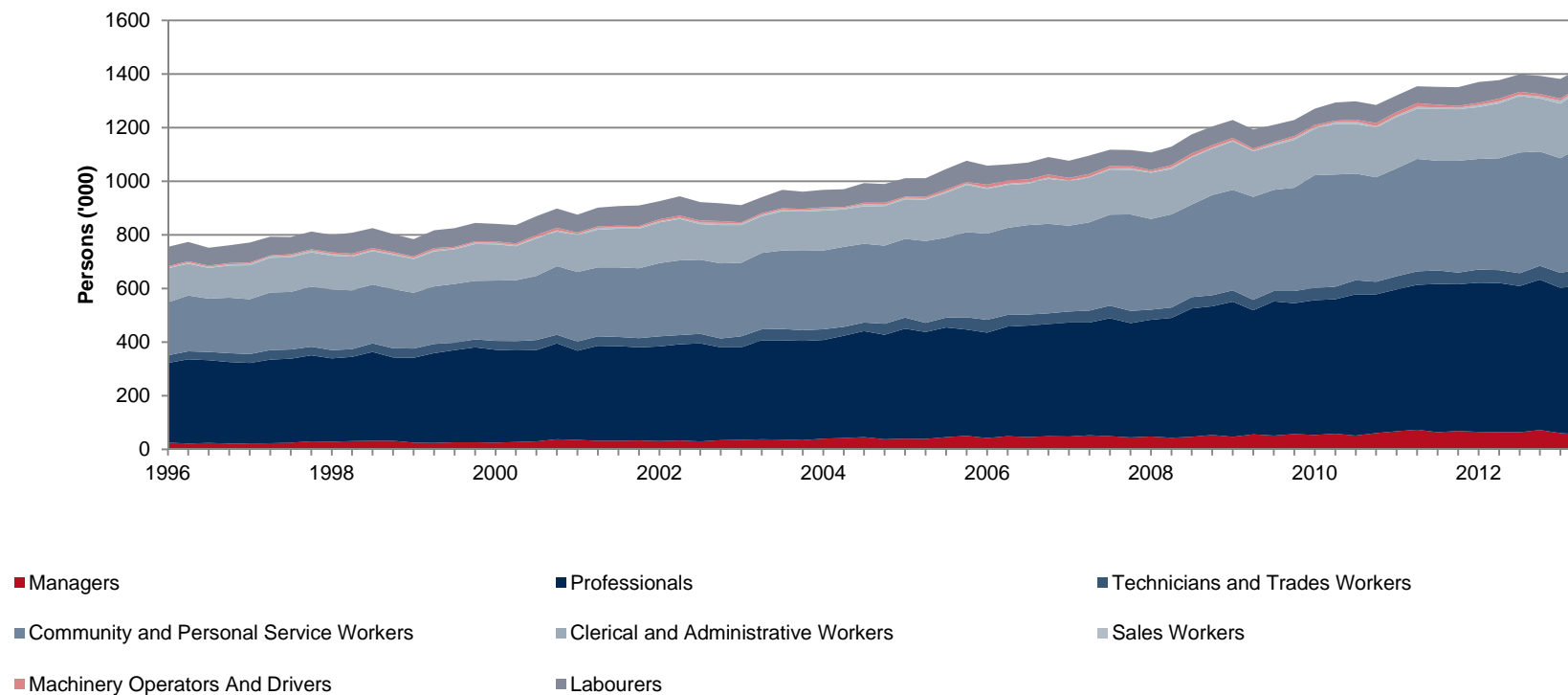
- › Current research on clinical placements seeks to define either:
 - the scope of the 'clinical placements problem' or
 - the arrangements of discipline specific reforms to placements.
- › In contrast, this research primarily seeks to explore:
 - a) How clinical placements differ between disciplines, and
 - b) Benefits to health system providers arising from the University of Sydney's clinical placements in 13 disciplines:
 - medicine
 - nursing and midwifery
 - dentistry
 - pharmacy
 - psychology
 - social work
 - nutrition and dietetics.
 - physiotherapy
 - speech pathology
 - occupational therapy
 - radiation science
 - exercise physiology
 - rehabilitation counselling

Along with community services, the health workforce been the fastest growing segment of the Australian labour market.



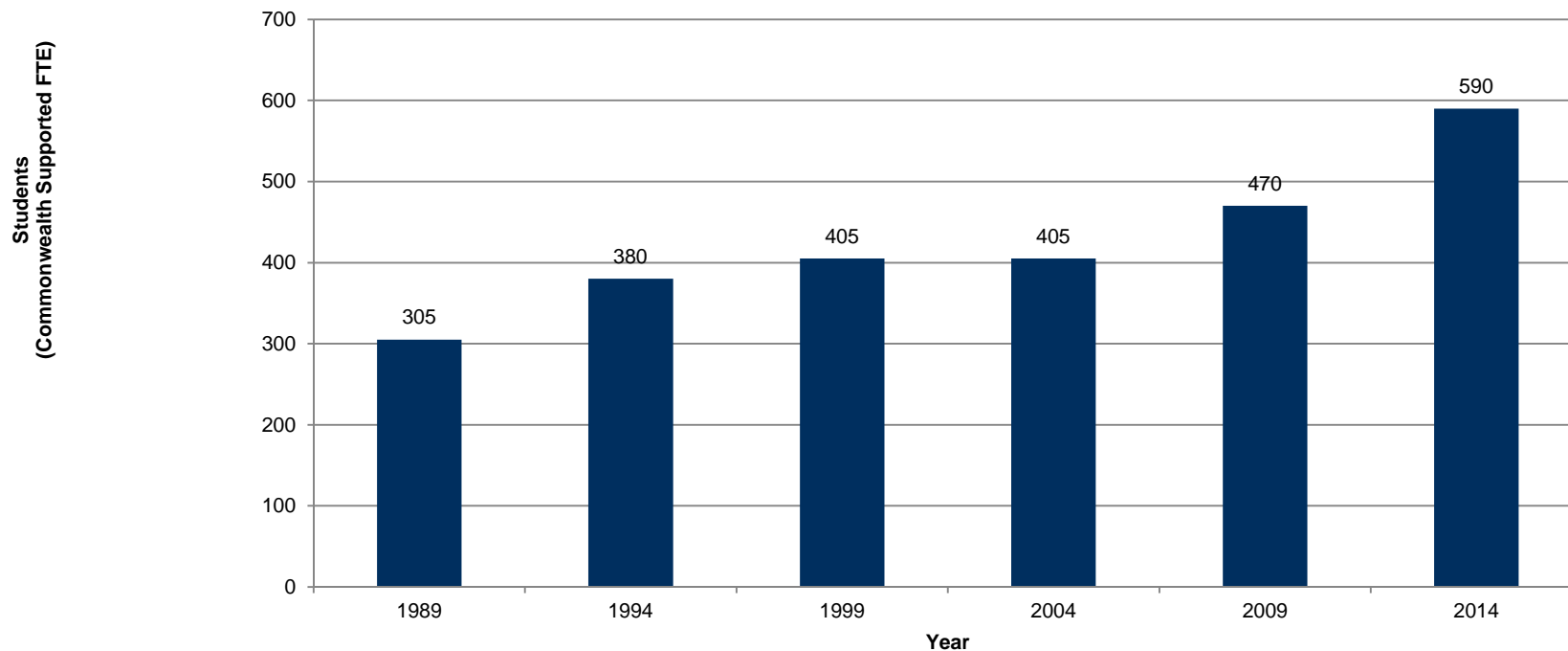
Growth in the Australian health workforce 1994 - 2013

The proportion of highly skilled professionals has been stable as well as other occupational groups such as community service and clerical workers.



Changes in occupational levels of employment in Health and Social Assistance, Australia, 1996 – 2013

- Since late 1980s, domestic enrolments have nearly doubled. Between 2008, when ‘demand-driven’ enrolments were introduced, and 2011 the number of full time equivalent students has increased by nearly 25 percent or 120,000 students.
- This is particularly the case in health (15k increase in student applications between 2009 and 2013)



Commonwealth Supported full-time equivalent students 1989 – 2014

Table 2: Basic facts on clinical placements and enrolments, Australia, 2012

Discipline/ profession	Clinical placement hours				Average mandatory clinical placement hours in all study programs, by discipline	Equivalent Fulltime Student Load		
	Total placement hours (million)	% of all placement hours	Change in placement hours from 2011			EFTSL in 2012	% of all EFTSL	% change in EFTSL compared to 2011
			Number (million)	%				
Medicine	12.3	35	0.9	8	3,652	16,997	15	3
Nursing	10.3	30	0.8	7	829	39,773	36	8
(+midwifery)	(1.2)	3	0.1	12	1,072	2,683	2	5
Social Work	1.8	5	0.2	15	1,011	7,478	7	10
Physiotherapy	1.5	4	0.3	21	911	5,535	5	10
Occupational Therapy	1.2	3	0.2	25	1,039	4,477	4	7
Dentistry	1.1	3	0.2	21	2,751	2,718	2	11
Psychology	0.9	3	0.06	7	1,256	3,264	3	7
Radiation Science	0.9	2	-0.05	-5	1,021	2,863	3	3
Paramedicine	0.6	2	-0.3	-36	480	4,183	4	33
Pharmacy	0.6	2	0.4	9	347	6,296	6	-1
Other (14)	[<3]	[<10]	2.7			[14k]	[13]	
Total	34.6	100		8		110,816	100	8

Source: HWA, *Clinical Training 2012*, Survey results June 2013, Health Workforce Australia, Adelaide, pages 24, 26, 13.

Note: Other disciplines are: Aboriginal and Torres Strait Islander health worker, Audiology, Chiropractic, Dietetics, Exercise Physiology, Medical Laboratory Science, Optometry, Oral Health, Orthoptics, Orthotics and prosthetics, Osteopathy, Podiatry, Sonography, Speech pathology.

Key Facts

- › There is considerable diversity in the number of clinical placement hours required across the top 10 disciplines (347 in Pharmacy to 3,652 in Medicine);
- › Of the 25 disciplines covered in the HWA census, the top 10 accounted for over 90 percent of all clinical placement hours;
- › Just two professions, Medicine and Nursing, accounted for just over two thirds of all clinical placement hours (even though they only account for just over half the enrolments in health related disciplines);
- › Between 2011 and 2012 the number of clinical placement hours increased by 8 percent. In absolute terms the greatest number of extra hours involved medical and nursing students. The greatest proportional increase involved occupational therapists (up 25 per cent), physiotherapists (up 21 per cent), dentists (up 21 per cent) and social workers (up 15 per cent); and
- › Most of the large proportional increases were due to the significant increase in enrolment in these disciplines.

› Methodology:

- Examination of published reports, grey literature and scholarly literature
- Examination of HWA, ClinConnect 2012 University data
- Structured interviews with 26 key informants
- Internal University of Sydney Stakeholder Workshop

› Definitions:

- There are many terms used between disciplines (e.g. clinical training, work integrated learning, field work, external placements).
- We refer to clinical placements that involve work integrated learning that requires client contact.

Key Informant Categories

Category	Discipline	Number of Interviews
University Discipline	Health Sciences	4
University Discipline	Medicine	3
University Discipline	Nursing	2
University Discipline	Psychology	2
University Discipline	Pharmacy	1
University Discipline	Dentistry	1
University Discipline	Social Work	1
University Discipline	Nutrition & Dietetics	1
University Discipline	Rural Health	2
University Discipline	Medical Research Contributions	1
Total University Interviews		18
Placement Hosts	A range of disciplines	3 (2 public/1 private)
Policy	NSW and Federal Government	5
Total External Interviews		8

University, Registration/ Accreditation and the Worksite

- › Three distinct social agencies are involved:
 - the university as the provider of underpinning knowledge,
 - organisations (government and vocationally based) involved in the specification of standards required for professional practice and
 - work sites which give those studying to become professionals initial expertise in applying their scientific knowledge in practice.
- › Registration:
 - In 2010, AHPRA was established to oversee registration of health and allied health professionals and students.
 - It consists of 14 professional boards, and in 2014 is responsible for the registration of over 600,000 professionals in Australia.
- › Worksites:
 - There are a total of 25,710,427 hours of clinical placements recorded in ClinConnect, 79 percent of which are in the public system within NSW.

Total Hours of Placement undertaken by University of Sydney students, by Discipline and Placement Setting (2012)

Discipline	Student Placement Hours*	Setting				
		Public	Private	NGO	Metro	Rural
	2012					
Dentistry	283,768	100%	0%	0%	97%	3%
Dietetics	43,610	64%	36%	0%	95%	5%
Exercise Physiology	22,440	24%	70%	6%	100%	0%
Occupational Therapy	114,392	60%	25%	16%	90%	10%
Physiotherapy	212,223	71%	29%	0%	92%	8%
Radiation Science	144,731	48%	52%	0%	91%	9%
Speech Pathology	112,657	82%	14%	3%	89%	11%
Nursing	163,519	80%	19%	1%	96%	4%
Pharmacy	56,915	10%	90%	0%	92%	8%
Psychology	28,728	85%	15%	0%	100%	0%
Social Work	102,620	59%	41%	0%	90%	10%
Medicine	1,099,396	92%	8%	0%	87%	13%

Workplace experience requirements in course accreditation standards by discipline

Discipline	AHPRA registration	Set Clinical Hours	Specified Settings	Specified set of skills achieved in clinical setting	Client type	Illness/ body part type	Timing within degree
Dentistry	Yes		Yes	Yes			
Dietetics		Yes	Yes				Yes
Exercise Physiology		Yes	Yes	Yes			
Medical Radiation Sciences	Yes		Yes	Yes			
Medicine	Yes		Yes		Yes		Yes
Nursing	Yes	Yes					Yes
Occupational Therapy	Yes	Yes	Yes		Yes	Yes	Yes
Pharmacy	Yes		Yes				Yes
Physiotherapy	Yes		Yes		Yes	Yes	
Psychology	Yes	Yes	Yes	Yes			
Social Work		Yes					
Speech Pathology				Yes			

Key Factors

- › Embeddedness: the level a student is integrated in a worksite for learning
 - In simple terms, the number of hours a student is in a worksite;
 - Is related to the difficulty is seeking placements, often counter intuitively (less embedded, more challenging);
- › Work readiness: the point at which a student is ready to practice autonomously:
 - the intensity of supervision required;
 - Is related to the levels of service they can offer.
- › Several possible factors
 - Professional fragmentation
 - Degree of complexity of decision making

Classification of clinical placement arrangements at the University of Sydney

		Ability to conduct service on placement				
		Competent to practice autonomously			Not competent to practice autonomously	
		Very High	High	Medium	Low	Very Low
Placement embeddedness in learning process	Very high	Dentistry				Medicine
	High		OT (Masters), Speech Pathology (Masters), Nursing Bachelors)	Nursing (Masters)		
	Medium	Psychology	OT (Bachelors), Physiotherapy, Speech Pathology (Bachelors), Exercise Physiology,	Nutrition and Dietetics, Rehabilitation counselling, Social work	Medical Radiation Sciences*	
	Low				Pharmacy	

Direct Benefits provided by The University are best categorised as:

- a) Provision of direct patient services
 - Quantitative + Qualitative
- b) Provision of indirect patient services
 - Quality assurance systems, Marketing materials, waiting lists ...
- c) Human resource operations and climate
 - Recruitment and selection
 - Organisation of training and development in the workplace
 - Diversity of the workplace enriched by students
- d) Continuing professional development
 - Professional practice:
 - Managerial/organisational skills and capability
 - Underpinning knowledge (from engagement with leading research + academic insight)
- e) Innovation from research
- f) Benefits beyond the facility: Development/maintenance of professional standards + a pool of professionals with work ready transferable skills

Moving to a Future of More Sustainable Models

- › It is important to grasp the diverse nature of student clinical placements.
- › The benefits of clinical placements are extensive but poorly documented and difficult to quantify.
- › Without improved documentation of these benefits it is likely that pre-occupation with costs will drive out the goodwill which underpins many current clinical placements. This will have significant cost implications for health service providers.
- › While improved documentation needs to generate the hardest numbers possible on the benefits – new knowledge is also needed about how the current workforce development regimes operate and what the options for more sustainable regimes into the future might look like.

What does this mean for the University?

Four Scenarios:

- › **Scenario 1: Status Quo Ante:** Return to the pre-existing regime of each discipline developing its approach to clinical education in an ad hoc fashion.
- ›
- › **Scenario 2: Maintain the Status Quo:** Continue on the current trajectory with organisations like HWA periodically injecting new money into the system to build up supervisor capability in particular as well coordinate data collection and support around clinical placement opportunities in general.
- ›
- › **Scenario 3: Full economic costing.** Shift to a transactional model where clinical placements are organised on the basis of fee for service, with bargaining between the University and health service providers over price, based on an assessment of relative costs and benefits and competitive forces between Universities potentially shaping prices.
- ›
- › **Scenario 4: New multi-party settlement.** Shift to a new encompassing settlement involving all the key players in the system. The new settlement will take into account the major changes in demand for health services, the emergence of student demand driven funding model for universities and the emergence of activity based funding in the health system at large.

- › In identifying more sustainable arrangements, attention needs to be devoted to:
 - how best to preserve the goodwill that is integral to clinical placements,
 - how to find a sustainable funding base for their operations, and
 - how to involve all parties in the formation of a new settlement as appropriate.
- › The data that could ensure that such a settlement is based on appropriate evidence concerns:
 - data on current operations (from all perspectives);
 - data on benefits as well as costs; and
 - processes for review and evaluation as models of care change.

Implications for Activity Based Funding

- › Highly likely that support funding is best provided on the basis of block grants linked to student flows and corresponding demands on staff time
- › Likely to vary by specific discipline



› Feedback?