Health
Northern Sydney
Local Health District

Student Placement Reform

Northern Sydney Local Health District (NSLHD)

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Executive Summary

Project Summary

The project had two aims: to increase student clinical placements in nursing, allied health and oral health; and to scope clinical supervision needs and map these to available training programs.

234 student units within 10 Health facilities in NSLHD were interviewed, representing 13 disciplines. Interviews covered both quantitative and qualitative questioning and data collected was analysed for themes. Stakeholders were asked about current placement activity as well as potential to increase clinical student placement activity, with creative ideas to improve capacity suggested. Barriers to student clinical placements were identified and solutions for overcoming these barriers discussed.

10 representatives from Education Provider (EP) partners were also interviewed to gain an understanding of student placement requirements and identify barriers to clinical placements they are experiencing. A limited number of EPs were included in the project due to time constraints and availability but strong themes were identified.

Clinical supervision training needs and opportunities of nursing, allied health and medicine were also investigated using questioning. Currently available training courses were identified and difficulties with access to courses explored.

Capacity to increase clinical placements at NSLHD was identified but as yet this has not been actualised. Measures will need to be in place in the NSLHD to capitalise on this potential. Clinical supervision training needs were scoped and mapped to existing training opportunities. Marketing for these programs needs to be improved with greater collaboration between HPs and EPs.

Results

Methodological issues were identified which limited data analysis. Key findings were:

- RNSH conducts the most student placements in the LHD (it is also the largest facility).
- Nursing conducts more student placements than allied health and oral health in the LHD, but it has also larger units and more clinical supervisors.
- 77% of data from ClinConnect is an accurate picture of actual student clinical placement activity according to stakeholders.
- Only 44% of units can take students at any time throughout the year. Most units have student-free time quarantined due to staff leave, busy ward activity or commitments to new staff members.
- 42% of units indicated they have potential to increase student clinical placements, with all disciplines represented, except radiation sciences and nuclear medicine. Creative ways to increase capacity include: Alternate models of supervision; Increased flexibility with placements; and expanding access to placements.
- The top five barriers to increasing clinical placement activity identified by stakeholders in the LHD include: staffing levels (65%), workload (59%), increased demand from EPs at peak periods (46%), over requesting from EPs (46%) and supervision skills (43%).
- Stakeholders identified that increasing support for student supervisors, better preparing and matching students to specific units, increasing the presence of EPs in

the LHD and expanding interprofessional learning opportunities will overcome some of the barriers identified in the project.

- All EPs indicated there is a need to increase clinical placements.
- The priority area for increase in clinical placements identified by EP discipline representatives was acute services. EPs had many creative ways to increase capacity such as reintroduction of facilitators, flexible placements and collaboration with other universities to coordinate placements.
- EPs indicated there were barriers for student clinical placements. 8/10 EPs reported that placement demands were not met by Health Providers (HP). 7/10 reported difficulties getting approvals for student clinical placements as a barrier for student placements. 5/10 stated HPs cancelled placements. And 5/10 reported students had difficulties accessing the health facility causing a barrier for clinical placements.
- The main EP provided suggestions for overcoming barriers to clinical placements were: trialling new models of supervision; and greater support for HPs from EPs.
- 48% of respondents indicated that their staff have clinical supervision training needs.
- Most of the currently available clinical supervision training courses for allied health clinicians are available through EPs, whereas nurses access courses internal to the NSLHD. Medicine manages their own through simulated learning environments.
- Most available courses are discipline specific, but recent program, such as those offered by HETI have interprofessional learning opportunities.
- Time is the biggest barrier for accessing courses, as well as limited marketing of the courses.

Recommendations

Clinical Placements

1. Implement alternate models of funding of supervision for students at NSLHD to increase capacity
2. Ongoing commitment to ClinConnect to support student supervisors and collaboration with EPs
3. Improved collaboration between Education Providers and NSLHD regarding supervision models and timing of placements.
4. Consideration for expanding student placements with further redevelopment in NSLHD.

Clinical Supervision

1. Improve access to existing student supervisor training.
2. Collaboration between Education Providers and NSLHD on new courses for clinical education.

Background:

This project was funded by the Metro North and East Interdisciplinary Clinical Training Network (ICTN) Local Project Fund.

The University of Sydney (USyd) was a key partner in this project. They identified Aged Care, Primary Health Care, Mental Health, and Oral Health as priority areas for growth in clinical placement numbers.

This project has built upon work already undertaken by the Northern Sydney Local Health District (NSLHD) (NSLHD Strategic Plan 2012-2016) in order to further build capacity for clinical placements as outlined by Health Workforce Australia (HWA).

Aim:

This project has two main aims:

1. Clinical Placements: To increase the quantity of student clinical placements in Nursing, Allied Health and Oral Health across the NSLHD.
2. Clinical Supervision: To determine the training requirements for clinical supervisors by scoping needs and mapping to the current available training programs and collaborate on new models of supervision within Nursing, Allied Health, Oral Health and Medicine.

Methodology:

General

- Disciplines using the ClinConnect database were included in the project.
- USyd was the key Education Provider (EP), and Newcastle University (UoN) was another.
- All facilities in the NSLHD were included in the scope of the project. This does not include affiliated organisation.

Clinical Placements

LHD

- A preliminary report was compiled from ClinConnect data on capacity, requests, approvals and acceptances for units and clinicians.
- A comprehensive questionnaire capturing quantitative and qualitative questions was developed (see Appendix A).
- 260 units were identified for inclusion in the project: 110 Nursing and Midwifery units; 150 Allied and Oral Health units (see Appendix B).
- Stakeholders for interview were identified from information available in ClinConnect.
- The questionnaire was disseminated to the unit prior to a face-to-face interview. Details about current student clinical placement capacity data, the student categories, supervision type (health, education or both) and placement activity for semester 1, 2013 was completed prior to dissemination.

- Units were interviewed face-to-face by the Project Officer. Interviews lasted 30 minutes- 1.5 hours. Due to the management of the units, physiotherapy and occupational therapy were discussed as whole disciplines and not broken into individual units.
- Responses for quantitative questions were captured using Survey Monkey. A specific spread sheet was developed to capture qualitative responses.
- Data was analysed for themes.

EPs

- A questionnaire was developed for selected education providers (See appendix C).
- Stakeholders from education providers, identified using ClinConnect contact lists, were sent a copy of the questionnaire via email prior to interview.
- Nine disciplines from the USyd and one from the UoN were then interviewed face to face. Interviews lasted 1-2.5 hours per discipline. Due to the management of the disciplines at the university level, Physiotherapy (PT), Occupational Therapy (OT), Speech Pathology (SP), Diagnostic Radiography, and Nuclear Medicine Radiation Sciences were discussed as a group with main emphasis on Physiotherapy.
- Oral health from USyd and UoN chose to complete the questionnaire themselves and return by email.
- Responses for quantitative questions were captured using Survey Monkey. A specific spread sheet was developed to capture qualitative responses.
- Data was analysed for themes.

Clinical Supervision

- The clinical supervision aims of the study were captured in the surveys used for NSLHD and the EPs.
- Questions directly related to clinical supervision identified:
  -Key capabilities required for those teaching and supervising.
  -Best practice models for student supervision.
  -The need for training and development of clinical placement supervisors.
  -Current courses available appropriate for student supervisors from NSLHD and USyd.
- An interview guide was developed specifically for Medicine student clinical supervision requirements, as Medicine was not part of the first aim of the project (See Appendix D).
- Data was captured in survey monkey (quantitative) or on a spread sheet.
- Data was analysed for themes.

Results:

The results of the three questionnaires will be reported separately.

Clinical placements

234/260 units participated in the survey.

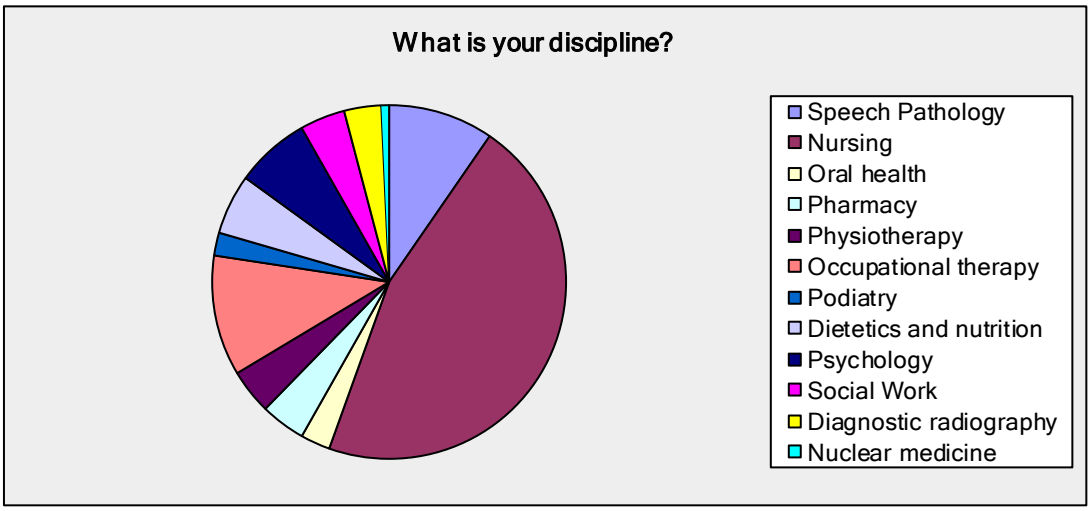
Four units who had not previously had student clinical placements and one unit who currently has student clinical placements but does not appear in ClinConnect were also included in the project, bringing the total to 239 units.

Professional Groups

13 different disciplines were included in the project (Figure 1).

Nursing & Midwifery made up the highest proportion (46%), followed by Occupational Therapy (11%) then Speech Pathology (10%), with remaining disciplines (1%-7%). Radiation Sciences was included in the project but does not appear on the chart due to the size of the group.

Figure 1: Full distribution of identified stakeholders involved in the project

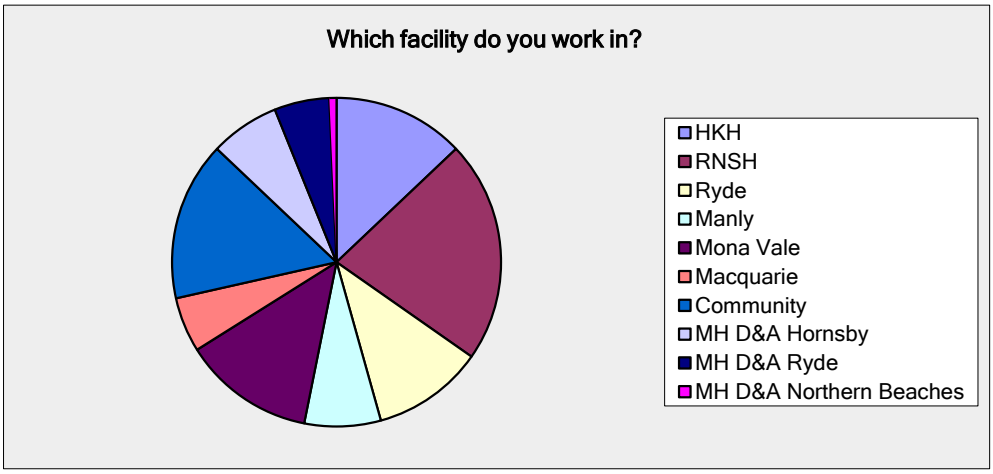


Facilities

10 facilities were included in the project (Figure 2).

Royal North Shore Hospital (RNSH) had the highest proportion of participating units (22%), followed by Community Services (16%), Mental Health Drug & Alcohol (MHD&A) (13%), Hornsby Ku-ring-gai Hospital (HKH), Mona Vale Hospital (13% each),and Macquarie Hospital (5%).

Figure 2: Full distribution of facilities involved in the project



Accuracy of ClinConnect data

77% of stakeholders reported that the data from ClinConnect is an accurate reflection of their student capacity and approved placements within their workplace.

The remaining 23% reported that the data does not reflect their workplace, giving the following reasons:

- Not currently using ClinConnect.
- Amendments made to morning shift (am) and afternoon shift (pm) placements.
- Amendments made to capacity.
- Amendments made to amount of days available for student placements.
- Technical issues with ClinConnect.

Size of Units

Data on the size of units was captured by the number of clinicians working in a unit. Results can be seen in Table 1. In general, nursing and midwifery units were larger than allied health and oral health units.

Table 1: Size of units reflected in clinician numbers

Number of Clinicians	Percentage of Responses
1-5	36%
6-10	20%
11-20	10%
21-50	28%
51+	7%

Stakeholders also reported the number of clinicians who take students currently working in units. A comparison of the size of the unit and the number of clinicians who take students can be seen in Table 2. It is important to note that different units use different models of supervision. The ratio of students to supervisors varies depending on the model being used and this impacted on the data found in Table 2. Generally larger units contain larger numbers of student supervisors.

Clinicians who are not taking students were either new to organisation, part time or as yet had not met the minimum requirement for supervision.

Table 2: Size of unit (number of clinicians in unit) compared with number of clinicians taking students

Number of clinicians in unit	**Number of clinicians taking students**					
	1-2	**3-5**	**6-10**	**11-20**	**21-50**	**51+**
1-5	74%	26%				
6-10	7%	21%	72%			
11-20	7%		20%	73%		
21-50			2%	29%	69%	
51+					10%	90%

Availability for student placements

56% of stakeholders reported that they could take students at any time of the year.

Of the remaining 44%, the main reasons for having student-free time were ward closures, staff leave/school holidays, commitment to new starters and high clinical activity e.g. winter months in acute hospitals.

Increasing Capacity

42% of stakeholders reported that they would be able to increase student clinical placements in their units.

11/13 disciplines reported ability to increase capacity (see Table 3), with nuclear medicine and radiation sciences the two disciplines that could not. Most of the 42% increase was from nursing (45%).

Table 3: Disciplines as a percentage of capacity to increase clinical placements

Nursing	45%
Psychology	10%
Occupational Therapy	10%

Speech Pathology	5%
Oral Health	5%
Pharmacy	5%
Physiotherapy	7%
Nutrition & Dietetics	5%
Social Work	5%
Diagnostic Radiography	3%
Podiatry	2%

Specific units for potential capacity increases have been included as Appendix E. Importantly, potential to increase capacity was identified in Allied Health, units in Aged Care, Mental Health, Primary care and oral health, all of which were identified as high priority areas by EPs.

Creative ways to increase capacity

Stakeholders were asked to suggest creative ways to increase capacity. Table 4 summarises the key themes.

Table 4: Creative ways to increase capacity

Themes	**Examples**
Alternate models of supervision	- Pairing of student placements e.g. Nutrition & Dietetics - Sharing students across different facilities e.g. Podiatry placements between Hornsby and NBs, pharmacy between APAC and main department at RNSH, speech pathology between Chatswood Community Health Centre and RNSH main department. - Splitting full-time placements and linking student to multidisciplinary teams e.g. splitting placement between Pharmacy main department and APAC, allowing more student exposure. - Increase the number of facilitator/ educator positions in Allied Health e.g. Physiotherapy at RNSH is currently trialling a facilitator from USyd 3 days/ week shared with Westmead Hospital
Increase flexibility with placements	- Overlapping of placements. - Including pm placements for some Allied Health disciplines and MHD&A units.
Expand access to placements	- Increase utilisation of placements by considering non-preferred partners in nursing if all placements met by designated preferred partners. - Broadening scope of placements e.g. Nursing- Northern Sydney Home Nursing Service (NSHNS) have capacity to expand to year 2 students and RNSH Diabetes Education have capacity to include placements for year 3 nursing students as well as diabetes education students.

Barriers to student clinical placements

Stakeholders were asked a series of questions about the reasons or barriers to their unit/ department offering/ approving student clinical placements. Table 5 reports on overall barriers for all disciplines in NSLHD.

Table 5: Barriers to Student clinical placements

Barriers	Yes	No	N/A
Supervision skills - staff not confident in student supervision skills	43%	57%	0%
Workload - unable to dedicate time to students	59%	40%	1%
Staffing levels - vacant positions, leave	65%	34%	1%
Only one clinician in the discipline	11%	88%	1%
Culture- clinicians feel it would be a burden to take students	32%	67%	1%
Limited infrastructure - space issues, lack of equipment	41%	59%	0%
Difficulties coordinating student clinical placements	36%	62%	2%
Difficulties with using ClinConnect	39%	59%	2%
Increased demand from education providers at peak periods	46%	52%	2%
History of cancellation of student clinical placements	30%	68%	2%
Course requirements - supervision expectations too high	13%	85%	1%
Course requirements - length of placements too long	7%	91%	1%
Inability to provide enough clinical area exposure	12%	87%	1%
Location - students unable to easily access your workplace	15%	84%	1%
Poor experience with previous student clinical placements	22%	76%	2%
Lack of encouragement to take students	3%	96%	1%
Staff not sufficiently experienced to undertake supervisory role	40%	60%	0%
Over requesting from education providers	46%	52%	3%

The top five barriers identified by stakeholders in the LHD include: staffing levels (65%), workload (59%), increased demand from EPs at peak periods (46%), over requesting from EPs (46%) and supervision skills (43%).

A comparison of the main barriers for each discipline for taking students can be seen in Table 6.

11/13 disciplines report staffing levels, e.g. vacant positions and leave replacement impact on their ability to supervise students. This is the key barrier reported for speech pathology, physiotherapy, occupational therapy, psychology, social work, nuclear medicine and radiation sciences. Oral Health do not report this barrier.

12/13 disciplines reported that workload is a barrier for supervising students because they are not able to dedicate time to students. For oral health, pharmacy, physiotherapy, social work and radiation sciences, this was the key barrier they identified. Nuclear Medicine did not report this as a barrier.

Nursing, speech pathology, pharmacy, occupational therapy and podiatry reported that increased demand for placements from EPs at peak periods was a barrier to them supervising students. For nursing, podiatry and pharmacy this was a key barrier but for 6/13 disciplines this was not a barrier at all.

Table 6: Key barriers for taking students per discipline

Barriers	Disciplines												
	Speech Pathology	Nursing	Oral Health	Pharmacy	Physiotherapy	Occupational Therapy	Podiatry	Nutrition & Dietetics	Psychology	Social Work	Diagnostic Radiography	Nuclear Medicine	Radiation Sciences
Staffing levels- vacant positions, leave	**93%**	48%	0%	83%	**86%**	**100%**	33%	50%	**90%**	**83%**	60%	**100%**	**100%**
Workload- unable to dedicate time to students	64%	40%	**100%**	**100%**	**86%**	77%	**67%**	**63%**	70%	**83%**	60%	0%	**100%**
Increased demands from education providers at peak periods	79%	**55%**	0%	**100%**	14%	59%	**67%**	0%	0%	0%	40%	0%	0%
Over requesting from education providers	50%	42%	0%	67%	71%	88%	**67%**	0%	0%	50%	**80%**	0%	0%
Supervision skills- staff not confident in student supervision skills	64%	45%	**100%**	0%	43%	59%	33%	50%	10%	17%	20%	0%	0%
Limited Infrastructure - space issues, lack of equipment	64%	22%	**100%**	67%	71%	41%	0%	50%	70%	67%	40%	0%	0%
Staff not sufficiently experienced to undertake supervisory role	57%	36%	75%	0%	14%	59%	0%	50%	50%	50%	20%	0%	0%
Difficulties using ClinConnect	43%	30%	**100%**	83%	29%	18%	33%	**63%**	60%	67%	20%	**100%**	0%
Difficulties co-ordinating student clinical placements	50%	16%	**100%**	**100%**	29%	47%	33%	38%	60%	67%	20%	0%	0%
Culture - clinicians feel it would be a burden to take students	64%	37%	0%	33%	57%	6%	0%	38%	20%	17%	0%	0%	**100%**

Over requesting from EPs was reported in 7/13 disciplines but was a key barrier for diagnostic radiography and podiatry. 5/13 were not affected.

10/13 disciplines reported staff confidence in student supervision skills impacted on their ability to supervise students but this was a key barrier for oral health. Pharmacy, nuclear medicine and radiation sciences reported this was not a barrier.

10/13 disciplines reported lack of space for students in their units was a barrier for student supervision. For oral health, this was a key barrier. Podiatry, nuclear medicine and radiation sciences reported this was not a barrier for them.

9/13 disciplines reported their staff were not sufficiently experienced to undertake supervisory role, although this was not the key barrier for any discipline. Pharmacy, podiatry, nuclear medicine and radiation sciences did not report this as a barrier for their discipline.

All disciplines except Radiation Sciences reported difficulties using ClinConnect created a barrier for supervising students. All disciplines, except Nuclear Medicine and Radiation Sciences, also reported that problems co-ordinating student clinical placements posed a barrier for taking students.

9/13 disciplines report it would be a burden to take students, and this was a key barrier for radiation sciences, although not for any other discipline.

Other barriers identified through discussion with stakeholders were analysed into themes. Four key areas emerged, student related barriers, student supervisor barriers, organisational barriers and barriers related to ClinConnect. These are summarised in Table 7

Table 7: Themes for barriers identified by stakeholders

Student barriers	Student Supervisor barriers
- Accommodation, especially at Manly and Mona Vale Hospital. - Differences in generational attitudes between supervisors and students. - Culturally and Linguistically Diverse (CALD) Students, where minimal language requirements have not been met.	- Minimum clinical experience requirement for Allied Health disciplines before undertaking supervisory role imposed (sometimes greater than Award). - Lack of incentive (financial) for student supervisors. - Inexperience of EP provided facilitators in high acuity areas impacts on workload for student supervisors. - Limited support from some EPs with students in difficulty. - Facilitators interrupting planned placement activities by removing nursing students from wards at peak times of the day.
Organisational barriers	**ClinConnect related barriers**
- Students only available 8 hours but some units have12 hour shifts. Placements are then shared between multiple clinicians and can be disjointed. - Policy changes at facilities can impact on workload for student supervisors e.g. facilitators in nursing at RNSH no longer able to teach students to do medication rounds due to inability to access pyxis, so this is now the responsibility of the clinician. - Higher acuity of the patients and high turn-over means there is not enough time to teach some Allied Health students in acute units.	- Lack of strong connection with the EPs since introduction of ClinConnect. - Limited window of opportunity for placement approval on ClinConnect. - Inability to allocate placements over weekends with ClinConnect. - EPs unable to view other EP requests or cancellations causing an excess amount of non-approval as a result of overlapping requests. - Lack of flexibility for pre-placement interviews (Psychology and Social Work) since introduction of ClinConnect.

Suggestions on how to overcome barriers

Stakeholders were asked to make suggestions on how to overcome these barriers. 70%of stakeholders were able to generate possible solutions. These have been captured in four broad themes in Table 8. Stakeholders identified that increasing support for student supervisors, better preparing and matching students to specific units, increasing the presence of EPs in the LHD and expanding interprofessional learning opportunities will overcome some of the barriers identified in the project.

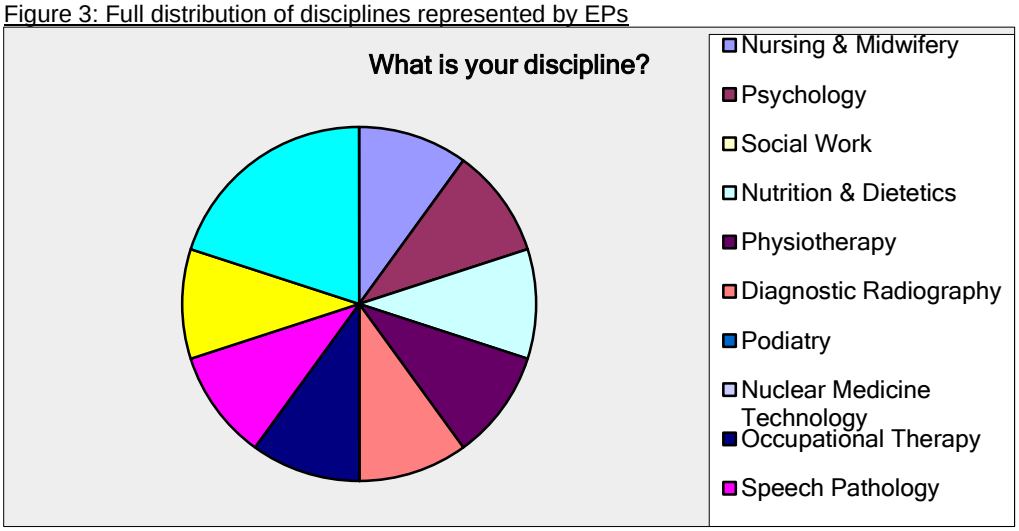
Table 8: Suggestions for overcoming barriers to student supervision in NSLHD

Themes	Specific suggestions
Increased support for student supervisors	- Introduce leave replacement for Allied Health. - Provide financial incentive to supervise students. - Introduce career structure positions for student supervisors in Allied Health disciplines e.g. provide more specific Student Units like at HKH Speech Pathology. - Increase EP provided facilitators / educators across Allied Health disciplines to support clinicians. - Provide more support for clinicians using ClinConnect
Improved match between student and unit	- EPs to better match students for suitability to student clinical placements, especially mental health placements. - Increase preparation of students before placement in particular for mental health placements and nutrition & dietetics. - Have placement by exception window (ClinConnect) open all semester to allow individual clinicians to allocate placement of student following interview.
Increased presence of EP in LHD	- Increase support from EPs with students in difficulty. - Introduce new models and support wider implementation of piloted models of student placement e.g. “pairing” in Nutrition & Dietetics, university led model in physiotherapy.
Increased interprofessional learning opportunities for students	- Support interprofessional learning opportunities on placements e.g. between allied health and nursing. - Provide improved infrastructure to house students while on placement

Education Providers

Two EPs were included in the project, USyd and UoN. These represented 10 disciplines, nine of which were from USyd, and the other from UoN (see Figure 3). Podiatry and Social Work were not represented in data due to inability to meet with EPs.

Figure 3: Full distribution of disciplines represented by EPs



EPs were asked if data from ClinConnect was an accurate reflection of the student clinical placement activity. 9/10 disciplines agreed that it was an accurate reflection.

Oral Health at UoN reported it did not provide the full picture of their placement activity because they use placement locations that are not part of ClinConnect.

Increasing capacity – priority areas

All disciplines stated that they need to increase their student clinical placements. Refer to Table 9 for priority areas.

Table 9: Priority areas in student clinical placement per discipline

Nursing	Year 1 students for 1 week placement in May Acute placements a priority area for Year 2 students in Sept/ Oct. Requests for clinical home placements will increase in 2014 and 2015
Psychology	Child & Family difficult to find placements and adult for 2nd Year 2nd semester and 3rd Year both semesters
Nutrition & Dietetics	Acute placements
Physiotherapy	Acute placements, rehab and Ambulatory Care
Radiation Sciences	Acute placements
Occupational Therapy	Acute placements in second semester
Speech Therapy	Acute placements
Pharmacy	Difficulties with all placements. Bachelor of Pharmacy all placements, Masters Pharmacy Year1 community only and Masters Pharmacy Year 2 acute and community
Oral Health – University of Sydney	Sydney placements were required(based Ballina) for 1 month rotations 6-8 students
Oral Health – Newcastle University	Year 3 General Care (Hygiene) Bachelor of Oral Hygiene Community placements

Of respondents, 60% reported the need to increase placements in acute areas, which was the highest percentage.

When EPs were asked to quantify the number of hours or number of students they needed to increase their student placements by, only 3/10 disciplines responded. Psychology, physiotherapy and oral health reported that they need an additional 6 – 20 students to be placed per semester. Due to the popularity of the physiotherapy course and increases to student enrolments, stakeholders reported this discipline was the most difficult to find student placements for.

When EPs were asked if they could think of creative ways to increase capacity, all disciplines responded. Some of the suggestions were:

- Increasing block times in semester breaks.
- Flexibility with commencement dates of placements.
- Pairing of students.
- Introduce facilitators back in to health facilities.
- Supporting part time clinicians to take students.
- Introducing weekend and night duty placements for final year Nursing students following approval from students.
- Liaising with other EPs about their clinical program requirements to improve collaboration.
- Consideration of a designated RN on site in health facility acting as a permanent facilitator paid for by the EP and shared across different EPs to cover student placements for the year.

When asked whether EPs requested placements consistently through the year all disciplines reported that they did. However, 9/10 stated they have quarantined student clinical placement free time, for example, during university examinations or when facilitators are on leave.

When EPs were asked if they provided facilitators for student clinical placements at NSLHD, 4/10 EPs reported that they did. Physiotherapy, nursing, nutrition and dietetics (USyd), and oral health (UoN) have on-site facilitators. RNSH is currently trialling a facilitator for physiotherapy from USyd for 12 months but this is not a standard practice for this discipline.

Of those who provide facilitators, EPs reported the ratio of facilitator to student ranged from 1:4 – 1:8. Nursing uses different models of supervision. The ratio 1:8 for 1st Year is the most common and has been used in this data. Other models of supervision reportedly used by nursing include 'Clinical Homes' (1:10) and 'preceptor model' (1:10-1:15 or more) but both are by negotiation with the health facility.

Those disciplines who do not provide a facilitator for student clinical placements at NSLHD, reported the main reason for not doing so was cost. For the majority of these disciplines, they have never used this model. Pharmacy has previously had facilitators but they were ceased. They stated it is more difficult to place students now as a result.

Barriers to Student Clinical Placements

EPs were asked a series of questions about the examples, reasons or barriers to obtaining student clinical placements in NSLHD. Table 10 reports on overall barriers for all disciplines.

Table 10: Barriers to obtaining student clinical placements

Barriers	Yes	No
Difficulties getting approvals for student clinical placements	70%	30%
Difficulties with using ClinConnect	10%	90%
Increased placement demands not met by Health Providers at peak periods	80%	20%
History of cancellation of student clinical placements by Health Provider	50%	50%
Course requirement unable to be met by Health Provider e.g. placement length	10%	90%
Inability to match clinical units to curriculum requirements	30%	70%
Students unable to easily access the health facility e.g. poor public transport access	50%	50%
No student accommodation available at the LHD	0%	100%
Poor relationship with Health Provider	0%	100%

8/10 EPs reported that placement demands were not met by Health Providers (HP). 7/10 reported difficulties getting approvals for student clinical placements as a barrier for student placements. 5/10 stated HPs cancelled placements. And 5/10 reported students had difficulties accessing the health facility causing a barrier for clinical placements.

Additional barriers identified by EPs were:

- HPs need to consider facilitator ratio when approving placements (nursing). Unless ratio is met a facilitator will not be provided.
- Inflexibility of HPs to consider new models of student supervision and creative solutions.
- Limited budget for both Education and Health.

EPs offered suggestions on how to overcome barriers. They suggested:

- HPs trying new models of supervision.
- EPs offer workshops that explain different models of supervision to HPs.

- Consideration for use of private, Non-Government Organisations and other HPs if course requirements allow this flexibility (pharmacy).

When Education Providers were asked about other experiences regarding student clinical placements most reported:

- A positive experience for the student.
- Psychology students were able to share their experiences through case studies.
- HPs were supportive of EPs.
- A general feeling of frustration when trying to meet demands of student placements especially Physiotherapy student placements.

Current training programs for student supervisors offered by EPs

9/10 EPs offer training programs for student supervisors.

5/10 provide interprofessional training opportunities.

Most reported that they advertise their courses via email to a designated list of supervisors (6/10). Oral health (USyd) offers invitation only courses and nursing offers courses to USyd employed facilitators only. Pharmacy advertises their courses via the Faculty website.

Available supervisor training courses are varied between disciplines, with some offering online learning. Nutrition & Dietetics have established on line courses specific to the student Pebble Pad and online modules are coming to the faculty of physiotherapy, although they currently do face-to-face training. Pharmacy has a preceptorship menu provided on line to support preceptors in Health facilities.

In psychology, USyd offers face-to-face introductory workshops that run for one-two days. The Psychology Board of Australia has varied programs for supervisors that complement this workshop. Speech Pathology also offers face-to-face training at different levels, beginner and intermediate.

The USyd Nursing Faculty offer facilitator workshops and two professional development days per year to facilitators. Two hour briefings for facilitators are attended before each student placement.

Some supervisory courses content can be negotiated as to what the supervisors want and whether they require introductory, intermediate or advanced courses.

Clinical Supervision

Current Clinical Supervision skills

HPs were asked about training requirements for student supervisors within their units.

64% of respondents reported that there was a need to increase clinical supervision skills within their units, with representation from all disciplines.

Almost half of the nursing respondents indicated that there is a need to increase clinical supervision skills for student supervisors. Psychology, the radiation sciences, and podiatry reported they had satisfactory clinical supervision skills within their units.

Training requirements

48% of stakeholders reported that they would like to access training for members of their units to increase clinical supervision skills.

A comparison of the disciplines that would send team members to courses is reported in Table 11.

Table 11: Disciplines as a percentage to access training to increase clinical supervision skills.

Nursing	49%
Occupational Therapy	7%
Speech Pathology	8%
Nutrition & Dietetics	8%
Social Work	8%
Pharmacy	7%
Oral Health	0%
Physiotherapy	4%
Podiatry	4%
Psychology	0%
Nuclear Medicine	1%
Diagnostic Radiography	1%
Radiation Sciences	1%

Nursing made up the highest proportion (49%) of respondents that would access training for team members in clinical supervision skills. Most disciplines reported they could send 1-2 staff members to courses at a time.

Current training opportunities

Respondents indicated that staff members at NSLHD are currently accessing training from a number of sources.

The NSLHD offers a number of courses through the Centre for Training and Development (CTD) that respondents indicated would meet the needs of clinical supervisors. These include:

- Preceptor Workshops.
- Team Leader Development.
- Clinical Teaching & Learning Series (which is Allied Health friendly).

Some units provide In house discipline specific inservices run by, for example, Clinical Nurse Educators (CNE) e.g. ICU (RNSH) and Rehabilitation (HKH) whose CNE has developed a 10 module preceptor course specific for rehabilitation. MVH has introduced Clinical Skills Trees for their staff exploring methods of supervision. In house supervision courses run at Mona Vale Radiography Department on managing supervisory role are also being run. Social work provide their own education programs to staff that are supported by a peer support program for supervisors.

Some units, such as APAC (RNSH) offer multidisciplinary training opportunities for their staff.

Respondents reported NSLHD staff are accessing university workshops such as one offered by University of Technology about simple adult learning principles and dealing with students not meeting competencies. Allied Health and oral health staff access a range of student supervisor workshops presented by Canberra, Charles Sturt, Newcastle, Sydney, Western

Sydney or Wollongong Universities, including courses run for Radiology supervisors on managing difficult conversations and students not performing. At Ryde Hospital, AH staff are also in a pilot project on Allied Health Education.

Some Allied Health respondents indicated that NSLHD staff were accessing the Interdisciplinary Allied Health Clinical Educator Workshop presented by USyd.

Some disciplines offer post-graduate courses in student supervision that are being accessed by NSLHD staff. For example, University of NSW offers a Graduate Diploma in Student Supervision which covers all Social Work theories with practice connection. It is a 4 month course ½ day/week and The University of Melbourne run a Graduate Diploma course in clinical education – it is a 1 year part time course.

Allied health staff also reported accessing courses funded by HETI. For example, they were involved in "Conversations in Clinical Practice", a pilot program in the Simulation Centre at RNSH. Oral health reported attending "Oral health SuperGuide for clinical supervisors" offered by HETI.

TAFE provides assessor courses specific to Trainee Enrolled Nurse students.

Student Clinical Supervision in Medicine

Medicine as a discipline operates on a team model of supervision. Students are supervised either by a consultant/ staff specialist or an academic or clinical academics of the University who are NSLHD employees.

All doctors are required to supervise students. Supervisor to student ratios are usually between 1:1 and 1:4.

Training requirements

The medical respondent indicated that there is a definite need to work with the supervisors and support them to increase their supervision skills. However, there are barriers to achieving this in the current model. These are:

- High workload restricts access for clinicians for this type of training.
- Too difficult for clinicians to get to different locations for additional training.
- Timing of courses – most clinicians are only available early morning or late evening and courses are not offered at these times.

Current training opportunities

Medicine has access to a number of courses offered by the Northern Clinical School (USyd) and the Pam McLean Centre (located at RNSH).

Courses available to supervisors:

- A short course is provided on site at RNSH for clinical tutors available to clinicians interested in developing teaching skills - multidisciplinary.
- Simulated learning Environments at Clinical Skills Centre – RNSH.
- Opthamology Clinic have an on line course.
- Pam McLean Centre clinical school supports supervisors.

Discussion

The first aim of the project was to increase the quantity of student clinical placements. The project has identified a number of clinical areas across NSLHD where student placement activity could be increased (Appendix E) but this increase to date is yet to occur. This project has demonstrated that further work is required on the identified issues that have prevented an increase in student numbers until now, such as lack of staff leave replacement and additional educator positions.

Initially the scope of the project was determined by the report by the Metro North and East ICTN Project Officer, which was made available to the Project Officer upon commencement of the project. At this time, those units with clinical placement approvals less than 60%,were identified as needing further investigation.

On further analysis, evidence indicated that there were major discrepancies in units with higher approval percentages (i.e >60%), between approved placements and accepted placements. The decision was then made to survey all units across NSLHD, irrespective of approval percentages, to ensure there were no missed opportunities for capacity increase.

As a result of this decision more areas were identified that could increase capacity in student clinical placements.

Clinical Placements

Clinical placement capacity was investigated through an interview process. Providing a copy of the questionnaire to stakeholders prior to interview gave them the opportunity to reflect on questions beforehand. This allowed an effective interview process, with many valuable comments being made by stakeholders.

Although time consuming, retrieving data from ClinConnect prior to interview provided a clearer understanding of student placement activity in the unit before interview. As a direct result of this, 23% of stakeholders either had or needed to amend ClinConnect data to better reflect their unit.

While most interviews were thirty minutes long, interviews with more than one stakeholder present took longer. Some interviews were especially time consuming as the stakeholders took a whole of discipline approach, rather than discussing units separately e.g. physiotherapy and occupational therapy. This approach made it especially difficult to tease out specific data for each unit in these disciplines. These disciplines were therefore under-represented in the data because in other disciplines such as nursing, each unit was reported separately. This could explain why nursing has a high proportion of data represented and may well have affected patterns and themes overall. Refer Figure 1.

There were missed opportunities with those EPs who filled out their own questionnaire to further discuss issues identified. One of the EPs has been contacted for clarification of some data. Face-to-face was the preferred option for interview.

It was necessary to complete the majority of HP interviews prior to EP interviews in order to effectively determine HP issues and concerns. This reduced the overall time available to conduct EP interviews. Only two EPs were included in the study, another two EPs were asked to participate but did not respond to the request (Australian Catholic University and University of Technology). The limited number of EPs represented in the project has diminished the ability to find patterns and themes in the available data. Better representation would be to include at least five EPs that currently have student placements at NSLHD.

In general the questionnaires assisted in obtaining quality data, however some questions did not generate the depth of response required to fully understand the needs/ requirements of each unit or EP. For example, the question for HPs relating to the quantity of student capacity in hours or numbers (see Appendix A) was notoriously difficult to answer for stakeholders. This made finding patterns and themes complicated because the data set was corrupted by the stakeholders inability to accurately answer the question.

Another issue raised by the questionnaire design is the inflexibility of the quantitative data to reflect the actual picture in different services. For example, Table 2 shows the number of clinicians supervising students in different units. In general larger units have a greater number of student supervisors but this table indicates that some units have a large number of clinicians that are not supervising students. One of these is physiotherapy at Ryde. Historically this department has only one main supervisor (Team Leader) but students are allocated to different clinicians during placement. Data in Table 2 reflects only one supervisor (7%) with 14 clinicians in unit. Oral Health is in a similar position with one main supervisor to support students (7%) with 6-10 clinicians in unit who support the supervisor.

This question therefore does not reflect the real percentage of clinicians involved in student supervision. A more detailed question on clinical supervision could have identified different supervision patterns.

Overall stakeholders had a positive attitude towards student placements, but a significant finding of the project is that 44% of clinical units are unable to take students consistently throughout the year. The majority of these are nursing units due to ward closures, preference to not have students when new graduates commence employment and/or new rotations and during winter months. They know in advance, generally, when these quarantined times need to be so better collaboration between HPs and EPs would identify these times as student free times. This should be considered when requesting placements, to avoid over-requesting and increase placement acceptance rates.

Another significant finding is that 42% of stakeholders are keen to increase student clinical placements with the majority of surveyed disciplines represented. This is heartening given that all EPs reported the need to increase clinical placements. Priority areas for increased placements were identified before the commencement of this project by the University of Sydney to be: Aged Care; Primary Health Care; Mental Health; and Oral Health. Table 9 also indicates that for most Allied Health disciplines, increased capacity in acute placements is required by USyd.

In Aged Care, there is a major opportunity for most disciplines with the soon-to-be-opened Graythwaite Centre at Ryde Hospital to increase clinical placements (see Appendix E). New rehabilitation units in Aged Care will then be available for physiotherapy, occupational therapy, speech pathology, dietetics and nursing students. Other opportunities exist for psychology students in the SMHOPS units & at Macquarie Hospital, and in occupational therapy at HKH & MV Hospital.

Capacity to increase Primary Health Care placements were identified during the project in a number of disciplines and across a number of services. These include nursing (Breathe Respiratory Team, Sydney Dialysis Centre, APAC, NSHNS & ECHC), Occupational Therapy (Breathe Respiratory Team), Speech Pathology (NSR Child & Family), physiotherapy (APAC, Breathe Respiratory Team), Nutrition & Dietetics (HACC, Breath Respiratory Team). New services and creative thinking will create these new student placement opportunities.

The NSLHD has already seen increases in Mental Health placements in nursing with the introduction of afternoon placements. Redevelopment at HKH will provide further increases to capacity as well. Other units that have indicated potential capacity increases include: Psychology (CAMHS, SMHOPS, Macquarie and D&A RNSH), OT (Macquarie Hospital), and Speech Pathology (Macquarie).

Oral Care placements will also increase over the next three years with redevelopment occurring across the NSLHD. Units have indicated there is already potential to increase placements at RNSH and MV and steps are being taken to make this happen.

Acute placements in Allied Health disciplines were not specifically identified to be areas for increased capacity. Unfortunately this EP identified need will not be able to be met by NSLHD, unless new units are developed or new models for supervision are explored.

While potential has been identified by this project, NSLHD will need to ensure these potential capacity increases come to fruition. This will include training and support for staff in new units in areas such as ClinConnect, student supervision and the development of policy and procedures to support student supervision. Student supervision will also need to be a consideration for any further clinical development projects that the NSLHD are committed to, because further capacity increases may be possible.

Stakeholders were willing to discuss and find creative ways to increase capacity. About 70% of stakeholders offered ideas and solutions when asked. Pairing of students on placements was a common response. This is being implemented with some disciplines e.g. Nutrition & Dietetics with great success. Another suggestion was sharing students across different disciplines and facilities. This has also been implemented across NSLHD e.g. pharmacy (RNSH) and Podiatry (HKH).

Allied Health disciplines reported most commonly two main barriers to increasing student placements: 1) unpredictability with staffing levels and 2) inability to replace leave. Many allied health stakeholders reported they were unable to dedicate time to students due to their workload. Allied Health generally do not have university-supplied facilitators in NSLHD leaving supervision with clinicians. The majority reported that student supervision increases their workload and impacts on their ability to meet KPIs.

Allied Health stakeholders also stated there is a lack of incentive (financial) for clinicians who take students. They reported that the connection between HP and EP was negatively affected by initiation of ClinConnect. Psychology and Social Work also reported that inflexibility with placements has affected student placements.

Nursing stakeholders report that their main barrier to student supervision is increased demands from EPs at peak periods. 80% of EPs reported that placement demands were not being met at peak times. There is currently a pattern of peaks and troughs throughout the year and if there were a more consistent approach, more students could be accommodated. There is a clear need for HPs and EPs to work together to more effectively reduce this barrier.

Other barriers reported by nursing were: 12 hour shifts, which students cannot be rostered to; lack of access for facilitators to pyxis (RNSH), which increases the workload of nurse clinicians; removal of students by facilitator for debrief sessions thereby interrupting the flow of the day for the student/supervisor; and inexperience of some facilitators in high acuity areas resulting in additional teaching requirements for supervisors. These identified barriers indicate a disconnect between the requirements of the university and the NSLHD.

Another significant finding of the project is that there is inconsistency with facilitator allocation by EPs. 4/10 disciplines report providing facilitators in Health Facilities. The majority of HPs want to have more facilitators or educator positions provided, especially Allied Health who identified this as a barrier, but EPs have indicated this is unlikely.

Clinical Supervision

The second aim of the project was scoping the clinical training needs of student supervisors. The project identified that 64% of units reported the need to increase clinical supervision skills within their team. A high proportion of these were nursing units and the availability of clinical

supervisor training programs for nurses reflects this gap. The majority of supervisor training provided by EPs is conducted by allied health disciplines. Nursing faculties train nurse facilitators but do not appear to have many programs available for supervisors.

Medicine identified a need to increase clinical supervision skills in supervisors. All doctors supervise students, but not all are provided with specific training in the area. Time restraints are the biggest barrier for medical student supervisors to increase their skills. Courses need to be offered early in the morning or late in the afternoon to accommodate job requirements of doctors.

Due to difficulties in accessing nursing specific supervision courses, some units in the NSLHD are generating their own supervision courses within their units. Nurses are also accessing general supervision and leadership training offered by the Centre for Training and Development (CTD), the NSLHD internal training department. This increases the demand for these courses and stakeholders report nurses are often unable to enrol in courses as they are often full or have wait lists. There is a general feeling of frustration as a result.

Evidence provided by Pathlore – the statewide learning management system (see Appendix F) indicates that 7 courses with supervision content are available for clinicians to attend. 45 courses were offered in the last 12 months. Of these, 11 courses were cancelled. 334 clinicians attended the courses, 13 were waitlisted to attend, 29 clinicians did not show up for courses and 107 clinicians cancelled their application. This data opposes the views of stakeholders in this project. The data reflects a reasonable match between supply and demand for courses with only a few clinicians waitlisted for some courses. Currently courses are advertised 12 weeks before the course and applications close eight weeks before. If no interest in the first four weeks then the course will be cancelled. A high proportion of clinicians cancelled their application-the reasons for cancellations were not provided.

Nurses preferred 1 day courses as it was easier for managers to roster. Allied Health preferred on average ½ day courses so they could resume their case load on return to unit. The majority of allied health clinicians prefer to attend discipline specific courses run by EPs, rather than courses offered by CTD.

Advertising of clinical supervision courses being offered by EPs appears to be inadequate. EPs reported that they disseminate the information to a list of clinicians who already supervise students. This reduces opportunities for clinicians who are yet to supervise, which would be the target group if capacity for clinical placements is to increase.

EPs are generally offering clinical supervision courses to single disciplines, although at least two interprofessional courses are currently being offered. New funding from HETI has increased the breadth of courses available.

Recommendations

Clinical Placements

1. Implement alternate models of funding of supervision for students at NSLHD. For example:

- Consider leave relief for Allied Health to increase confidence in approving student placements.
- Standardise a fee per student when attending a placement as an incentive to take more students or introduce EP funded facilitators into NSLHD, especially in Allied Health disciplines.

- Introduce Allied Health Educator (AHE) positions where the AHE would have a decreased work load to be able to supervise students as well as support other clinicians in the unit to take on supervisory role.
- Consideration of designated RNs on site in health facility acting as a permanent facilitator paid for by the EP and shared across different EPs to cover student placements for the year.

2. Ongoing commitment to ClinConnect
- Increase support for student supervisors using ClinConnect by providing regular education sessions and troubleshooting opportunities.
- Extend funding for ClinConnect Coordinator role for NSLHD.

3. Improved collaboration between Education Providers and NSLHD.
- Establish a more even distribution/requests for placements throughout the year, especially in nursing units, with flexible commencement dates and use of university breaks.
- Pilot new models of supervision.
- Increased support from HPs for facilitators in nursing in high acuity areas to update and consolidate their skills.
- Provide more support from EPs to assist HPs when students having difficulty.

4. Consideration for expanding student placements with further redevelopment in NSLHD.

Clinical Supervision

5. Improve access to existing student supervisor training.

- Explore the potential for EPs to bring supervision workshops to HPs.
- Promote CTD courses and consider looking at the procedural side of the application process to increase the amount of courses made available.
- Introduce a field on the ClinConnect noticeboard that notifies stakeholders of upcoming courses by EPs.

6. Collaboration between Education Providers and NSLHD on new courses for clinical education.
- Workshops could be interdisciplinary or discipline specific.
- Offer training opportunities for *prospective* student supervisors.
- Introduce a workshop to showcase different models of supervision e.g. pairing of students, peer supervision and other creative ways to increase and manage supervision of students.
- Increase nursing supervision courses by EP.
- Introduce clinical educator forums where lectures are provided on how to deal with challenging or failing students at all sites in the NSLHD.
- Consider offering online modules to support professional development in student supervision skills.

Appendix A

Student Clinical Placement Project

Scoping questionnaire

The Centre for Training and Development and Northern Sydney Local Health District, have received project funding from the Interdisciplinary Clinical Training Network (ICTN). The aim of the ICTN is to increase quality and quantity of student clinical placements.

The purpose of this project is to gather baseline data, analyse the data and make recommendations to the ICTN. This will be done by reviewing student clinical placement capacity within nursing, allied and oral health, identifying areas for growth in capacity, the challenges for student placement activity, and the clinical supervision training requirements of nursing, allied, oral health and medicine within NSLHD.

Baseline data from ClinConnect has been analysed, and in order to gain further insight into the current workplace situation across NSLHD and the challenges faced, I would like to ask you a series of questions.

Facility / Service:

Discipline/ Unit/ Clinician:

ClinConnect student clinical placement capacity data:

Percentage of approvals:

Do you think that the data from ClinConnect is an accurate reflection of your student capacity and approved placements within your workplace?

How many clinicians currently work in your workplace? If unknown give approximate number.

How many clinicians currently supervise students in your workplace?

If some clinicians do not supervise students in your department/unit please outline the reasons?

Do you offer placements to students consistently throughout the semester; or do you have quarantined student free time?

If the answer is there is quarantined student free time - please give a rationale.

Do you think there is potential to increase student clinical placements in your workplace? If yes – by how many?
Student number:
Student hours:
How?

Can you think of a creative way of increasing your capacity?

Are any of the following examples, reasons or barriers to your department/unit offering/approving student clinical placements

Supervision skills - staff not confident in student supervision skills	Y	N
Workload - unable to dedicate time to students	Y	N
Staffing levels - vacant positions, leave	Y	N
Only one clinician in the discipline	Y	N
Culture - clinicians feel it would be a burden to take students	Y	N
Limited infrastructure - space issues, lack of equipment	Y	N
Difficulties coordinating student clinical placements	Y	N
Difficulties with using ClinConnect	Y	N
Increased demand from education providers at peak periods	Y	N
History of cancellation of student clinical placements	Y	N
Course requirements - supervision expectations too high	Y	N
Course requirements - length of placements too long	Y	N
Inability to provide enough clinical area exposure	Y	N
Location - students unable to easily access your workplace	Y	N
Poor experience with previous student clinical placements	Y	N
Lack of encouragement to take students	Y	N
Staff not sufficiently experienced to undertake supervisory role	Y	N

Over requesting from education provider Y N

Can you think of any other examples, reasons or barriers not included in this list?

Can you make suggestions on how you can overcome these barriers?

Would you like to share any other experiences regarding student clinical placements?

Do you think that there is a need to increase clinical supervision skills within your team?

If The Centre for Training and Development were to run a course that could assist you to increase clinical supervision skills would you be interested in attending?

Thank you for your participation in this questionnaire. Your assistance has helped me gain a better understanding of your current workplace situation and the challenges that you face with clinical student placement.

Appendix B: Full list of units contacted for participation in project

Allied Health

Diagnostic Radiography	**Hornsby Hospital**	Medical Imaging
Nuclear Medicine Technology	**Hornsby Hospital**	Medical Imaging Nuclear Med.
Nutrition & Dietetics	**Hornsby Hospital**	HKH HACC Community
Nutrition & Dietetics	**Hornsby Hospital**	Nutrition and Dietetics Dept
Occupational Therapy	**Hornsby Hospital**	Community Aged Care and Rehab
Occupational Therapy	**Hornsby Hospital**	Inpatient - Rehabilitation
Occupational Therapy	**Hornsby Hospital**	Paediatrics
Occupational Therapy	**Hornsby Hospital**	Community Mental Health
Occupational Therapy	**Hornsby Hospital**	Inpatient - Acute
Pharmacy	**Hornsby Hospital**	Pharmacy Department
Physiotherapy	**Hornsby Hospital**	Ambulatory Care/MS
Physiotherapy	**Hornsby Hospital**	Rehabilitation
Physiotherapy	**Hornsby Hospital**	Acute Inpatients
Physiotherapy	**Hornsby Hospital**	Community Health
Physiotherapy	**Hornsby Hospital**	Mentored Clinical Placement
Physiotherapy	**Hornsby Hospital**	Observational Unit (ACU)
Podiatry	**Hornsby Hospital**	Podiatry Department
Speech Pathology	**Hornsby Hospital**	Speech Pathology Paeds Team
Speech Pathology	**Hornsby Hospital**	Speech Pathology Student Unit
Speech Pathology	**Hornsby Hospital**	Speech Pathology Adult Team
Nutrition & Dietetics	**Macquarie Hospital**	Wellbeing Unit
Occupational Therapy	**Macquarie Hospital**	Macquarie Hospital
Psychology	**Macquarie Hospital**	Psychology Services A
Speech Pathology	**Macquarie Hospital**	Macquarie Mental Health
Diagnostic Radiography	**Manly Hospital**	Medical Imaging
Nutrition & Dietetics	**Manly Hospital**	Nutrition and Dietetics Dept
Occupational Therapy	**Manly Hospital**	Manly Acute
Occupational Therapy	**Manly Hospital**	Manly Ambulatory Care
Pharmacy	**Manly Hospital**	Pharmacy Department
Physiotherapy	**Manly Hospital**	Community Health
Physiotherapy	**Manly Hospital**	Acute Inpatients
Physiotherapy	**Manly Hospital**	Ambulatory Care/MS
Physiotherapy	**Manly Hospital**	Mentored Clinical Placement
Physiotherapy	**Manly Hospital**	Observational Unit (ACU)
Psychology	**Manly Hospital**	M.H. - Beaches Early Intervention
Social Work	**Manly Hospital**	Manly Hospital
Speech Pathology	**Manly Hospital**	Northern Beaches Paediatric - Queenscliff
Speech Pathology	**Manly Hospital**	Northern Beaches - Acute: Manly Hospital
Diagnostic Radiography	**Mona Vale Hospital**	Medical Imaging
Nutrition & Dietetics	**Mona Vale Hospital**	Nutrition and Dietetics Dept
Occupational Therapy	**Mona Vale Hospital**	Mona Vale Acute
Occupational Therapy	**Mona Vale Hospital**	Mona Vale Rehabilitation Unit
Occupational Therapy	**Mona Vale Hospital**	Mona Vale Community
Occupational Therapy	**Mona Vale Hospital**	Mona Vale Outpatients
Pharmacy	**Mona Vale Hospital**	Pharmacy Department
Physiotherapy	**Mona Vale Hospital**	Ambulatory/MS
Physiotherapy	**Mona Vale Hospital**	Acute Inpatients
Physiotherapy	**Mona Vale Hospital**	Rehabilitation
Physiotherapy	**Mona Vale Hospital**	Mentored Clinical Placement

Physiotherapy	**Mona Vale Hospital**	Observational Unit (ACU)
Social Work	**Mona Vale Hospital**	Mona Vale Hospital
Speech Pathology	**Mona Vale Hospital**	Northern Beaches Paediatric - Mona Vale
Speech Pathology	**Mona Vale Hospital**	Northern Beaches - Acute: Mona Vale Hospital
Speech Pathology	**Mona Vale Hospital**	Northern Beaches - Sub Acute: Mona Vale Hospital
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	AORS
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	WRS
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	Ryde Community Mental Health
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	COPMI
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	EPIS
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	HKH Mental Health Service
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	LMU
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	MHICU
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	NBHS Mental Health Service
Occupational Therapy	**NSLHD Mental Health Drug & Alcohol Service**	SMHSOP
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby CAMHS
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	RNS CAMHS b
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Coral Tree Family Service
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	MERIT D&A - Forensic
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	RNS Mental Health
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	RNS CAMHS
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Frenchs Forest CHC -Clinical
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Northern Beaches CAMHS
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	D&A Counselling - Mona Vale
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Drug & Alcohol Clinical
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Drug & Alcohol Counselling
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Frenchs Forest CHC Counselling
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby SMHOPS Clinical
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby SMHOPS Counseliing
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	NB SMHOPS -olderpersons
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	NorthernBeaches Mental Health
Psychology	**NSLHD Mental Health Drug & Alcohol Service**	Ryde CAMHS
Social Work	**NSLHD Mental Health Drug & Alcohol Service**	CAMS
Social Work	**NSLHD Mental Health Drug & Alcohol Service**	East Wing
Dentistry & Oral Health	**NSLHD Primary & Community Health**	Royal North Shore
Dentistry & Oral Health	**NSLHD Primary & Community Health**	Mona Vale
Dentistry & Oral Health	**NSLHD Primary & Community Health**	Hornsby
Dentistry & Oral Health	**NSLHD Primary & Community Health**	Dee Why

Occupational Therapy	**NSLHD Primary & Community Health**	Acute Post Acute Care (APAC)
Occupational Therapy	**NSLHD Primary & Community Health**	Community Respiratory Program
Occupational Therapy	**NSLHD Primary & Community Health**	NB Child & Family Health
Physiotherapy	**NSLHD Primary & Community Health**	Breathe Respiratory Team
Physiotherapy	**NSLHD Primary & Community Health**	Acute Post-Acute Care (APAC)
Social Work	**NSLHD Primary & Community Health**	APAC
Speech Pathology	**NSLHD Primary & Community Health**	RNSH Aged Care Community
Speech Pathology	**NSLHD Primary & Community Health**	NSR Child & Family - RNS /Ryde CHC
Diagnostic Radiography	**RNSH**	RNSH Radiology Department
Nuclear Medicine Technology	**RNSH**	Nuclear Medicine & PET Unit
Nutrition & Dietetics	**RNSH**	RNSH HACC Community
Nutrition & Dietetics	**RNSH**	Nutrition Services
Nutrition & Dietetics	**RNSH**	RNSH Diabetes Education
Occupational Therapy	**RNSH**	Acute Care
Occupational Therapy	**RNSH**	Paediatrics
Occupational Therapy	**RNSH**	Acute Mental Health
Occupational Therapy	**RNSH**	Aged Care Community
Occupational Therapy	**RNSH**	Outpatients
Occupational Therapy	**RNSH**	Severe Burns Unit
Occupational Therapy	**RNSH**	Spinal Injuries Unit
Pharmacy	**RNSH**	Pharmacy Department
Pharmacy	**RNSH**	Diabetes Education Centre
Physiotherapy	**RNSH**	Acute Cardiorespiratory
Physiotherapy	**RNSH**	Orthopaedics
Physiotherapy	**RNSH**	Musculoskeletal Outpatients
Physiotherapy	**RNSH**	Burns and Plastics Surgery
Physiotherapy	**RNSH**	Medical Assessment Unit
Physiotherapy	**RNSH**	Acute Spinal Cord Injury
Physiotherapy	**RNSH**	Acute Neurosciences
Physiotherapy	**RNSH**	Hand Trauma and Surgery
Physiotherapy	**RNSH**	MCP
Physiotherapy	**RNSH**	Observation Unit
Physiotherapy	**RNSH**	Paediatrics
Physiotherapy	**RNSH**	Women's Health
Podiatry	**RNSH**	High Risk Foot Service
Podiatry	**RNSH**	Podiatry Department
Podiatry	**RNSH**	Diabetes Education Centre - RNSH
Psychology	**RNSH**	Pain Management Centre
Psychology	**RNSH**	Aged Care
Psychology	**RNSH**	Drug & Alcohol Counselling
Radiation Therapy	**RNSH**	Northern Sydney Cancer Centre
Social Work	**RNSH**	RNSH SWD
Social Work	**RNSH**	Child & Adolescent Health Serv
Social Work	**RNSH**	NS Sexual Assault Service
Social Work	**RNSH**	RNSH SW Mental Health
Speech Pathology	**RNSH**	RNSH Hospital
Diagnostic Radiography	**Ryde Hospital**	Ryde Hospital Radiology Dpt
Nutrition & Dietetics	**Ryde Hospital**	Dietetics
Occupational Therapy	**Ryde Hospital**	Ryde Aged Care and Rehab
Occupational Therapy	**Ryde Hospital**	Ryde Hospital
Pharmacy	**Ryde Hospital**	Pharmacy Department
Physiotherapy	**Ryde Hospital**	Aged Care and Rehab Ryde and Community
Physiotherapy	**Ryde Hospital**	General Unit

Physiotherapy	**Ryde Hospital**	Mentored Clinical Placement
Physiotherapy	**Ryde Hospital**	Observational Unit (ACU)
Physiotherapy	**Ryde Hospital**	Orthopaedic Unit
Podiatry	**Ryde Hospital**	Podiatry Department
Social Work	**Ryde Hospital**	Ryde Social Work Service
Speech Pathology	**Ryde Hospital**	Graythwaite Rehab Hospital
Speech Pathology	**Ryde Hospital**	Ryde Community
Speech Pathology	**Ryde Hospital**	Ryde Hospital

Nursing

Nursing & Midwifery	**Hornsby Hospital**	1A
Nursing & Midwifery	**Hornsby Hospital**	2A
Nursing & Midwifery	**Hornsby Hospital**	1B
Nursing & Midwifery	**Hornsby Hospital**	Emergency
Nursing & Midwifery	**Hornsby Hospital**	EMU / MAU
Nursing & Midwifery	**Hornsby Hospital**	2B
Nursing & Midwifery	**Hornsby Hospital**	Intensive Care
Nursing & Midwifery	**Hornsby Hospital**	Geraghty
Nursing & Midwifery	**Hornsby Hospital**	Mary Giles
Nursing & Midwifery	**Hornsby Hospital**	Perioperative Suite
Nursing & Midwifery	**Hornsby Hospital**	Community Paediatrics
Nursing & Midwifery	**Hornsby Hospital**	Maternity Services
Nursing & Midwifery	**Hornsby Hospital**	Diabetes Education
Nursing & Midwifery	**Hornsby Hospital**	Paediatrics
Nursing & Midwifery	**Macquarie Hospital**	Alkoomi - Day Programme
Nursing & Midwifery	**Macquarie Hospital**	Bridgeview House
Nursing & Midwifery	**Macquarie Hospital**	Cottages
Nursing & Midwifery	**Macquarie Hospital**	Tarban House
Nursing & Midwifery	**Macquarie Hospital**	Lavender House
Nursing & Midwifery	**Macquarie Hospital**	Figtree Unit
Nursing & Midwifery	**Macquarie Hospital**	Hamilton Hostel
Nursing & Midwifery	**Macquarie Hospital**	Manning Unit
Nursing & Midwifery	**Macquarie Hospital**	Parkview Unit
Nursing & Midwifery	**Macquarie Hospital**	Henley Unit
Nursing & Midwifery	**Manly Hospital**	WW2
Nursing & Midwifery	**Manly Hospital**	SW4
Nursing & Midwifery	**Manly Hospital**	EMU
Nursing & Midwifery	**Manly Hospital**	Orthopaedics
Nursing & Midwifery	**Manly Hospital**	SW5
Nursing & Midwifery	**Manly Hospital**	ICU
Nursing & Midwifery	**Manly Hospital**	ED
Nursing & Midwifery	**Manly Hospital**	Maternity
Nursing & Midwifery	**Manly Hospital**	OT
Nursing & Midwifery	**Mona Vale Hospital**	L5
Nursing & Midwifery	**Mona Vale Hospital**	L2
Nursing & Midwifery	**Mona Vale Hospital**	L3
Nursing & Midwifery	**Mona Vale Hospital**	ED
Nursing & Midwifery	**Mona Vale Hospital**	ARU
Nursing & Midwifery	**Mona Vale Hospital**	ICU
Nursing & Midwifery	**Mona Vale Hospital**	OT
Nursing & Midwifery	**Mona Vale Hospital**	MAU
Nursing & Midwifery	**Mona Vale Hospital**	Maternity
Nursing & Midwifery	**Mona Vale Hospital**	L6 Paediatric
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Ryde Community SMHSOP
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby Hospital Mental Health Intensive Care Unit
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby Early Psychosis Intervention Service
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol**	Hornsby Hospital PECC Unit

	Service	
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	RNSH Cummins Unit - 4E
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	RNSH PECC
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby Hospital - SMHSOP
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby Hospital Lindsay Madew Unit
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	RNSH - Coral Tree
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Frenchs Forrest Community Health Centre
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Manly Hospital East Wing
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Manly Hospital PECC Unit
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	North Shore Community Acute Team
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Queenscliffe Adult Community Mental Health
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Brookvale SMHSOP
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Brookvale Early Intervention Centre
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Gladesville - Digby House
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Hornsby Assertive Outreach Service
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Manly Assertive Outreach Team
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Mona Vale Community Health Centre
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	North Shore Community MH Assertive Outreach Team
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Ryde Community Acute
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Ryde Community Mental Health
Nursing & Midwifery	**NSLHD Mental Health Drug & Alcohol Service**	Ryde Community Assertive Outreach Program
Nursing & Midwifery	**NSLHD Primary & Community Health**	Hornsby Centre - NSHNS
Nursing & Midwifery	**NSLHD Primary & Community Health**	Ku-ring-gai - NSHNS
Nursing & Midwifery	**NSLHD Primary & Community Health**	North Sydney - NSHNS
Nursing & Midwifery	**NSLHD Primary & Community Health**	Ryde - NSHNS
Nursing & Midwifery	**NSLHD Primary & Community Health**	Manly- NSHNS
Nursing & Midwifery	**NSLHD Primary & Community Health**	Mona Vale - NSHNS
Nursing & Midwifery	**NSLHD Primary & Community Health**	Early Childhood Health Centres NBHS
Nursing & Midwifery	**NSLHD Primary & Community Health**	Acute/Post Acute Care
Nursing & Midwifery	**NSLHD Primary & Community Health**	Early Childhood Health Centre - RNSH/Ryde
Nursing & Midwifery	**NSLHD Primary & Community Health**	Dialysis Centre
Nursing & Midwifery	**RNSH**	6B
Nursing & Midwifery	**RNSH**	8C
Nursing & Midwifery	**RNSH**	7B
Nursing & Midwifery	**RNSH**	8B
Nursing & Midwifery	**RNSH**	7A
Nursing & Midwifery	**RNSH**	7E
Nursing & Midwifery	**RNSH**	8D
Nursing & Midwifery	**RNSH**	7F
Nursing & Midwifery	**RNSH**	9E
Nursing & Midwifery	**RNSH**	6D
Nursing & Midwifery	**RNSH**	9A
Nursing & Midwifery	**RNSH**	8E
Nursing & Midwifery	**RNSH**	ED
Nursing & Midwifery	**RNSH**	7D
Nursing & Midwifery	**RNSH**	8F
Nursing & Midwifery	**RNSH**	Intensive Care - General

Nursing & Midwifery	**RNSH**	SBIU
Nursing & Midwifery	**RNSH**	High Volume Short Stay
Nursing & Midwifery	**RNSH**	Children's
Nursing & Midwifery	**RNSH**	Intensive Care - Cardiac
Nursing & Midwifery	**RNSH**	Intensive Care - Neuro
Nursing & Midwifery	**RNSH**	Midwifery Services
Nursing & Midwifery	**RNSH**	Operating Theatres
Nursing & Midwifery	**RNSH**	Diabetes Education Centre - RNSH
Nursing & Midwifery	**Ryde Hospital**	Maternity
Nursing & Midwifery	**Ryde Hospital**	Ward 3
Nursing & Midwifery	**Ryde Hospital**	Ward 7
Nursing & Midwifery	**Ryde Hospital**	Ward 2
Nursing & Midwifery	**Ryde Hospital**	Ward 8/RAU
Nursing & Midwifery	**Ryde Hospital**	HDU/Cardiology
Nursing & Midwifery	**Ryde Hospital**	Emergency
Nursing & Midwifery	**Ryde Hospital**	Periop / Operating Theatre

Appendix C

Student Clinical Placement Project

Scoping questionnaire for Education Providers

The Centre for Training and Development on behalf of the Northern Sydney Local Health District has received funding from the Interdisciplinary Clinical Training Network (ICTN) whose aim is to increase the quality and quantity of student clinical placement.

The purpose of the project is to determine from data collection and analysis both our current capacity, potential for growth in capacity in Nursing, Allied Health and Oral Health and training requirements in Nursing, Allied Health, Medicine and Oral Health and medicine student clinical placements.

Facility:

Discipline:

Do you think that the data from ClinConnect is an accurate reflection of your student clinical placement activity? Y N

Comment:

Tell me about your current student clinical placement requirements and objectives for your discipline.

Year 1

Year 2

Year 3

Year 4

Do you need to increase clinical placements for your students? Y N

If yes, in which clinical area(s) do you need to increase student clinical placements for your discipline?

By how many?

e.g. Number of hours:

or Number of students:

Can you think of a creative way of increasing this capacity? eg changing patterns of placement, working with other disciplines.

Do you request placements for students consistently throughout the year? Y N

Do you have quarantined student clinical placement free time? Y N

If yes, why?

Is this flexible? Y N

Do you provide facilitators for student clinical placements at NSLHD? Y N

If so, what is the ratio of student to facilitator?

If not, what are the reasons for not providing a facilitator?

Are any of the following examples, reasons or barriers you see to obtaining student clinical placements in NSLHD

Difficulties getting approvals for student clinical placements	Y	N
Difficulties with using ClinConnect	Y	N
Increased placement demands not met by Health Providers at peak periods	Y	N
History of cancellation of student clinical placements by Health Provider	Y	N
Course requirement unable to be met by Health Provider eg placement length	Y	N
Inability to match clinical units to curriculum requirements	Y	N
Students unable to easily access the health facility eg. poor public transport access	Y	N
No student accommodation available at the LHD	Y	N
Poor relationship with Health Provider	Y	N

Can you think of any other examples, reasons or barriers not included in this list?

Can you make suggestions on how we can overcome these barriers?

Would you like to share any other experiences regarding student clinical placements?

What training programs do you currently offer for student supervisors?

Do you have interprofessional training opportunities? Y N

How do you advertise your supervisor training programs?

Thank you for your participation in this questionnaire. Your assistance has helped us gain a better understanding of your current requirements and the challenges that you face with clinical student placement

Appendix D

Student Clinical Placement Project

Interview Guide Medicine student supervision

The Centre for Training and Development and Northern Sydney Local Health District, have received project funding from the Interdisciplinary Clinical Training Network (ICTN). The aim of the ICTN is to increase quality and quantity of student clinical placements.

The purpose of this project is to gather baseline data, analyse the data and make recommendations to the ICTN. This will be done by reviewing student clinical placement capacity within nursing, allied and oral health, identifying areas for growth in capacity, the challenges for student placement activity, and the clinical supervision training requirements of nursing, allied, oral health and medicine within NSLHD.

Facility / Service:

Discipline/ Unit/ Clinician:

ClinConnect student clinical placement capacity data:

Do you have preferred partners in Medicine?

Otherwise which Education Providers do you use in NSLHD to place medical students?

Who undertakes supervision role with Medical students?

What are the key capabilities required for those teaching & supervising?

Scope current best practice models for student supervision.

Do you think that there is a need to increase clinical supervision skills within your team of supervisors?

What are some of the education courses available from the NSLHD and University of Sydney appropriate for student supervisors?

Eg CTD offer: preceptor workshop, Team Leader course and Clinical Teaching & Learning Series (2 day 4 module course)(multidisciplinary)

Match training needs with the training opportunities

Suggestions

eg simulation training models

Do you use facilitators?

If so what is the ratio of facilitator to student?

In your opinion what are some of the challenges associated with delivering education courses to supervisors (multidisciplinary)?

Can you give suggestions on how to overcome these challenges associated with delivering education courses to supervisors in conjunction with the University of Sydney?

Do you have any other comments regarding clinical supervision training?

Thank you for your participation in this questionnaire. Your assistance has helped me gain a better understanding of your current workplace situation and the challenges that you face with clinical student placement.

Appendix E

Specific identified potential capacity increases

Nursing
There is the potential to increase placements in the following areas of Nursing:

- RNSH –Emergency Department (ED) (when additional CNE recruited), Acute Assessment Unit (AAU) (new unit) Cancer Care Centre (can share a placement with Oncology. When CNE hours increase – may consider a placement) (new unit), 7A (Orthopaedics) and 8F (Oncology).
- HKH- Intensive Care Unit (ICU) can increase capacity by one am student and Paediatrics are taking students for the first time.
- Manly – ED can increase capacity for pm placement and Maternity is able to have nursing students as well as midwifery students.
- Mona Vale –There is a potential for Medical Assessment Unit (MAU) to have nursing students as well as Enrolled Nurse students.
- Ryde- Ward 8 to increase capacity. When Graythwaite Centre opens, this will also increase potential capacity.
- RNSH Diabetes Education, Sydney Dialysis Centre, Acute Post-Acute Care (APAC) RNSH and Northern Sydney Home Nursing Service (NSHNS) can increase placements. Early Childhood Centre (ECHS) RNSH /Ryde could increase placements once agreement signed with University of Western Sydney (UWS).
- Mental Health Drug & Alcohol (MHD&A) has increased capacity over the last 2 months by increasing pm placements across all sites. Increases will also occur at Hornsby when redevelopment for Mental Health completes in the areas of adult, adolescent and Lindsay Madew Unit.
- Community- Breathe Respiratory Team following recruitment of three Registered Nurses to the team.

Psychology
There is the potential to increase placements in the following areas of psychology:

- Hornsby and Ryde Child & Adolescent Mental Health Services (CAMHS).
- Ryde Specialist Mental Health Services for Older People (SMHOPS) (following recruitment).
- Merit D&A.
- D&A RNSH (following Macquarie 5+1 course to allow supervision for psychologists in D&A).
- Macquarie next year x 2 students following endorsement of 2 psychologists.
- Community- potential for Breathe Respiratory Team in 2014.

Occupational Therapy (OT)
There is the potential to increase placements in the following areas of OT:

- Hornsby inpatient acute and Aged Care & Rehabilitation.
- RNSH can increase utilization of placements.
- Ryde will be able to increase placements next year with increased OTs for Graythwaite Centre redevelopment.
- Mona Vale can increase by 1 student in Rehabilitation.
- Macquarie can increase placements in 1st semester, 2014.
- Community- Breathe Respiratory Team 2nd semester, 2013.

Speech Pathology
There is the potential to increase placements in the following areas of Speech Pathology:

- Ryde when Graythwaite Centre opens with suitable observation room for students.
- Hornsby (marginally).
- Macquarie hospital could increase capacity by 1 student.

- Community- NSR Child & Family could increase the amount of days for placements - 3 days instead of 1 and share placement between RNSH and Chatswood, with Ryde increasing a day potentially as well.

Oral Health
There is the potential to increase placements in the following areas of Oral Health:

- In 2015 Brookvale Community Centre will have the capacity for 2 additional chairs=4 students.
- In 2020 Cox Rd and Hornsby will join in 1 centre -there will be the potential for increased capacity.
- RNSH can potentially increase placements if a chair became available on a Tuesday = 2 student increase.
- Mona Vale has increased placements from 2 chairs to 3 (by 2 students).

Pharmacy
There is the potential to increase placements in the following areas of Pharmacy:

- Macquarie does not currently have students due to inability to access ClinConnect, but is willing.
- RNSH potential to increase placements to four students at different times over the semester.
- Mona Vale/ Manly could increase placements depending on whether they have an intern at the time.
- APAC RNSH currently does not have students but may in the future. They currently share placements occasionally with RNSH pharmacy.

Physiotherapy
There is the potential to increase placements in the following areas of Physiotherapy:

- Ryde, when Graythwaite Centre opens.
- RNSH could increase placements if there was an increase in educators or level 4 educator positions.
- Community- APAC RNSH are able to increase placements by 1 student.
- Community-Breathe Respiratory Team will be able to increase capacity by 3 students August/ September due to changes in their model of care.

Nutrition & Dietetics
There is the potential to increase placements in the following areas of Nutrition & Dietetics:

- Community
  – NB Home and Community Care (HACC) have not had students before
  – following supervision training 2 students can be placed
  – staff keen to initiate pairing model of supervision.
- Hornsby can increase placements by one block of two students.
- Ryde increases staff when Graythwaite Centre opens which will increase placements.
- Community- Breathe Respiratory Team following recruitment by 1 student.

Social Work
There is the potential to increase placements in the following areas of Social Work:

- Mona Vale increasing to two students next semester – they have not had students for four years due to staffing issues.
- Ryde will be able to increase capacity when Graythwaite Centre opens.

Diagnostic Radiography
There is the potential to increase placements in the following areas of Diagnostic Radiography:

- RNSH there is the potential to overlap students in this unit but ClinConnect will not allow this to happen due to maximum capacity limitations.

Podiatry
There is the potential to increase placements in the following areas of Podiatry:

- HKH could increase the number of days for placements and increase to 2 more students and share these placements between Hornsby and Northern Beaches.

Appendix F

Table of Clinical Learning Series

Course Name	Course Code	N# of OOS** in 2012	N# OOS** Cancelled	N# OOS** Run	N# Students Finished*	N# Students Waitlisted*	N# Students No Showed*	N# Students Cancelled*	N# Students Part Complete
Supporting Learners	DEV1793	7	2	5	54	2	4	8	0
Professional Development Session for Clinical Educators	DEV1751	5	1	4	13	0	1	4	0
Preceptor Workshop	COM1714	9	2	7	90	6	12	21	0
Constructive Feedback in the Learning Environment	DEV1791	7	2	5	49	1	6	12	0
Clinical Support Models for Clinicians	DEV1792	7	2	5	53	2	2	10	0
Assessment and Appraisal of Clinicians	DEV1790	7	2	5	50	2	4	11	0
Introduction to Clinical Leadership - Module 1- Leadership	DEV17115	3	0	3	25	0	0	12	0

* = Aggregate of "Endorsed Nurse" Or "Enrolled Nurse" Or "Nurse" Or "Nurse Educator" Or "Nurse Managers" Or "Nurse Practitioners" Or "Nursing Unit Manager" Or "Nursing Unit Managers" Or "Registered Midwife" Or "Registered Nurse"

** = Occasion of Service