

# **NSW Interdisciplinary Clinical Training Networks (ICTN)**

## **Clinical Placement Provider Survey 2013 Final Report**

**June 2013**

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## Abbreviations

CP	Clinical Placement
CPP	Clinical Placement Provider
EP	Education Provider
HETI	Health Education and Training Institute
ICTN	Interdisciplinary Clinical Training Network
LHD	Local Health District
SLE	Simulated Learning Environment

## Acknowledgements

The survey project team and the NSW Interdisciplinary Clinical Training Network would like to acknowledge the individuals and organisations who submitted responses to the NSW Interdisciplinary Clinical Training Network: Clinical Placement Provider Survey 2013.

## Executive summary

The NSW Interdisciplinary Clinical Training Network (ICTN) was established in 2012 to address the issues of quality in professional-entry student clinical supervision, and to enhance clinical placement capacity.

In recent years, surveys and focus groups have been conducted nation-wide and in other jurisdictions to identify barriers and potential enablers in providing clinical placement opportunities. Despite these reports, literature on issues specifically faced with the supply of clinical placements in NSW remains scarce.

The aim of the survey is to explore the issues that affect the capacity for clinical placement of professional-entry level students at a statewide level and within each of the eight NSW ICTNs. It also aims to develop recommendations for initiatives that will better equip the State and each ICTN for the future.

It is planned this survey (or a HWA-led equivalent) will be conducted annually. This June 2013 report will be used as the baseline to support future analysis and reporting. This executive summary reflects the key statewide findings from responses received from clinical placement providers.

### Profile of respondents

An invitation to voluntarily participate in the survey was sent to 1,034 primary email recipients. The recipients were also requested to forward the survey to appropriate personnel within their organisation.

A total of 561 responses to the survey were received during the survey period:

- 34 responses were excluded as the respondents did not answer any question on barriers to providing clinical placements;
- 85% of respondents were employees of NSW Public Health;
- 30% of submitted responses were from Nursing and Midwifery health professionals;
- The Allied Health professions of Dietetics, Occupational Therapy, Physiotherapy, Speech Pathology and Social Work comprised 36% of submitted responses;
- Medical health professionals submitted only 5% of responses;
- 46% of survey responses were submitted by practising clinicians / health professionals;
  - This group also comprised the greatest proportion with little or no knowledge of the ICTNs.

### Involvement with the ICTNs

- 55% of respondents knew little or nothing about the NSW ICTNs at the time of the survey.

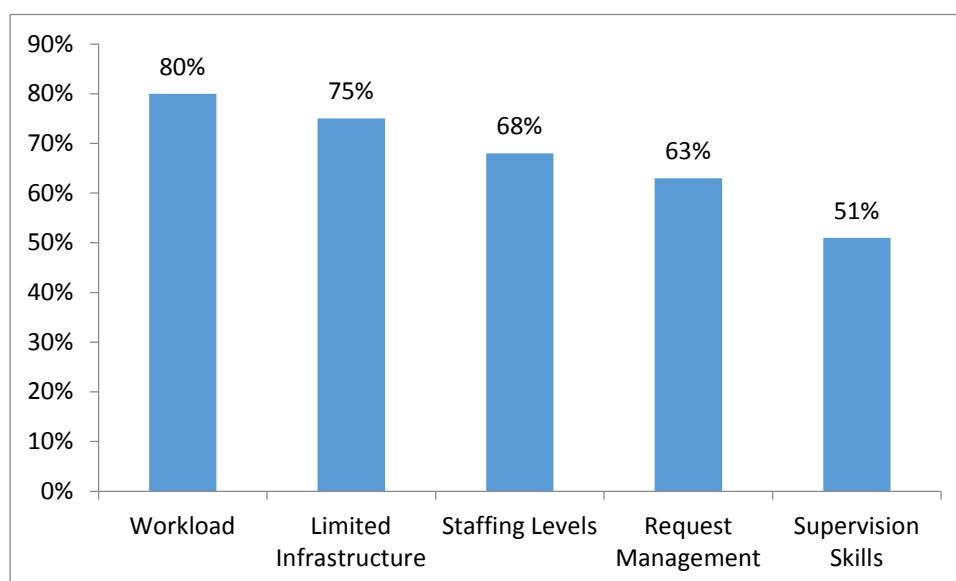
Action: A comprehensive engagement plan will be developed by 30 Sept 2013 to extend the reach as well as to improve awareness and understanding of the ICTNs.

## Potential to increase placement

- 57% of respondents perceived that there was potential to increase clinical placements within their organisation;
- 58% of respondents perceived that there was potential to increase clinical placements within their stated discipline;

## Barriers to providing clinical placements

The chart below shows the top five barriers as perceived by the survey respondents:



## Enablers to providing clinical placement

Generally, the common themes noted in solutions submitted by respondents included those that required improved communication and collaboration, and those requiring investment.

### Key enablers at the statewide level

The following are enablers as proposed by survey respondents.

Barrier	Enabler
Workload	<ul style="list-style-type: none"><li>• additional clinician staff and backfill</li><li>• management support for high clinical workloads</li><li>• provision of a dedicated student educator/supervisor/facilitator to assist with student supervision</li></ul>
Infrastructure	<ul style="list-style-type: none"><li>• student office and teaching space</li><li>• student accommodation and transport options</li><li>• dedicated student information technology (hardware, software and connectivity)</li></ul>
Staffing levels	<ul style="list-style-type: none"><li>• flexible placement configurations to accommodate for growing part time workforce</li><li>• streamlined recruitment processes</li></ul>

	<ul style="list-style-type: none"> <li>• increasing workforce in general</li> </ul>
<b>Request management</b>	<ul style="list-style-type: none"> <li>• coordinated placement scheduling to optimise placement throughout the calendar year</li> <li>• improved request management system that is more user-friendly and widely accepted by stakeholders</li> <li>• improved communication among and within education providers, clinical placement providers and students</li> </ul>
<b>Supervision skills</b>	<ul style="list-style-type: none"> <li>• provision of general supervision training</li> <li>• educational providers to provide training on placement expectations and curriculum</li> <li>• ensure appropriate skillmix for supervision in the workplace</li> </ul>
<b>Culture</b>	<ul style="list-style-type: none"> <li>• lessen impact of clinical placement to existing workload</li> <li>• education and promotion of clinical placement benefits</li> <li>• management to emphasise that clinical placements are core business</li> </ul>
<b>Course requirements</b>	<ul style="list-style-type: none"> <li>• appropriate patient casemix for placement</li> <li>• suitable placement duration</li> <li>• improved student information, knowledge and skills prior to placement</li> </ul>
<b>Geography</b>	<ul style="list-style-type: none"> <li>• Provision/subsidy for accommodation support</li> <li>• travel/transport support</li> <li>• improved profile of rural/regional placements</li> </ul>

Action: Detailed local analysis on barriers and enablers to clinical placement as well as potential to increase clinical placement will inform statewide and local initiatives.

## Next steps

This survey set out to explore the issues that affect the capacity for clinical placement of professional entry level students across the public, private and non-government sectors within NSW. This report presents the findings at the statewide level.

These findings will be used to inform approaches to increase capacity for clinical placement of professional-entry level students. This will involve consideration of the findings in the context of the evolving strategic direction of the NSW ICTN. Local data will be released to individual ICTNs for analysis and consideration in the development of local solutions to increasing capacity for clinical placement and training.

## Survey findings

### Profile of survey respondents

During the survey open period, a total of 561 responses were received. Of these 505 responses, 505 (90.1%) were received via the online survey tool while 56 (9.9%) were completed offline and returned by fax or email. The latter indicates it is still worthwhile to consider paper based options as valid means of encouraging responses in future surveys.

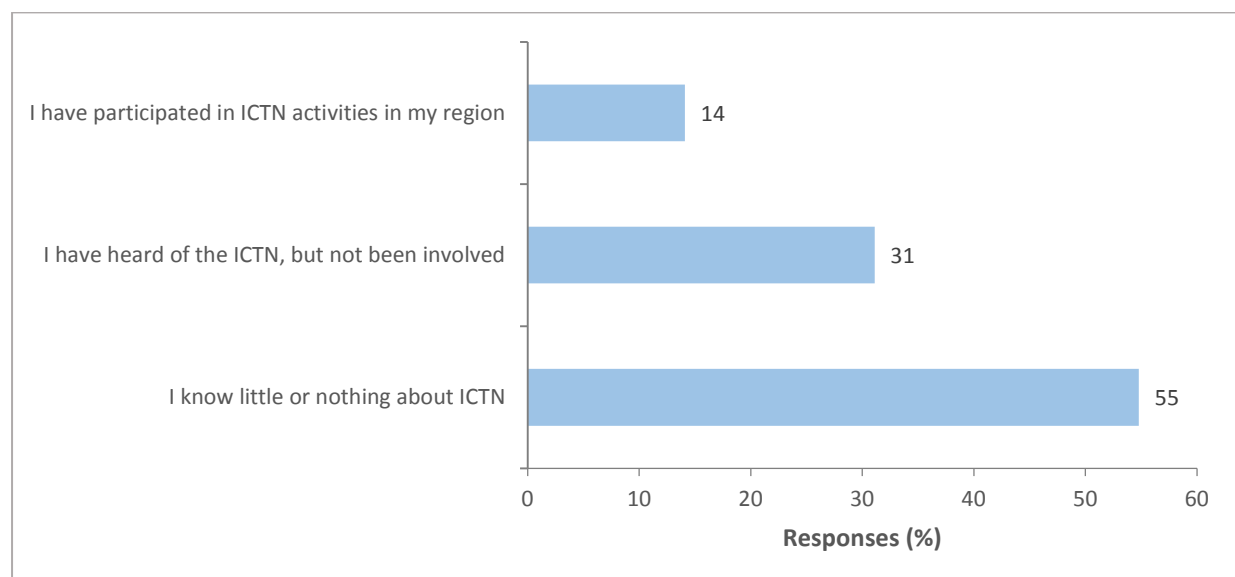
As the aim of the survey was to explore the barriers affecting of clinical placement capacity, only those survey responses that answered at least one of the 18 barrier/enabler questions were included in the analysis of results. Thirty-four survey responses were subsequently excluded as not having met this criterion.

The following analysis and discussion will be based on the 527 survey responses that met the above inclusion criterion.

### Involvement and awareness of the NSW ICTNs

Respondents were asked about their awareness of the NSW ICTNs and if they had any involvement in ICTN activities prior to the survey. The figure below shows the proportion of responses received.

Figure 1: Awareness and Involvement in ICTN based on 527 responses



- At the time of the survey, more than 55% of the respondents knew little or nothing about the ICTNs.
- Of the respondents aware of ICTNs, less than one-third reported that they had participated in ICTN activities.

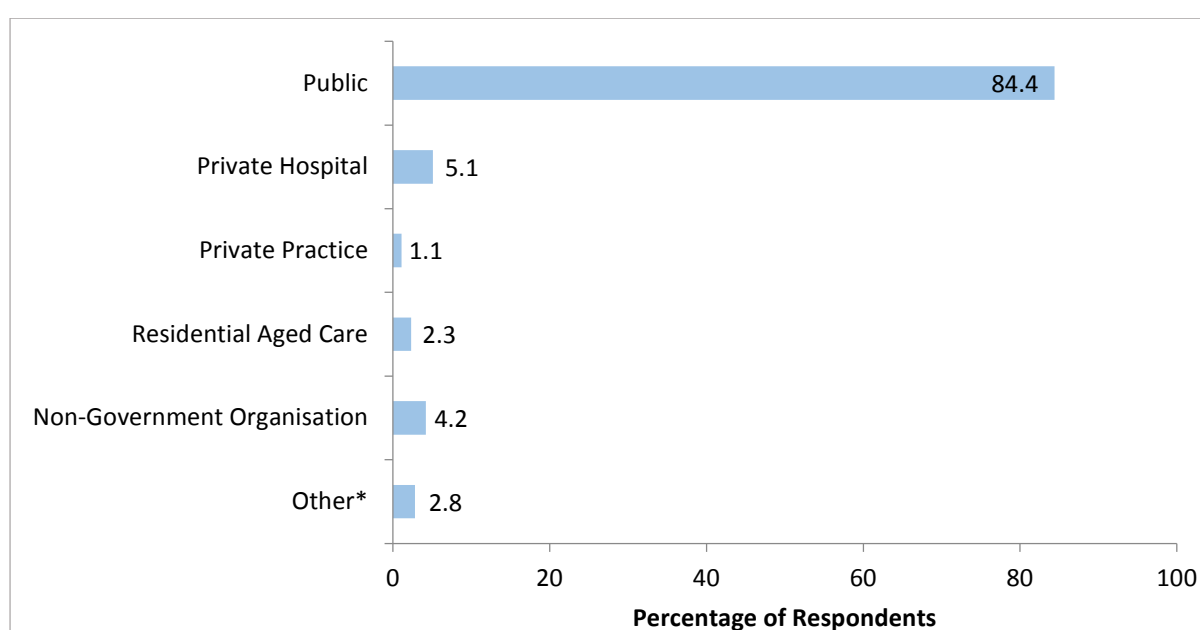


## Responses by sector

It is acknowledged that for many disciplines, the majority of clinical placements for professional-entry level students traditionally take place within the public health system.<sup>1</sup> Suggested solutions to increasing capacity include the utilisation of non-traditional environments such as residential aged care facilities and non-government organisations.

Within the NSW ICTNs, little data is available on the capacity and suitability of these non-traditional environments to provide clinical placement. Provision was made to contact potential respondents in these non-traditional environments as part of the survey distribution strategy. The following figure presents the breakdown of responses by the sector which best described the respondent's workplace and/or organisation.

Figure 2: The proportion of 527 survey responses by workplace/organisational sector



- Nearly 85% of responses were submitted by public sector employees; this may be indicative of the current profile of clinical placement providers in NSW
- The relatively poor response from sectors other than Public Health may be:
  - due to the distribution strategy employed
  - reflective of the level of engagement with these sectors to date
  - indicative of the current level and profile of clinical placements occurring within these sectors

<sup>1</sup>Dean CM et al (2009) A profile of physiotherapy clinical education. Australian Health Review 33(1): 38-46.

## Responses by discipline

The following table presents the distribution of the 527 survey responses according to the discipline of the respondent.

Table 1: Survey responses by discipline (n=527)

<b>Discipline</b>	<b>Responses (%)</b>
<b>Aboriginal and Torres Strait Islander</b>	1 (0.2%)
<b>Audiology</b>	2 (0.4%)
<b>Dentistry</b>	1 (0.2%)
<b>Dietetics</b>	12 (2.3%)
<b>Exercise Physiology</b>	6 (1.1%)
<b>Medical Laboratory Science</b>	1 (0.2%)
<b>Medicine</b>	24 (4.6%)
<b>Midwifery</b>	13 (2.5%)
<b>Nursing</b>	157 (29.8%)
<b>Occupational Therapy</b>	48 (9.1%)
<b>Oral Health</b>	3 (0.6%)
<b>Orthoptics</b>	3 (0.6%)
<b>Paramedicine</b>	1 (0.2%)
<b>Pharmacy</b>	7 (1.3%)
<b>Physiotherapy</b>	50 (9.5%)
<b>Podiatry</b>	5 (0.9%)
<b>Psychology</b>	47 (8.9%)
<b>Radiation Science (includes Nuclear Medicine Technology, Diagnostic Radiography)</b>	18 (3.4%)
<b>Social Work</b>	34 (6.5%)
<b>Speech Pathology</b>	47 (8.9%)
<b>Non-clinical</b>	9 (1.7%)
<b>Other*</b>	38 (7.2%)

\* Analysis of the responses to the category of 'Other' predominantly referred to multidisciplinary groups of health care professionals such as Allied Health, or to specialised health services such as 'Mental Health'. For the purpose of this analysis, these have been grouped together.

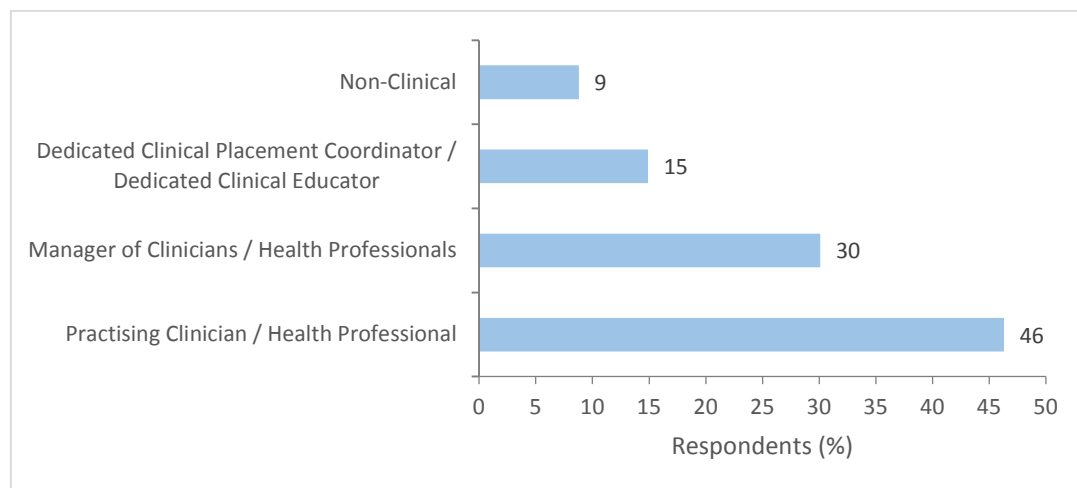
- Over 30% (170) of submitted surveys were completed by Nursing and Midwifery health care professionals
- The five main Allied Health professions (Dietetics, Occupational Therapy, Physiotherapy, Social Work and Speech Pathology) contributed 36.2% (190) of the submitted survey responses
- Medical health professionals submitted only 24 (4.6%) survey responses.

### Responses by role in the workplace

The survey aimed to target health professionals who had experience and knowledge of providing clinical placements for professional-entry students within their organisation. These health professionals range from practising clinicians who undertake student supervision in addition to their substantive position, dedicated clinical educators and clinical placement coordinators, to clinical managers and non-clinical employees (e.g., executives, administrators, program officers of health organisations).

The figure below presents a breakdown of the responses received by the predominant role of the respondent.

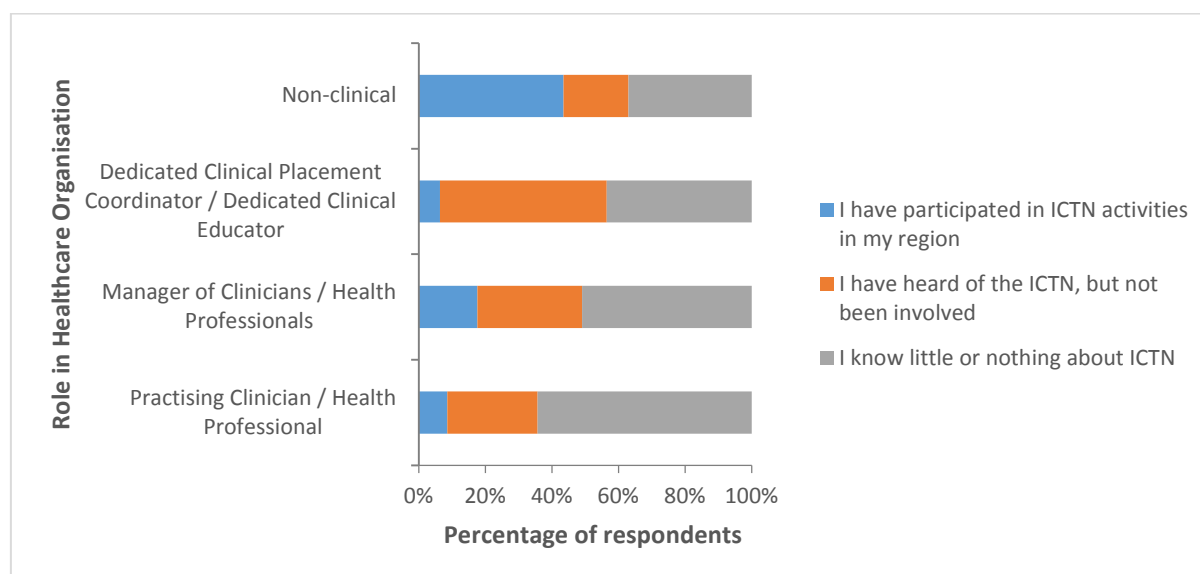
Figure 3: Predominant roles of the 527 survey respondents



- 46% of the survey responses received (n=244) were submitted by practising clinicians / health professionals.
- The proportions of each category nominated appear to align with expected proportions of each role employed by health care organisations.
- The large proportion of responses from practising clinicians and health professionals may be indicative of the effectiveness of the survey distribution strategy (i.e. those targeted in the primary round of email distribution had forwarded the survey to relevant staff in their organisation).

The figure below presents the level of awareness and participation in ICTN by the predominant role of the survey respondents.

Figure 4: Level of awareness and involvement in ICTN by predominant role



- Participation in ICTN activities appears greatest amongst non-clinical employees (43.5%), followed by managers of clinicians/health professionals (17.7%)
- Participation was low among practising clinicians/health professionals (8.6%), and dedicated clinical placement coordinators/dedicated clinical educators (6.4%)
- The greatest proportion of respondents having little or no knowledge of the ICTNs was found among practising clinicians/health professionals (64.2%)

#### Respondent perception of ability to increase placement capacity

Respondents were asked if they perceived there was potential to increase clinical placements within their organisation and within their predominant discipline. The table below presents the responses received.

Table 2: Respondents perceived potential to increase clinical placements (n=527)

	Yes	No	Not able to answer
<b>Within their organisation</b>	300 (56.9%)	130 (24.7%)	97 (18.4%)
<b>Within their discipline</b>	303 (57.5%)	154 (29.2%)	70 (13.3%)

- It should be noted that greater proportions respondents from private hospitals (81.5%) and residential aged care facilities (91.7%) indicated that there was potential for an increase in clinical placements

## Barriers to clinical placement

Key point: The top five barriers as perceived by the survey respondents are: workload, limited infrastructure, staffing levels, request management, and supervision skills.

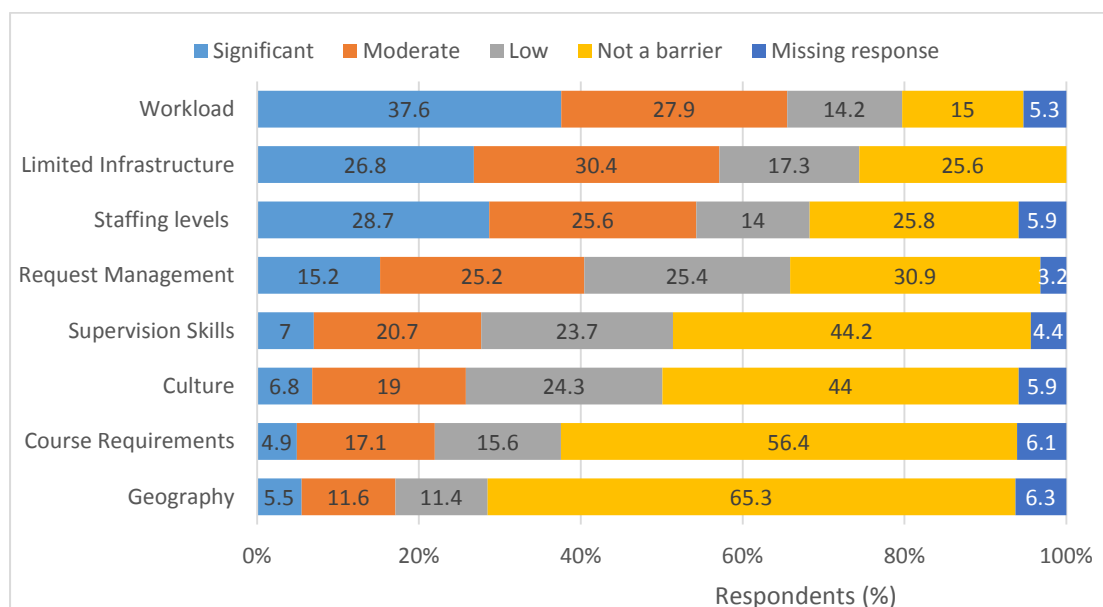
The survey asked respondents to indicate, based on their experience, the degree to which a series of eight identified factors contributed as barriers in providing clinical placements for professional entry students. They were asked to rate each factor according to the following scale:

- Significant
- Moderate
- Low
- Not a barrier

When they responded “significant”, “moderate” or “low” respondents were asked to provide enablers to overcome the barrier.

The figure below presents each factor and the how respondents rated these as a barrier to providing clinical placements.

Figure 5: Contribution of factors to barriers to clinical placement as reported by survey respondents (n=527)



- The top five barriers as perceived by the survey respondents are:
  - Workload (80%)
  - Limited infrastructure (75%)
  - Staffing levels (68%)
  - Request management (63%)
  - Supervision skills (51%)

## Statewide summary of suggested enablers

### Workload

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*‘Staff are so overworked that fitting in the time to supervise a student is very difficult, even though it is very rewarding.’*

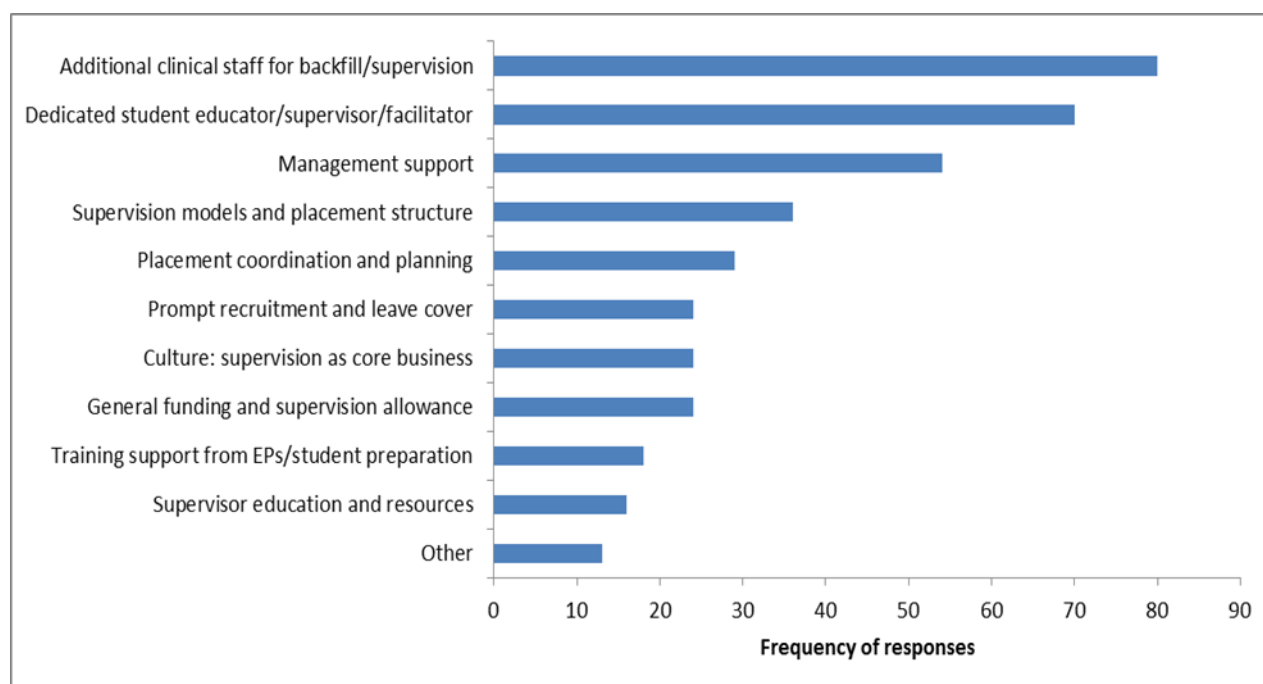
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Many respondents felt there was real pressure in dedicating adequate time for student supervision with the competing priority of clinical caseloads. This hurried time impacts the learning opportunity for the student.

The most frequently cited solutions to enable clinical placement supervision in an environment with heavy workloads include: increased support for clinical caseloads (additional clinician staff, and management support), and the provision of a dedicated student educator/supervisor/facilitator to assist with student supervision (Figure 6).

It is interesting to note that the emphasis of enablers differed slightly between the various disciplines represented in the survey (results not shown). Nursing and Midwifery professionals felt that dedicated student educator was the key enabler while Allied Health professionals<sup>2</sup> felt that additional clinical staff/backfill was the key enabler. Medical professionals, despite having lower response rates, offered management support and general funding and supervision allowance as key enablers.

Figure 6: Clinical placement capacity enablers suggested in response to ‘Workload’



<sup>2</sup> Allied Health Professions Australia comprises audiologists, dietitians, exercise physiologists, occupational therapists, orthoptists, orthotists and prosthetists, pharmacists, physiotherapists, podiatrists, psychologists, radiographers, radiation therapists, social workers, sonographers and speech pathologists. Glossary of Terms, Inventory of Innovation, Health Workforce Australia <http://www.hwainventory.net.au/glossary> [accessed June 2013]

- Additional clinical staff for backfill/supervision
  - Most respondents felt it was necessary to employ additional clinical staff to ensure the clinical needs are met when supervising a student, and to provide adequate time for successful student supervision
  - In particular, respondents identified employing more experienced clinicians and/or full-time staff specifically who may also assist in supervision

*'Providing adequate funded clinical backfill to enable our department to provide additional clinical placements'*

*'When students are buddied with a staff member who has a full patient load this can be a barrier'*

- Dedicated student educator/supervisor/facilitator
  - Respondents pointed out the need to provide funding for dedicated student clinical educator roles. The clinical educators/supervisors may have reduced or no caseload and work in a full-time or part-time capacity. They may be solely responsible for student supervision or assist with tutorials, de-briefing, and filling in knowledge gaps for students
  - There were also suggestions to employ additional university-appointed facilitators in Nursing, and/or greater availability and supervision support from existing facilitators
  - The provision of student unit supervisors was also cited

*'Additional clinical educator hours need to be provided - based on student numbers. At the moment clinical education hours are based on the size of the service, not numbers of students requiring supervision'*

*'Workload is often too high already and student placements place significant extra load, we need an educator position'*

*'A dedicated multidisciplinary student unit so the clinicians have no other responsibilities would be very useful'*

*'Funding for extra staff / clinical educator positions to help cover workload pressures'*

- Management support
  - Respondents indicated that management would need to acknowledge that student supervision may be time-consuming, and allow provision for negotiating workload expectations. This would reduce the effect of workload burden on student placements
  - Respondents also cited that management and senior staff need to recognise that it is difficult to maintain a full caseload with students, and supervision support should be provided
  - Allocated and rostered time for supervision was frequently mentioned as a useful strategy. Re-evaluating key performance indicator (KPI) structure and job descriptions to include student supervision was also mentioned.

*'More clinicians (should) be allocated time for students, rather than having to manage students on top of normal clinical loads'*

*'Make placement supervision a more accepted part of workload'*

*'More management recognition of the demands of supervising a student'*

*'Clinicians are asked to supervise/train medical students, new professionals and vocational trainees plus carry a clinical load and do research'*

- Supervision models and placement structure
  - The fourth most cited enabler to provide clinical placements under workload pressures was new models of supervision and better planning of placements
  - New supervision models may consist of co-supervision arrangements across the department or disciplines (incorporating multidisciplinary supervision and interprofessional learning), alternative model of Nursing facilitation, sharing the workload with students and delegation of appropriate tasks with/to student (under supervision)
  - In particular, respondents felt that the opportunity to conduct an aspect of supervision outside the team would reduce workload burden. This could include:
    - dedicated student educator to take students for tutorials while staff member continues with clinical work
    - regular clinical skill programs off the ward and comprehensive orientation program to each area.
    - 'off-site' group tutorials given by district in skills such as caseload management and goal setting
    - group activities while the clinician attends to paperwork
    - independent tasks for students
    - additional support for supervisors at initial stage of placement
  - Placements that are well-considered may also enable placement capacity strained by high workloads; structured, well communicated goals for placement would allow staff to prioritise needs and allocate students

*'Students offered support outside of workplace rather than requiring all supervision to come from within the team'*

- Placement co-ordination and planning
  - Better work processes to utilise down-time such as early morning and late afternoon for supervision briefing and feedback
  - Coordinate and schedule placements based on resources, work-force, and skill mix
  - Distribute placement load evenly throughout the year
- Prompt recruitment and leave cover
  - Respondents felt that clinical placement capacity is adequate when the department is fully staffed; however workload is a barrier when trying to manage vacancies and leave
  - Organisations should promptly fill job vacancies. This includes streamlining the length of time taken to get approval to fill vacancies and/or backfill maternity leave hours or secondments



*'Ward to be fully staffed when taking on a student. This cannot always be accommodated for due to unplanned leave and funding shortages, but it is a significant and real barrier to taking on students'*

- Culture change: Supervision is core business

*'Teaching needs to be seen to be important and appropriately resourced, that (there) is a balance between service and education'*

*'Despite high workloads, ensuring (that) social work student placements take place is crucial as it is essential part of our professional commitment'*

- Training support from EPs/student preparation
  - Additional supervision support from universities and better preparation of students could also facilitate clinical placement capacity within current workloads
  - Recommendations include: education sessions and clinical training to be shared with education providers, more active university involvement in placement supervision, university representative to do some of the check-ins with students, and educational institution staff to supervise students
  - Motivated and well-prepared students assist in relieving workload; students need to arrive to the placement motivated, with objectives, expectations, pre-placement preparation/reading, and greater awareness of supervisor roles and responsibilities

*'Better support from universities, i.e., on-site de-briefing and support for students. University being more actively involved in cases when students are at risk of failing, including cancelling placement and dealing with issues away from clinical placement'*

- Supervisor education and resources
  - Some respondents felt that supervisor training and resources would assist. Suggested training themes include strategies to manage time and students; how to integrate students into the caseload; how to assist and engage students; how to better utilise students structure placements; and coaching skills for supervisors

## Limited infrastructure

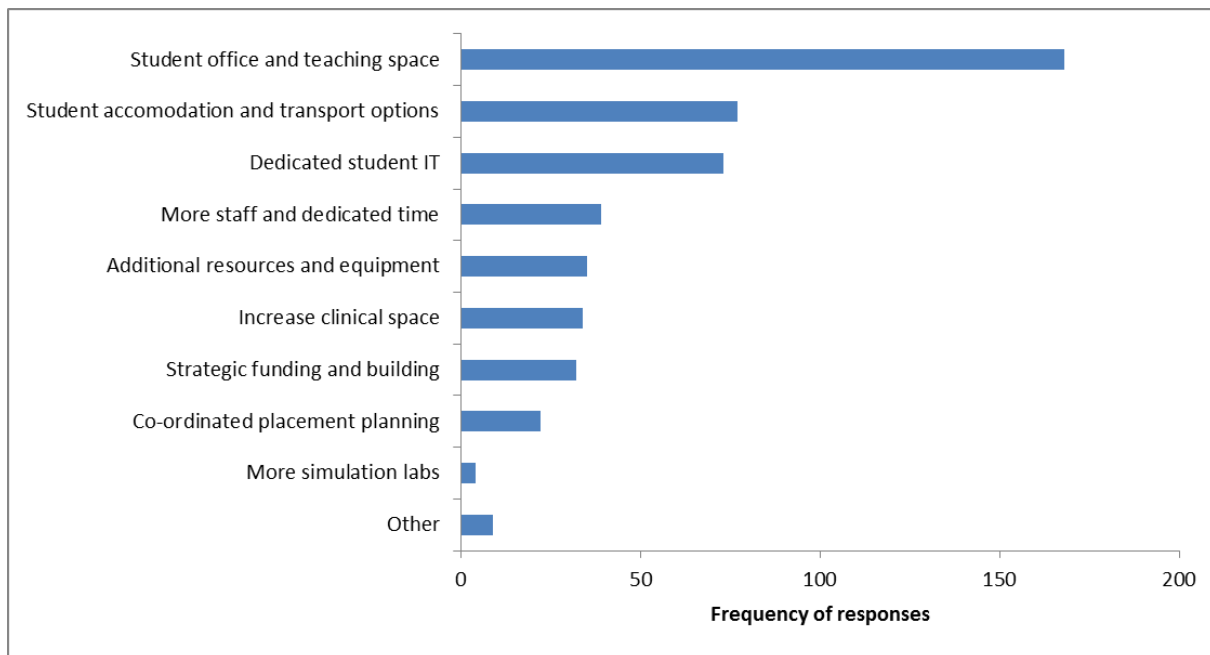
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*'There is limited infrastructure at times for staff already there,  
so additional people in the units creates pressure'*

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The top three enablers for student placement capacity in response to 'Limited Infrastructure' include student office and teaching space, student accommodation and transport options, and dedicated student information technology (Figure 7).

Figure 7: Clinical placement capacity enablers suggested in response to 'Limited Infrastructure'



The profile shown in Figure 7 was consistent across respondents who perceived 'Limited Infrastructure' as a low, moderate or significant barrier to providing clinical placements (results not shown).

Interestingly, the emphasis on the type of enabler differed according to the discipline of respondents (results not shown). Although responses from Allied Health professionals had a similar profile to Figure 7, Nursing and Midwifery professionals felt that student accommodation and transport options was the key enabler followed by student office and teaching space. Medicine professionals, despite having a lower response rate, had the same top two enablers as in Figure 7, along with increase clinical space and, strategic funding and building.

Respondents strongly felt that the following infrastructure solutions would better enable them to provide clinical placements:

- Increased student office and teaching space
  - Designated 'hot desks', lockers, and adequate teaching/debriefing rooms for students
  - Dedicated student training room with computers, printers, supplies and stationery, internet connection, etc.
  - Common multidisciplinary student room

*'Adequate workspace may be limited for staff, let alone adding a student to the mix'*

- Dedicated computer and internet access
  - Respondents felt that students need greater access to computers while on placement. Students could be provided with laptops, or access to more 'hot desks' with computer and internet/intranet access. Another idea is to encourage students to bring their own laptops
  - install more fixed network connections for greater access to wireless connections, and the technology to use these

*'Increase number of computer hot desks. University has most subjects/ learning opportunities online. Most wards have limited access to personal computers'*

- New or more affordable student accommodation options
  - Increased student accommodation in rural and regional areas, more affordable /reliable/quality accommodation
  - 'Negotiate' accommodation with hospitals, university colleges, local accommodation facilities and the local council

*'As a metropolitan centre, we receive many requests for accommodation from rural students wanting to undertake a city placement but have limited financial means. With the loss of many 'nurses' home(s)', residences students are forced to pay premium rates, which are prohibitive. Some sort of accommodation support would be helpful. Or perhaps, links with university colleges.'*

Other suggested enablers (Figure 7) include increasing clinical space, co-ordinated placement planning, additional resources and equipment, more staff and dedicated time, and access to simulation labs.

- Strategic funding towards infrastructure was identified as an enabler. A suggestion at the policy level was made to *'have the Public Health Facility standards changed to include space and facilities for students'*. Observation facilities (including microphoned rooms) for clinical spaces were also mentioned

## Staffing levels

*'Part time staff impact on ability to take students.  
Vacancies impact on capacity to take students'*

The top three enablers for student placement capacity in response to 'Staffing Levels' include developing flexible placement configurations, streamlining recruitment processes, followed by employing more staff in general (Figure 8).

Figure 8: Clinical placement capacity enablers suggested in response to 'Staffing levels'



Respondents perceiving 'staffing levels' as a moderate or significant barrier to providing clinical placements exhibited a similar profile of enablers as indicated in Figure 8 above. Interestingly, the emphasis of enablers differed according to the discipline of respondents (results not shown). Nursing and Midwifery professionals felt that employ more full-time/permanent/experienced staff was the key enabler to staffing levels. In contrast, Allied Health professionals exhibited a similar profile to Figure 8 above.

Respondents strongly felt that the following staffing level solutions would better enable them to provide clinical placements:

- Develop flexible placement configurations
  - Arrange placements across specialities or rotate students through departments or between organisations or other health services; share students between clinicians and/or teams
  - Multi-student placements – supervise more than one student at a time
  - Match student placement hours to available suitable staff rosters
  - Large casual part-time workforce may affect the ability to take students, continuity of the placement, and make it difficult to plan quality learning experiences. Recommendations to overcome this include:

- flexible placement configurations e.g. students attend part-time instead of block-periods, combine part time placements with other placement opportunities, flexible placement dates and hours
- full-time clinical educators to oversee and assist with co-ordinating part-time staff/educators
- shared supervision - placement supplemented with additional days from another clinician
- more support from education providers on managing a student placement by part-time supervisors whose days do not overlap
- explore different models e.g., interagency model

*'Most of the workforce (are) part time these days, and so perhaps more flexible hours / release patterns could be developed to incorporate these issues. Perhaps clinical placement hours could match the preceptor - i.e., 0.5 FTE for eight weeks, instead of full time for four weeks (Nursing)'*

- Streamline recruitment processes
  - More timely recruitment processes within NSW Health
  - More user-friendly recruitment system, devolve sign off from district level to site level, quicker approvals, reduce recruitment procedure requirements
  - Recruitment is an ongoing challenge in rural communities; continued access to recruitment assistance/funding through NSW Rural Doctors Network
  - Better/wider advertising of jobs

*'Taking student placements places extra demand on clinicians time. If we were continuously appropriately staffed it would assist us to be able to accommodate students'*

*'Vacated positions need to be filled promptly and to full capacity'*

*'Recruitment processes to be improved, less delays in processing requests'*

*'An appreciation by senior management that vacancies of positions with a teaching load need to be filled expeditiously'*

- Employ more staff

*'Staffing levels need to be kept at full capacity as a priority and not used as a cost-saving measure. Clinicians are often not being replaced adequately (e.g., short term revolving contracts) or with significant delays in recruitment'*

- Cover for leave absences
  - Provide relief for leave so placements can continue

*'A lack of leave backfill means that staff are very stretched, even when we are fully staffed'*

*'Ensure maternity leaves are filled rather than having teams need to cover plus take students'*

- Employ more full-time/permanent/senior staff
  - Employ more senior clinicians and experienced staff, up-skill more senior staff as supervisors

- Employ permanent staff rather than large numbers of locum staff (difficult for visiting medical officers to provide supervision)
  - casual staff and agency staff are often not appropriate to support students
- Pay for a full time instead of a part time staff member

*'It is not about staffing levels it - is more associated with employing adequate staff who have the relevant skill and dedication'*

*'When permanent staff are absent from ward they get replaced with more junior staff from the casual pool who may not be able to work or teach students appropriately'*

- Provide dedicated educator/supervisor
  - Dedicated supervisor either fully or partly funded by the university to be adjunct to the practice
  - Students can be on placement but when they are not undertaking clinical placement, they could be part of the unit; implement shared salary agreements

*'Increased number of student educators to support additional clinical placements'*

*'In my experience, student units work best when a position dedicated to clinical education exists within the various fields of physiotherapy, enabling a focus on student needs and learning, without creating additional work for clinicians who are often already stretched'*

- Other
  - Respondents also suggested" training; more resources; adopting benchmark staffing levels; more support from universities for student management; workforce attraction and retention strategies; employing casual staff; improving culture; decreasing number of students and targeted funding

## Request management

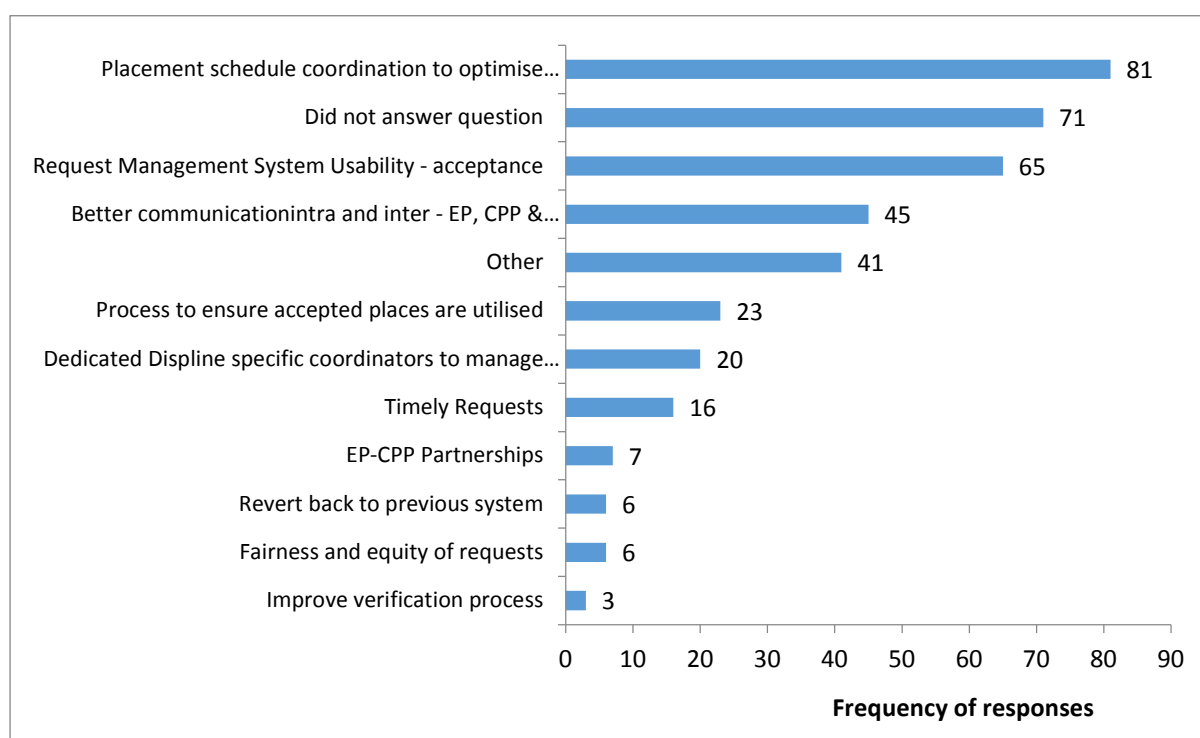
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*'The issue of universities all requesting at the same time and working according to set semesters limits the number of students who could be on clinical placement.'*

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The top three enablers for student placement capacity in response to 'request management' include coordinating placement schedule to optimise placement throughout the calendar year, request management system usability-acceptance and better communication among and within EPs, CPPs and students (Figure 9).

Figure 9: Clinical placement capacity enablers suggested in response to 'Request Management'



Responses exhibited similar profiles to Figure 9 above, even as respondents perceived request management as a moderate or significant barrier to providing clinical placements. However, the majority of respondents who perceived this as a low barrier felt that improving the usability of the request management system would enable them to provide clinical placements. Nursing and Midwifery professionals felt that placement schedule coordination was a key enabler followed by better communication between EPs, CPPs and students and process to ensure accepted places are utilised. The key enabler for Allied Health professionals was request management system usability, whereas the major enablers for Medicine were better communication between EPs, CPPs and students, dedicated discipline specific coordinators and timely requests.

Respondents strongly felt that the following solutions to 'request management' would better enable them to provide clinical placements:

- Coordination of the clinical placement schedules of various education providers to optimally utilise the calendar year
  - EPs to consider 'staggering' clinical placement timetables
  - Coordination between EPs so that requests are not made for the same times

*'Education providers need to be more flexible and accommodating of health care providers who are trying to assist them with their increasing demands on clinical placements'*

*'The issue of universities all requesting at the same time and working according to set semesters limits the number of students who could be on clinical placement.'*

*'Varied placement times during the year'*

*'Education providers could liaise with each other so that placements do not clash and requests were not all at the same time'*

- Provide a functional request management system which is accepted by all users
  - The request management system should accommodate the varied business processes and nuances of each discipline
  - Adequate education and training in the system should be provided to all users
  - The system should facilitate placement, not create additional workload

*'The new system has not been effective...have had placement requests that are not appropriate to the clinical level, or not offered placements we would have been willing to facilitate'*

*'The new system's time frames are not workable for our discipline, where we have long placements with a high level of tailoring of student/supervisor/learning goals. The EPs do not even know which students they will have who will be suitable for which placements when the requests need to be finalised...it's not workable so far out from the placement start date'*

- Improve and promote continuing communication between and within education providers, clinical placement providers and students
  - EPs to negotiate directly with CPPs regarding placement schedules and expectations

*'More communication between all parties involved...EP staff allocating students need to know more about the services they are sending students to'*

*'Communication from EPs is often inadequate and their expectations high. Communication between the EPs and the students they send appears to be poor.'*

- Ensure placements accepted by education providers are actually utilised
  - Commitment from EPs to take up booked placements
  - Reduce overbooking of placements by EPs

*'Cancellation of placement at short notice is an ongoing concern'*



*'EPs cancel placements at the last minute, so staff are not willing to offer again'*

- Use dedicated discipline specific placement coordinators to manage requests

*'There needs to be personnel allocated to these roles, rather than adding to existing staff's workload. An organised program that is coordinated by a dedicated staff member(s) would overcome shortcomings in this area'*

*'Universities should have dedicated discipline specific clinical placement personnel rather than admin staff who place students from more than one discipline'*

## Supervision skills

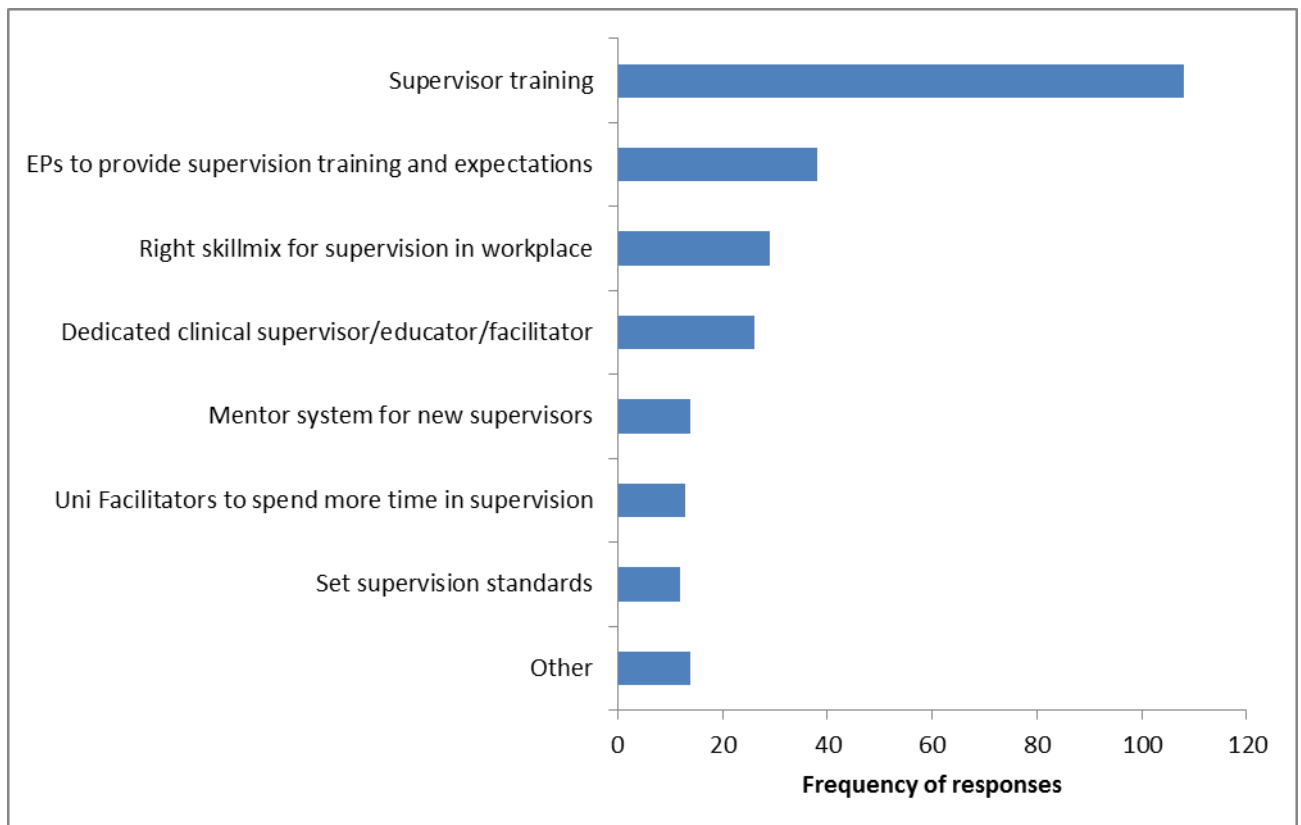
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*‘Student supervision is a skill, and like any skill - it needs to be developed and nurtured by a clinician’*

---

The top three enablers for student placement capacity in response to ‘Supervision Skills’ include supervisor training, EPs to provide supervision training and expectations, followed by right skill mix for supervision in workplace(Figure 10).

Figure 10: Clinical placement capacity enablers suggested in response to ‘Supervision skills’



Supervisor training was the key enabler, irrespective of whether respondents perceived ‘Supervision Skills’ as a low, moderate or significant barrier to providing clinical placements (results not shown). Interestingly, the emphasis of enablers differed in some areas according to the discipline of respondents (results not shown). Allied Health professionals exhibited a profile similar to Figure 10. Nursing and Midwifery professionals emphasised the importance of a dedicated clinical supervisor/educator/facilitator, and felt the need for university facilitators to spend more time in supervision.

Respondents strongly felt that the following 'supervision skills' solutions would better enable them to provide clinical placements:

- Supervision training
  - 'Training in supervision' was frequently cited as an enabler for supervision skills as a barrier to taking on clinical placements
  - Respondents acknowledged the challenges for staff to access current supervision training. Possible suggestions include: holding local and on-site sessions, more reasonable cost for training, leave cover, and regular sessions throughout the year, ensure sessions are not too time-consuming, and greater staff access to training
  - Training may encompass enhancing supervision skills, up-skilling for clinicians, time, workload and student management strategies, courses for precepting and mentoring skills (including online), group-based peer reviews, workshops, clinical leadership, skills refresher training, the role of preceptorship in rural/remote areas, and training customised for specific disciplines and settings
  - Respondents also identified providing private sector hospitals with access to training opportunities in supervision skills as an enabler, since private sector staff are currently excluded from public sector training opportunities

*'Staff receiving more training on how to supervise students (both at an organisational and statewide level) and ongoing access to clinical supervision and training'*

*'Staff require ongoing training support to ensure Best Practice is taught on placement'*

*'Encourage more staff to undertake training in supervision and provide the means for them to undertake this training in a timely fashion'*

*'Training/workshops in our local area so supervisors can have the skills and confidence to supervise students on placement'*

- EPs to provide supervision training and expectations
  - Many respondents agreed that supervision skills could be improved with more information on curriculum and university expectations/requirements of placement experience, and clearer supervision goals and objectives
  - University-led supervisor courses and workshops are a means of co-ordinating expectations, information on current teachings, updates on curriculum, and communication on assessment guidelines and procedures
  - Some respondents have offered suggestions for improvement to current university-run courses. These include sessions to be regular and ongoing, not limited to the Sydney metropolitan area, conducted on-site at the host facility, scheduled when clinical load is less busy

*'Organisations making placements should provide clear supervision objectives and measurements'*

*'This needs to be resolved by Education Providers providing multi-disciplinary supervision training for all disciplines; free of charge; at multiple regional, rural and remote health sites – i.e., not at education provider sites; and multiple times of the year'*

- Right skill mix for supervision in the workplace
  - Some respondents have expressed concern about the number of new graduates in their department, not having the experience behind them to adequately supervise students
  - Recruitment of more senior/experienced staff and employment of a dedicated clinical educator (full-time or part-time), have been some suggested enablers

*'It is more a factor of being able to provide a more experienced clinician to be with the student.'*

*'Ward based skill mix limits number of students that can be accepted. Recruitment of senior staff required and in progress'*

*'Often skill mix is an issue and new graduates are having to supervise students when they are struggling themselves'*

- Dedicated clinical supervisor/educator/facilitator

*'Skills training is great but sometimes the staff members are new out of University and need some experience behind them. If we were funded some educator positions it would be extremely helpful'*

*'Small rural sites only have two nurses per shift and the increase in clinical facilitators would improve this'*

*'Support from a dedicated fulltime student coordinator in planning and conducting placements to see the benefits of having student'*

- Mentor system for new supervisors

- Strategies to mentor development of supervision skills was also mentioned
- This may include more experienced clinicians to mentor 'new' supervisors, and support groups and opportunities for joint supervision with experienced supervisors

*Giving staff time to develop and be mentored in the development of their supervision skills'*

- University-appointed facilitators to spend more time in supervision
  - There has been concern regarding the level of supervision and support offered by some university-appointed facilitators in Nursing
  - It was acknowledged that they are frequently allocated a number of students across multiple sites, thus having ad-hoc contact with students. In addition, their knowledge and area of expertise may not always be relevant
  - Respondents felt that additional university-appointed facilitators should be allocated, so more time could be spent supporting and supervising students, and observing to see if students are meeting their required learning outcomes. Alternative models of supervision would need to be explored.

*'Student facilitation is problematic. Some facilitators are great and work with the students others dump and run. We need a better model; the CNE and CNS in the wards/units are much better placed to provide clinical education to students than an outside facilitator who often doesn't know the hospital'*

*'It would be good if the students' facilitator could meet with staff to explain what is expected of this student placement and how staff can assist'*

- Set supervision standards
  - Some respondents felt that, ideally, there should be policies implemented to ensure adequate skills in supervision
  - This may take the form of mandatory supervision training with or without a certain level of experience; having a standardised approach to prepare staff for supervision; meeting requirements by Australian Health Practitioner Regulation Agency (AHPRA) and universities (level of training) to be endorsed supervisors; and for new supervisors to be mentored while taking students.

*'Clinical supervisors should ideally have completed dedicated post-graduate training in supervision, as well as having maybe 2-3 years of recent healthcare experience'*

*'We previously had all supervising staff undertake the Certificate IV in Training and Assessment...'*

- Other

*'...more importantly education of all staff regarding role of a teaching hospital and ways of working with students'*

## Culture

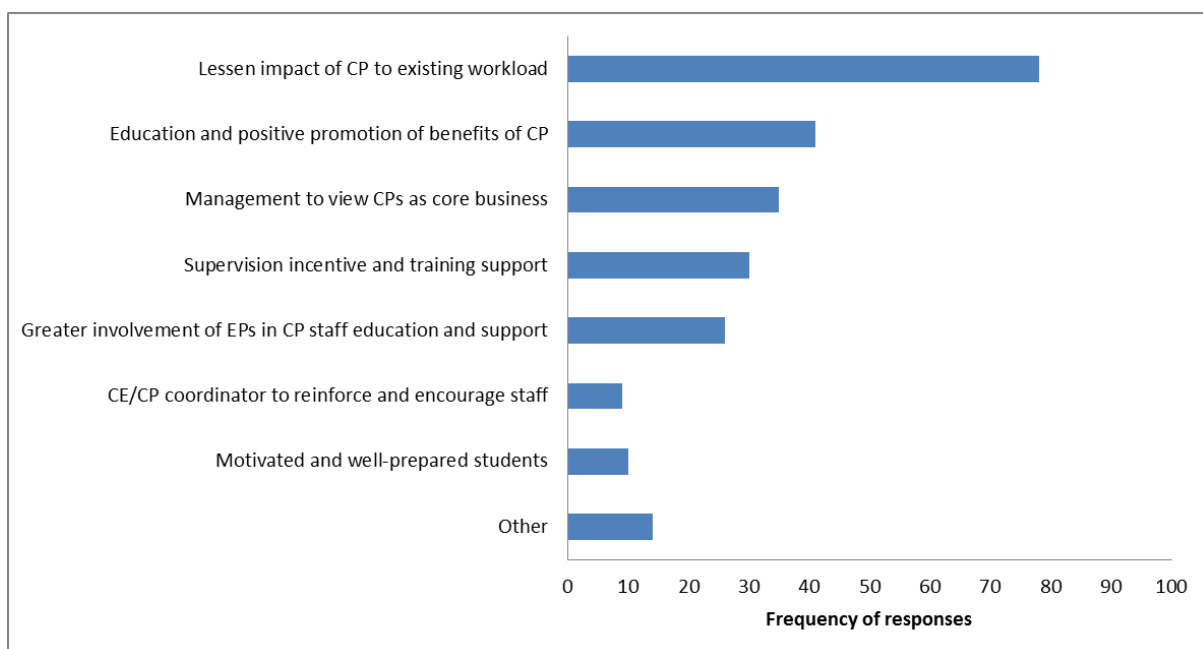
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*'We have a positive culture for students - this is supported by offering and encouraging staff to attend clinical education training workshops, designating a clinical education portfolio within the department. (These are) also built into job descriptions for all positions (based on level of experience)'*

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The top three enablers for student placement capacity in response to 'Culture' are reducing the impact of CP to existing workload, education and promotion of the benefits of CP and management emphasis that clinical placement and training CPs form part of core business (Figure 11).

Figure 11: Clinical placement capacity enablers suggested in response to 'Culture'



The enablers exhibited similar profiles to Figure 11 above, irrespective of whether respondents perceived 'culture' as a low, moderate or significant barrier to providing clinical placements (results not shown). The emphasis of enablers was different between the discipline of respondents (results not shown). Nursing and Midwifery professionals felt that education and promotion was the key enabler. Allied Health professionals exhibited a profile similar to Figure 11. Medicine, despite having a lower response rate, had lessen impact of CP burden and supervision incentive and training support as key enablers.

Respondents strongly felt that the following culture solutions would better enable them to provide clinical placements:

- Lessen impact of CP to existing workload
  - Most respondents felt that 'culture' is directly impacted by clinicians feeling overwhelmed by high workloads and additional expectations to have students
  - Key enablers include employing more staff, less workload, better co-ordination and scheduling of placements, more clinical resources, alternative supervision models

*'Most of our team want the student to be able to access advice, knowledge, easy consultation with their supervisor when the students needs this - but this can't be guaranteed when the team are already stretched to meet existing workload.'*

*'This is a reflection of workload and burnout. Fix those and the culture will fix itself'*

- Education and positive promotion of benefits of CP
  - Respondents recommended that the benefits of CP could be better highlighted: CP is a stepping stone to any senior opportunities, contributes to future workforce development, students' questions can be stimulating, students can assist in the workload, and students develop a culture of learning in the workplace
  - Respondents suggested the following: conducting awareness training, targeted education, training sessions and workshops, reminders, positive supervision role models, promotion of being a teaching faculty, continual reinforcement, and CP 'success' stories
  - Information would need to be provided to staff on the benefits/need for taking students

*'Effective leadership at all levels and view of education and learning better promoted'*

- Management to view CPs as core business
  - Process to integrate CPs as core business: set expectations for supervision and engage staff input in this process, include supervision in performance review and job description, provide more support and recognition for supervisors and effects on workloads
  - Designate /rotate staff who work with students, and encourage staff to take students or be mentors
  - Develop policies for supervision, and support supervisor training opportunities
  - Have the organization more overtly reinforce the importance of supervision

*'The culture for supporting students comes from higher management levels down to clinicians.'*

*'I feel senior staff need to play a role in creating a culture of taking students and an expectation for all clinical staff'*

*'I am lucky in that I work in an environment where the Nurse Unit Manager is extremely supportive of students and this attitude also helps in working through this culture'*

- Supervision incentive and training support
  - Recognition and reward strategies to acknowledge staff contribution to student learning e.g., achievement awards, possible remuneration and training support
  - Provide additional pay to all clinicians having students, not just those in clinical educator roles
  - Fee-for-service senior medical officers require some additional payment for teaching

- Ongoing access to inservices and training about clinical supervision, provided locally or by accessible means e.g., online, videoconferencing.

*'If there was more support or incentive to accept students - e.g. financial reward - then perhaps this (culture) might change'*

- Greater involvement of EPs in staff education and support
  - EPs to visit sites on a regular basis to meet with staff and help them work better with students, and present at staff meetings including to encourage staff to take students
  - EPs to provide incentives to having a student: supervision training for core staff free of charge, attend a conference event, provide funding subscription to a relevant journal, and a funding allowance
  - EPs to provide onsite educators, better communication with supervision staff, conduct regular on-site meetings and presentations to staff, provide free supervision training, become more involved in placement allocation and student preparation, provide additional support for failing students, and make follow up call for placements

*'Increased education to clinicians from universities to discuss benefits of students, and how to overcome barriers to having students, and/or better manage caseload and work while students are here'*

- CE/CP coordinator to reinforce and encourage staff
  - A clinical coordinator can change the culture by demonstrating that having students is a positive and rewarding experience and encourage staff to actively participate
  - A clinical coordinator can communicate with supervisors about why they find students a burden, to help break down the negative culture by highlighting that their concerns are also important

*'A dedicated educator has helped instill an ethos to supervision across the department'*

- Motivated and well-prepared students
  - The attitude of the individual students goes along way to improving the attitude of the staff
  - Students need initiative, motivation and communication, and to arrive at the placement with clear objectives and a professional approach. This can be related to the quality of training at University.

*'Culture change needs to be a two way approach: motivated, well prepared students will assist in bringing change to the preceptorship at the site level'*

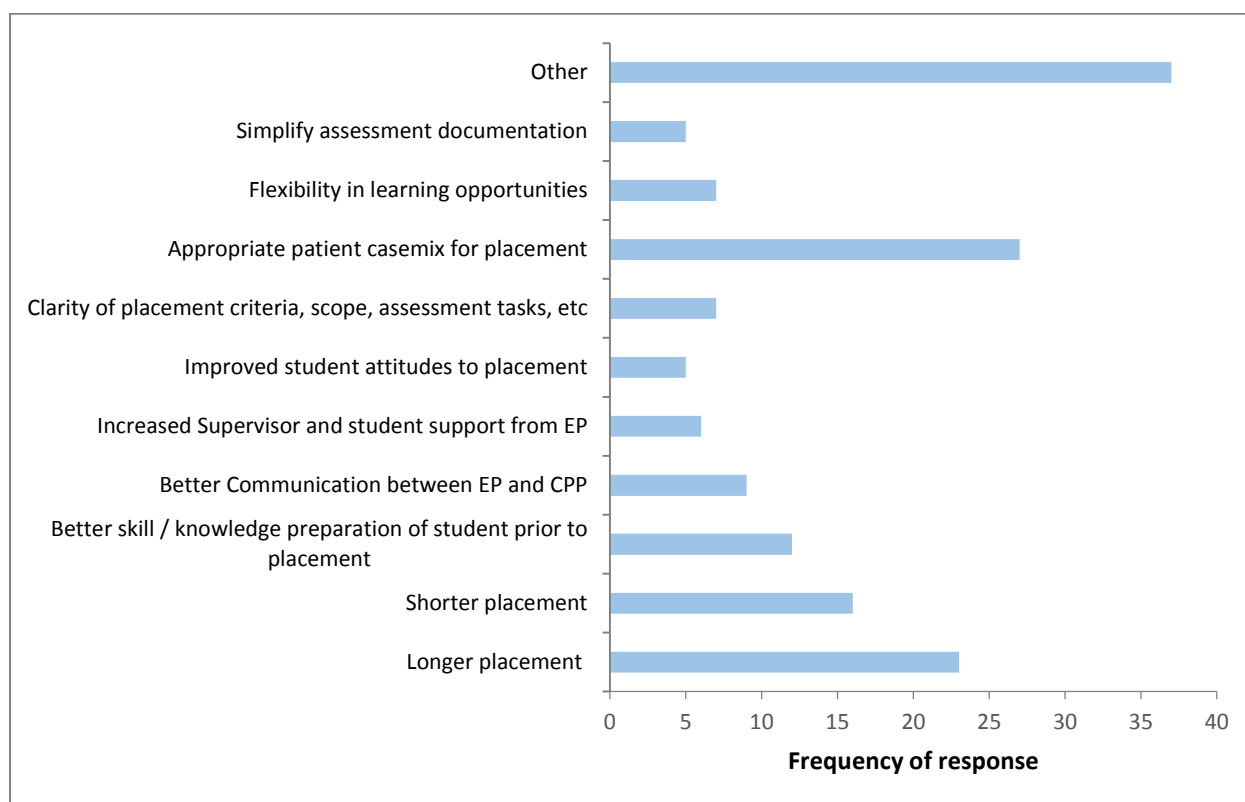
- Other
  - Respondents also suggested: supervision training; more exposure to junior staff to assist; changing attitude with new staff turnover; treating all disciplines student with respect; addressing competing concerns such as job security; letting staff provide input; assigning students to motivated staff and providing good feedback



## Course requirements

The top three enablers for student placement capacity in response to 'Course Requirements' include appropriate patient casemix for placement, longer placement, followed by shorter placement (Figure 12).

Figure 12: Clinical placement capacity enablers suggested in response to 'Course Requirements'



The enablers exhibited similar profiles to Figure 12 above, irrespective of whether respondents perceived 'Course Requirements' as a moderate or low barrier to providing clinical placements. However, the majority of respondents who perceived this as a significant barrier felt that increasing the duration of placements was a key enabler.

Respondents strongly felt that the following solutions to 'course requirements' would better enable them to provide clinical placements:

- Provide an appropriate patient/client caseload to support the placement
  - Ensuring exposure to all required clinical aspects of the placement
  - Maintaining patient/client privacy and respect their wishes of whether to be seen by students or not
  - Promoting the benefits of student education to patients and clients
  - Promoting collaboration across multiple workplaces to provide adequate exposure for students

*'Our service does not give the students the breadth of clinical experience they require to attain during a placement'*

*'At times it is difficult to ensure adequate exposure to varied clinical areas. Where possible need to further facilitate links with multiple workplaces and organisations, for example, NGOs...'*

*'Perhaps taking more time to arrange an appropriate placement for the individual student to meet a clinical gap, rather than fitting any student into a workplace'*

- Modifying the placement duration – respondents suggested both longer and shorter placements
  - Provide an optimal placement length to allow adequate clinical exposure and to facilitate learning
  - Flexible placement lengths to allow CPPs to accommodate students around staffing

*'The EP doesn't allow for ample time for placement to be comprehensive enough. The EP often wants placements to be rushed and compressed... the quality for student experience diminished'*

- Students to have better skill and knowledge preparation prior to placement

*'We sometimes find that students come to us with different levels of preparation depending on the tertiary institution they come from'*

*'Use simulated learning environments before going on clinical placement'*

*'Better prepare students for placement including sessions on professional behaviour and communication. Build core skills – documentation, report writing, basic initial assessment – into course work'*

- Improved communication between EP and CPP
  - Communication of placement expectations and outcomes of the placement experience
  - Provide more information on curriculum

*'Build partnerships with designated universities that have curriculum appropriate for the areas that they are assessing'*

*'Better communication with universities about what students can and cannot do. With so many universities each having different requirements (for the same year) it can be difficult'*

- Clarity of placement criteria, scope, assessment tasks

*'Clear communication of the scope of each placement is important prior to acceptance of the student'*

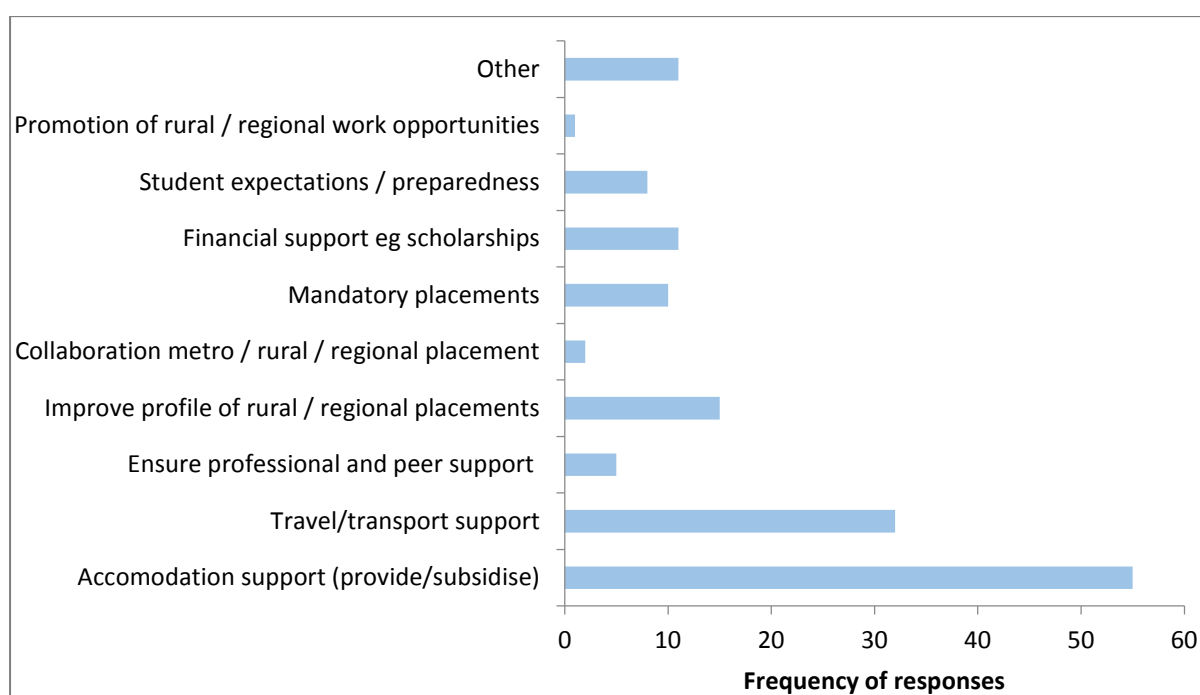
*'Work with EPs to tailor placement requirements to the setting the student is placed, rather than a generic set of placement outcomes'*

## Geography

*'Problems arise often due to transportation, additional costs of living away from home, not being able to continue part time etc. Allowances for rural/regional places would surely ease the financial burdens and encourage students to take up such placements.'*

The top three enablers for student placement capacity in response to 'Geography' include accommodation support (provide/subsidise), travel/transport support, followed by improve profile of rural/regional placements (Figure 13).

Fig 13: Clinical placement capacity enablers suggested in response to 'Geography'



The enablers exhibited similar profiles to Figure 13 above, irrespective of whether respondents perceived 'Geography' as a significant or low barrier to providing clinical placements. However, the majority of respondents who perceived this as a moderate barrier felt that early preparation of students for rural/regional placements was also a key enabler. Nursing and Midwifery, and Allied Health exhibited similar enabler profiles, whereas, Medicine respondents suggested 'accommodation support' and 'mandatory placements' as the key enablers.

Respondents strongly felt that the following solutions to geographical barriers would better enable them to provide clinical placements:

- Accommodation support

*'Funding options for students to subsidise accommodation, particularly close to the facility'*

- Travel and transport support

*'There is no onsite accommodation here...No feasible public transport options so students have to have their own car and travel'*

*‘Public transport is difficult in our area’*

- Improving the profile of rural and regional placements

*‘Development of packages highlighting the positives of rural training placements’*

Other suggested enablers (Figure 13) include mandatory rural/regional placements, financial support through scholarships, preparing students for such placements. Ensuring adequate and appropriate professional and peer support for students undertaking placements in rural/regional areas was also suggested.

## Appendix A: Survey methodology

The aim of the survey is to explore the issues that affect the capacity for clinical placement of professional entry level students within each of the eight NSW ICTNs, and the development of recommendations for initiatives that will better equip each ICTN, and the state, for the future.

A survey project team comprising of two Interdisciplinary Clinical Training Network Coordinators and two ICTN Project Officers was formed to develop the survey questions, coordinate the deployment of the survey and to analyse and report on the responses.

The survey consisted of a series of 29 questions (Appendix B) which targeted the following areas:

- Respondent knowledge/involvement of NSW ICTN activities (one question)
- Respondent demographics
  - ICTN membership / location (three questions)
  - Organisation (one question)
  - Organisational sector (one question)
  - Role within the organisation (two questions)
  - Health Discipline (one question)
- Respondent perception of ability to increase clinical placement capacity within their organisation and within their discipline (two questions)
- Perception of impact of known barriers to clinical placement (nine questions)
- Knowledge and suggestions of enablers to ameliorate these barriers (nine questions)

In addition, respondents were given the opportunity to share further comments or experiences relevant to clinical placement provision, as well as the opportunity to request further information regarding the survey and engagement with the ICTNs.

The survey was conducted using the SurveyMonkey® online survey tool<sup>3</sup>, with respondents given the option either to complete the survey online or to download a paper-based version which could be completed off-line and submitted by fax or email.

The initial distribution of the survey was conducted as follows:

- a list of potential respondents was prepared including
  - ICTN Advisory committee members (except those who are representative of education providers)
  - NSW Local Health District Chief Executives
  - Local Health District Directors of Medicine, Nursing and Midwifery, Allied Health and Oral Health (or their equivalents)
  - Existing known Local Health District stakeholders within each ICTN
  - Existing known Non-Local Health District stakeholders, for example Non-Government Organisations, Residential Aged Care facilities, Private Hospitals, within each ICTN
- A letter informing NSW LHD Chief Executives of the survey was prepared and distributed through the HETI Chief Executive's Office (Appendix C)

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<sup>3</sup> <http://www.surveymonkey.com/>

- Each ICTN was given the task to liaise with groups of known non-LHD organisations and to request contact details for appropriate potential respondents
  - A letter informing and inviting participation from non-LHD organisations was prepared to facilitate this liaison (Appendix D)
- Potential respondents were emailed an invitation to participate in the survey which included a link to the online survey as well as an attached “paper-based” questionnaire. To preserve privacy of respondents, all recipient email addresses were Bcc’d.
- As part of their invitation to the survey(Appendix E), these primary recipients were asked to forward the email to other potential respondents within their organisation and discipline
- ICTN Network Coordinators and Project Officers were encouraged to further promote the survey and to contact potential respondents as part of their network activities.

The online survey was open for four weeks between Monday 8<sup>th</sup> April 2013 and Friday 5<sup>th</sup> May 2013. Emails were sent to 1,034 primary email recipients during the survey open period. The survey was also promoted through local ICTN and other newsletters, the NSW ICTN website, and through the social media tools LinkedIn and Yammer. Email reminders (Appendix E) were sent in the final week of the survey open period.

At the close of the survey, data was downloaded from the SurveyMonkey® website in both Microsoft Excel, and IBM SPSS® format. The data were analysed descriptively using IBM SPSS to provide frequency counts and percentages. A thematic content analysis technique was utilised to qualitatively analyse the ‘open ended’ responses submitted as enablers to each barrier. Responses were coded according to theme(s) identified, descriptive statistics were then used to analyse this data.

## Appendix B: Survey questions

### NSW ICTN Clinical Placement Provider Survey 2013

If you are completing a paper-based version of this survey, please fax to 02 4223 8494, or email a scanned copy to [bczerniec@heti.nsw.gov.au](mailto:bczerniec@heti.nsw.gov.au)



#### Clinical Placement Provider Survey



#### Welcome

NSW Interdisciplinary Clinical Training Networks (ICTNs) provide a forum for strategic planning and dialogue between education providers and health service providers to build capacity and foster excellence in clinical placements for health professionals in NSW. The ICTNs are funded by Health Workforce Australia, through the NSW Health Education and Training Institute (HETI).

One of the primary functions of the ICTNs is to increase the quantity and quality of clinical placements in local regions, and improve quality and support for clinical supervision activities across all recognised health disciplines.

Find out more: <http://www.heti.nsw.gov.au/>

Questions marked with an asterisk (\*) are mandatory

**\* 1. Were you aware of the NSW Interdisciplinary Clinical Training Networks (ICTNs) prior to this survey?**

- ☐ Yes - I have participated in ICTN activities in my region
- ☐ Yes - I have heard of the ICTN, but not been involved
- ☐ No - I know little or nothing about ICTN

## NSW ICTN Clinical Placement Provider Survey 2013

### About Your Workplace / Organisation

**\*2. Please indicate your Interdisciplinary Clinical Training Network by the Local Health District (LHD) you are located in. If you are unsure, please select "I don't know".**

- ☐ Sydney ICTN (Sydney LHD, South Western Sydney LHD and St Vincent's Hospital Network)
- ☐ Metro North and East ICTN (South East Sydney LHD, Northern Sydney LHD and Sydney Children's Hospitals Network - Sydney Children's Hospital)
- ☐ Western ICTN (Western NSW LHD, Western Sydney LHD, Nepean Blue Mountains LHD, and Sydney Children's Hospitals Network - The Children's Hospital at Westmead)
- ☐ South Coast ICTN (Illawarra Shoalhaven LHD and Southern NSW LHD)
- ☐ Hunter and Coast ICTN (Hunter New England LHD, Mid North Coast LHD and Central Coast LHD)
- ☐ North Coast ICTN (Northern NSW LHD)
- ☐ Broken Hill ICTN (Far West LHD)
- ☐ Riverina ICTN (Murrumbidgee LHD)
- ☐ Justice and Forensic Mental Health Network
- ☐ I don't know

**\*3. Please tell us the town, suburb or postcode within NSW where your workplace / organisation is predominantly located.**

Town / Suburb

Postcode

**\*4. What type of work do you predominantly perform within your workplace?**

- ☐ Practising Clinician / Health Professional
- ☐ Manager of Clinicians / Health Professionals
- ☐ Dedicated Clinical Placement Coordinator / Dedicated Clinical Educator
- ☐ Non-clinical (e.g. Executive, Administrator, Policy/Project/Program Officer, etc.)



## NSW ICTN Clinical Placement Provider Survey 2013

### \*5. Which health discipline do you represent?

- |   |   |   |
|---|---|---|
| <input type="radio"/> Aboriginal and Torres Strait Islander Health Worker | <input type="radio"/> Nursing                   | <input type="radio"/> Physiotherapy   |
| <input type="radio"/> Audiology   | <input type="radio"/> Occupational Therapy      | <input type="radio"/> Podiatry  |
| <input type="radio"/> Chiropractic  | <input type="radio"/> Optometry                 | <input type="radio"/> Psychology  |
| <input type="radio"/> Dentistry   | <input type="radio"/> Oral Health               | <input type="radio"/> Radiation Science (includes Nuclear Medicine Technology, Diagnostic Radiography, and Radiation Therapy) |
| <input type="radio"/> Dietetics   | <input type="radio"/> Orthoptics                | <input type="radio"/> Social Work   |
| <input type="radio"/> Exercise Physiology                                 | <input type="radio"/> Orthotics and Prosthetics | <input type="radio"/> Speech Pathology  |
| <input type="radio"/> Medical Laboratory Science                          | <input type="radio"/> Osteopathy                | <input type="radio"/> Non-clinical  |
| <input type="radio"/> Medicine  | <input type="radio"/> Paramedicine              |   |
| <input type="radio"/> Midwifery   | <input type="radio"/> Pharmacy                  |   |
| <input type="radio"/> Other Discipline (please specify)                   |   |   |

### \*6. Which sector listed below best describes your workplace / organisation

- ☐ Public
- ☐ Private Hospital
- ☐ Private Practice
- ☐ Residential Aged Care
- ☐ Non-government Organisation (NGO)
- ☐ Other (please specify)

## NSW ICTN Clinical Placement Provider Survey 2013

### Health disciplines within your workplace / organisation

**7. Please indicate which disciplines are represented within your workplace / organisation and whether they provide clinical placements for professional entry students. (Check all that apply).**

	I am aware that my workplace / organisation has staff of this discipline	I am aware that my workplace / organisation offers clinical placements for this discipline
Aboriginal and Torres Strait Islander Health Worker	<input type="checkbox"/>	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>
Dentistry	<input type="checkbox"/>	<input type="checkbox"/>
Dietetics	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Physiology	<input type="checkbox"/>	<input type="checkbox"/>
Medical Laboratory Science	<input type="checkbox"/>	<input type="checkbox"/>
Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Midwifery	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Optometry	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>
Orthoptics	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics and Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>
Paramedicine	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Science	<input type="checkbox"/>	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	<input type="checkbox"/>
Speech Pathology	<input type="checkbox"/>	<input type="checkbox"/>
Other Discipline (please specify discipline)	<input type="text"/>	

## NSW ICTN Clinical Placement Provider Survey 2013

**\*8. Do you think there is potential to increase clinical placements for students within your**

	Yes	No	I don't know
a. Workplace / Organisation ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Discipline ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we would like to know about your experience with barriers or enablers to providing clinical placements for professional entry students. Please indicate your response to the statements on the following pages.

### Barriers to providing clinical placements

Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

**\*9. Limited infrastructure (e.g. space constraints, lack of equipment, lack of student accommodation)**

- ☐ Significant      ☐ Moderate      ☐ Low      ☐ Not a barrier (Go to Q.11)

**10. If you have indicated that Limited Infrastructure is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?**

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Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

**\*11. Request Management (e.g. difficulties coordinating student placements, difficulties with student management system, education providers all requesting at similar times, cancellation of clinical placements)**

- ☐ Significant      ☐ Moderate      ☐ Low      ☐ Not a barrier (Go to Q.13)

## NSW ICTN Clinical Placement Provider Survey 2013

**12. If you have indicated that Request Management is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?**

Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

**\*13. Supervision skills (e.g. staff not confident in student supervision skills)**

- ☐ Significant      ☐ Moderate      ☐ Low      ☐ Not a barrier (Go to Q.15)

**14. If you have indicated that Supervision Skills is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?**

Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

**\*15. Workload (e.g. clinicians feel they are unable to dedicate time to students)**

- ☐ Significant      ☐ Moderate      ☐ Low      ☐ Not a barrier (Go to Q.17)

**16. If you have indicated that Workload is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?**

Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

## NSW ICTN Clinical Placement Provider Survey 2013

### \*17. Staffing levels (e.g. part time staff, vacant positions)

- ☐ Significant      ☐ Moderate      ☐ Low      ☐ Not a barrier (Go to Q.19)

### 18. If you have indicated that Staffing Levels is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?

Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

### \*19. Culture (e.g. clinicians feel it can be burdensome to take students)

- ☐ Significant      ☐ Moderate      ☐ Low      ☐ Not a barrier (Go to Q. 21)

### 20. If you have indicated that Culture is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?

Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

### \*21. Course requirements (e.g. expectations too high, length of placements, ability to provide reasonable exposure to clinical area)

- ☐ Significant      ☐ Moderate      ☐ Low      ☐ Not a barrier (Go to Q.23)

### 22. If you have indicated that Course Requirements is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?

## NSW ICTN Clinical Placement Provider Survey 2013

Based on your experience, please indicate to what degree the following factors contributed as barriers to providing clinical placements for professional entry students.

**\*23. Geography (e.g. students are not keen to take up placements in rural / regional / remote areas)**

☐ Significant ☐ Moderate ☐ Low ☐ Not a barrier (Go to Q.25)

**24. If you have indicated that Geography is a barrier, please tell us about any suggestions you have of how this barrier may be overcome?**

**25. Are there any other barriers that you have encountered that you would like to tell us about? Please tell us the degree to which they contributed as a barrier, and any suggestions you may have to overcome them.**

**Do you have or would like more information?**

**26. Do you have any other comments / experiences you would like to share regarding clinical placements?**

**27. Your details (optional)**

Name:   
Position Title:   
Email:   
Phone:

## NSW ICTN Clinical Placement Provider Survey 2013

**28. Please tell us the name of your organisation. We are particularly interested in these details if you are from a Private Hospital, Residential Aged Care Provider, NGO, AMS, or you are a Private Practitioner (optional).**

**29. Please indicate if you**

- ☐ Would like to be informed about results of this survey
- ☐ Would like to join the mailing list for your ICTN
- ☐ Would like an ICTN representative to contact you to discuss clinical placements
- ☐ Have data available on clinical placement activity that you would be willing to share or discuss with an ICTN representative
- ☐ Are aware of a Simulated Learning Environment in your facility

Details of Simulated Learning Environment:

## Thank You

Thank you for providing information to assist with planning of future activities of the NSW ICTN, and helping us gather a clearer picture of current practices in relation to clinical placements in your area.

If you have further questions regarding this survey, please contact:

Bruce Czerniec, Project Officer – Hunter and Coast ICTN  
Direct 02 4320 2029 | [BCzerniec@heti.nsw.gov.au](mailto:BCzerniec@heti.nsw.gov.au)

If you are completing a paper-based version of this survey, please fax to 02 4223 8494 or email a scanned copy to [bczerniec@heti.nsw.gov.au](mailto:bczerniec@heti.nsw.gov.au)

## Appendix C: Letter to Local Health District Chief Executives



TRIM /DOC12/XXX

<<Date>>

<<name>>

<<position>>

<<organisation>>

Dear <<name>>,

**RE: NSW ICTN Clinical Placement Provider survey**

I am writing to inform you that NSW Interdisciplinary Clinical Training Networks (ICTNs) have collaborated to produce a brief qualitative survey on the nature of clinical placements across (throughout?) the State. The information collected will be used to gain an understanding of factors affecting growth in placement capacity and to better inform local ICTN activity.

Members of the ICTN Advisory Committees, ICTN Network Members and District Directors of Medicine, Allied Health and Nursing & Midwifery within your Local Health District will be contacted to complete this voluntary survey during March and April 2013. A report detailing the State-wide results will be published on the ICTN website and submitted to ICTN Advisory Committees in June 2013.

I am aware that your staff may have been presented with surveys from different sources in recent times. In light of this, the present survey is designed to be brief, simple and qualitative in nature.

I appreciate your support of the distribution of this survey. If you have any concerns or for further detail please contact Laura Forwood, Director, Clinical Networks & Education on (02) 9844 6513 or [lforwood@heti.nsw.gov.au](mailto:lforwood@heti.nsw.gov.au).

Yours sincerely,

Heather Gray  
Chief Executive, HETI

---

Health Education and Training Institute  
Tel (02) 9844 6551 Fax (02) 9844 6544  
Email [info@heti.nsw.gov.au](mailto:info@heti.nsw.gov.au)

ABN 82 914 196 002  
Locked Bag 5022 Gladesville NSW 1675  
Website: [www.heti.nsw.gov.au](http://www.heti.nsw.gov.au)







## Appendix D: Letter to non-Local Health District Organisations



TRIM /DOC12/XXX

<<Date>>

<<name>>

<<position>>

<<organisation>>

Dear <<name>>,

**RE: NSW Interdisciplinary Clinical Training Networks (ICTNs) - Clinical Placement Provider survey**

I am writing to inform you that NSW ICTNs have collaborated to produce a brief survey on the nature of clinical placements across the state. The information collected will be used to gain an understanding of factors affecting growth in placement capacity and to better inform local ICTN activity. ICTNs form part of the \$1.1 billion investment under the COAG National Partnership Agreement on Hospital and Health Workforce Reform. The Health Education and Training Institute (HETI) manages, coordinates and provides oversight of the ICTN Program in NSW.

NSW ICTNs were formed to facilitate collaborative strategic planning for clinical placements at a regional level between Local Health Districts (LHDs), education providers, private and non-government healthcare providers. In NSW the Program comprises eight regional Networks which are aligned according to the boundaries of their member LHDs. Further information can be found at [www.heti.nsw.gov.au](http://www.heti.nsw.gov.au)

We seek your approval in the distribution of this voluntary survey to all staff with a role in clinical training of professional entry students within <<organisation name>>. The participation of your staff will help NSW ICTNs to inform strategies and provide advice on improving and enhancing clinical placements in NSW. This is expected to occur during March and April 2013. A report detailing the State-wide results will be published on the ICTN website and provided to contributing organisations in June 2013.

I would appreciate if you could advise of the most appropriate person at <<organisation name>> to direct this survey to. Please contact xxx Network Coordinator on xxx with this information or if you require further information or have any concerns whatsoever.

Thank-you for your time and we look forward to hearing from you.

Yours sincerely,

Heather Gray  
Chief Executive, Health Education & Training Institute

Health Education and Training Institute  
Tel (02) 9844 6551 Fax (02) 9844 6544  
Email [info@heti.nsw.gov.au](mailto:info@heti.nsw.gov.au)

ABN 82 914 196 002  
Locked Bag 5022 Gladesville NSW 1675  
Website: [www.heti.nsw.gov.au](http://www.heti.nsw.gov.au)



## Appendix E: Survey email to NSW Health Local Health District

**Bruce Czerniec**

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**From:** HETI ICTN Mailbox  
**Sent:** Monday, 8 April 2013 3:11 PM  
**To:** Bruce Czerniec  
**Subject:** NSW Interdisciplinary Clinical Training Network (ICTN) - State-wide Clinical Placement Provider Survey  
**Attachments:** NSW ICTN CPP Survey 2013.pdf

Dear Local Health Care Provider:

We are currently inviting health professionals, clinical staff, clinical educators, and managers/executive staff involved in clinical placements to be a part of the [Interdisciplinary Clinical Training Network \(ICTN\) – State-wide Clinical Placement Provider Survey](#).

**Responses for the survey should be completed by Friday 3<sup>rd</sup> May 2013.** The survey can be completed [ONLINE](#) at the following link [https://s.zoomerang.com/s/NSW ICTN CPP Survey 2013](https://s.zoomerang.com/s/NSW_ICTN_CPP_Survey_2013)

or the attached PDF can be completed and returned via fax 02 4223 8494.

This survey aims to:

- Map current clinical placements across all disciplines within the region
- Examine perceived barriers to providing clinical placements in your discipline or organisation
- Explore opportunities for increasing capacity for clinical placements across NSW
- Provide the ICTN with local information specific to the region

Your local ICTN provides a forum for strategic planning and dialogue between education providers and health services providers – with the aim of building capacity and fostering excellence in clinical placements for health professionals across NSW.

We hope to distribute this survey as widely as possible, to enable us to gather data and assist us in developing a strategy that is aligned with local needs and goals. We would appreciate your help in passing this survey along to any colleagues or associates that may be able to provide information about the current utilisation of clinical placements in their discipline or organisation. **We apologise in advance if you have received this email more than once.**

The following websites can provide background information about the ICTN and Health Workforce Australia's Clinical Training Reform:

- Interdisciplinary Clinical Training Networks: <http://www.heti.nsw.gov.au/ictn/>
- Health Workforce Australia – Clinical Training Reform: <http://www.hwa.gov.au/work-programs/clinical-training-reform>

Details for your local ICTN can be found on the ICTN website, or alternatively if you have any questions regarding this survey, please contact Bruce Czerniec ([bczerniec@heti.nsw.gov.au](mailto:bczerniec@heti.nsw.gov.au))

Kind Regards,  
Bruce Czerniec, on behalf of the NSW ICTNs

**Bruce Czerniec**  
Project Officer | **Hunter and Coast Interdisciplinary Clinical Training Network | Health Education and Training Institute**



**Join the ICTN Mailing List**

Centre for Training and  
Development, Gosford Hospital,  
Holden Street, Gosford NSW 2250  
Locked Bag 5022, Gladesville NSW  
1675

Phone 02 4320 2029 |  
[hczerniec@heti.nsw.gov.au](mailto:hczerniec@heti.nsw.gov.au)

Fax 02 4320 2226 |

[www.heti.nsw.gov.au](http://www.heti.nsw.gov.au)

**Pursuing excellence in health  
education and training**

Interdisciplinary Clinical Training Networks (ICTN) have been established in NSW to facilitate a collaborative cross-sector and inter-professional approach to clinical training to enable quality improvement and build clinical training capacity in NSW. The Hunter and Coast ICTN encompasses the Hunter NewEngland, Central Coast and Mid North Coast Local Health Districts.

The Hunter and Coast Interdisciplinary Clinical Training Network is administered by the Health Education and Training Institute (HETI). HETI is one of five pillar statutory health organisations enhancing NSW Health services. HETI is building health work force capacity and improving the quality of education and training across New South Wales.

*Disclaimer: This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender. Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or the Health Education and Training Institute.*

## Appendix F: Survey email to non-Local Health District Organisations

### **Bruce Czerniec**

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**From:** HETI ICTN Mailbox  
**Sent:** Tuesday, 9 April 2013 3:38 PM  
**To:** Bruce Czerniec  
**Subject:** NSW Interdisciplinary Clinical Training Network (ICTN) - State-wide Clinical Placement Provider Survey  
**Attachments:** NSW ICTN CPP Survey 2013.pdf

Dear Health Care Provider:

All health professionals, educators, and managers who are involved with clinical placements, or would like to examine their potential for clinical placements, are invited to complete the [Interdisciplinary Clinical Training Network \(ICTN\) – State-wide Clinical Placement Provider Survey](#).

This survey closes on **Friday 3<sup>rd</sup> May 2013**. Please see the information below for further details.

#### **Purpose of the Survey**

This survey aims to:

- Map current clinical placements across all disciplines within the region
- Examine barriers to providing clinical placements in your discipline or organisation
- Explore opportunities for increasing quantity and quality of clinical placements
- Provide the ICTN with local information specific to the region

The survey can be completed [ONLINE](#) at the following link  
[https://s.zoomerang.com/s/NSW ICTN CPP Survey 2013](https://s.zoomerang.com/s/NSW_ICTN_CPP_Survey_2013)

or the attached PDF can be completed and returned via fax 02 4223 8494.

#### **Who should complete the survey?**

Any health professional, clinical staff member, educator, manager or executive staff member who deals with clinical placement within NSW is invited to complete the survey and provide feedback specific to current utilisation of clinical placements in their discipline or organisation.

We hope to distribute this survey as widely as possible, to enable us to gather data and assist us in developing a strategy that is aligned with local needs and goals. We would appreciate your help in passing this survey along to any colleagues or associates who may be able to provide relevant feedback. **We apologise in advance if you have received this email more than once.**

#### **Background**

In 2012, the New South Wales [Health Education and Training Institute \(HETI\)](#) has established eight Interdisciplinary Clinical Training Networks (ICTNs) throughout the state as part of the \$1.1 billion investment under the COAG National Partnership Agreement on Hospital and Health Workforce Reform led by [Health Workforce Australia](#).

ICTNs engage with a range of partners to improve the quantity and quality of clinical training for health professionals across New South Wales. ICTNs provide a forum for strategic planning and dialogue between education providers and health services providers – with the aim of building capacity and fostering excellence in clinical placements for health professionals across NSW. Each ICTN is aligned with the boundaries of Local Health Districts.

#### **Further Information**

More information regarding the ICTN, and the purpose and function of these can be found at our website: <http://www.heti.nsw.gov.au/ictn/>. Details for your local ICTN can be found on this website, or alternatively if you have any questions regarding this survey, please contact Bruce Czerniec ([bczerniec@heti.nsw.gov.au](mailto:bczerniec@heti.nsw.gov.au))

Kind Regards,  
Bruce Czerniec, on behalf of the NSW ICTNs

**Bruce Czerniec**

Project Officer | **Hunter and Coast Interdisciplinary Clinical Training Network | Health Education and Training Institute**



**Join the ICTN Mailing List**

Centre for Training and Development, Gosford Hospital, Holden Street, Gosford NSW 2250  
Locked Bag 5022, Gladesville NSW 1675

Phone 02 4320 2029 | [bczerniec@heti.nsw.gov.au](mailto:bczerniec@heti.nsw.gov.au)  
Fax 02 4320 2226 |

[www.heti.nsw.gov.au](http://www.heti.nsw.gov.au)  
**Pursuing excellence in health education and training**

Interdisciplinary Clinical Training Networks (ICTN) have been established in NSW to facilitate a collaborative cross-sector and inter-professional approach to clinical training to enable quality improvement and build clinical training capacity in NSW. The Hunter and Coast ICTN encompasses the Hunter NewEngland, Central Coast and Mid North Coast Local Health Districts.

The Hunter and Coast Interdisciplinary Clinical Training Network is administered by the Health Education and Training Institute (HETI). HETI is one of five pillar statutory health organisations enhancing NSW Health services. HETI is building health work force capacity and improving the quality of education and training across New South Wales.

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