

The Sutherland Chronic Care Student Led Clinic

Increasing Clinical Placements by Scoping Student Led Services for People with Chronic Disease

Final Report

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- Macquarie University

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1.0 Executive Summary

In Australia, there is increasing pressure to provide clinical placements to a growing number of students across all health professions. In order to address this issue, eight Interdisciplinary Clinical Training Networks (ICTNs) have been established in New South Wales (NSW) to facilitate an interprofessional approach to clinical training to enable quality improvement and build clinical training capacity throughout NSW. The South Eastern Sydney Local Health District (SESLHD) delivers public health services through hospital and community health facilities, and provides clinical training throughout these facilities for health professionals in the South Eastern Sydney region.

The University of Sydney and Macquarie University are two of the leading organisations in Australia providing education for Australia's future **healthcare** professionals. To investigate the potential for expanding clinical placement opportunities, both Universities have partnered with the SESLHD to scope student led services for people with chronic disease within the South Eastern Sydney region. In preference to the traditional clinical education model of unidisciplinary clinical training, an interprofessional education model has been selected whereby patient care could be delivered collaboratively by students of any health profession. This allows students across all professions to work together, whilst learning the role each profession plays in delivering patient centred care.

The aim of this project was to develop a model of care for a student led clinic which would create additional clinical placements for **healthcare** profession students whilst targeting an unmet health care need of the community. In Australia, chronic disease contributes to more than 70% of the disease burden and this is expected to increase to 80% by 2020¹ thereby placing a major burden on the Australian health system. It is believed people with chronic conditions receive inadequate information in the management of their condition, especially in the early phase of their diagnosis. The implementation of the Sutherland Chronic Care Student Led Clinic will address this gap in health care delivery by providing health education and services to people with chronic disease in the South Eastern Sydney region.

The Sutherland Chronic Care Student Led Clinic will establish clinics across two hospital settings, an inpatient and a community outpatient clinic. Both clinics will deliver health screening for people with chronic conditions to ascertain unmet health care needs and then offer self-management health promotion education and referrals to community programs or external health providers already established in the community.

¹ National Health Priority Action Council (NHPAC) 2006

Third and fourth year undergraduate and final year Graduate Entry Masters (GEM) university students across various health professions will be involved in the clinic. Potential disciplines involved include; dietetics, exercise physiology, nursing, occupational therapy, physiotherapy, podiatry, social work and speech pathology. A pilot of the Sutherland Chronic Care Student Led Clinic is planned for August this year. Evaluation of the clinic will include monitoring for increased numbers of clinical placements, student interprofessional education learning outcomes and patient health outcomes.

The Sutherland Chronic Care Student Led Clinic will increase capacity of the SESLHD to offer much needed clinical placements and will act as a showcase in Sydney for interprofessional education and supervision of health professional students.

2.0 Introduction

2.1 Background

Within Australia, clinical placements usually involve placing one or more students within services where training occurs predominately within each profession alone; that is, unidisciplinary placements. This traditional placement model has recently been described as inadequate to address the future health workforce requirements and limits the available skill mix of new graduates^{2,3}. In 2009, the National Health Workforce Reform report identified there would be a 70% increase in nursing students and a 10% increase in allied health students commencing in 2010 when compared to 2005 leading to increased pressure to find adequate clinical placements for students^{4,5}.

The work readiness of health graduates from a traditional placement model has also been queried with concern centred on the ability of graduates to work within a team environment, communicate professionally and understand the role of their profession within the broader health context². In 2010, the World Health Organisation advocated for the implementation of interprofessional education as a means to develop collaborative practice by health care workers³. One strategy to increase interprofessional education in **healthcare** professionals in the SESLHD is the development of a student led clinic for clients with chronic conditions. This aligns with the priorities of the SESLHD to develop client centred services that are networked, complementary, co-ordinated and multidisciplinary⁶. In order to align with the SESLHD strategic plan, the objectives of this project is to develop a student led clinic with a client centred model of care with an emphasis on interprofessional training.

2.2 Interprofessional Education (IPE)

Interprofessional education refers to students from two or more professions learning together as a part of their professional training to enable collaborative practice in providing client centred health care. The move towards IPE has been viewed as a necessary method to: a) increase students' knowledge about other disciplines; b) improve their ability to work within a team and c) achieve the goal of enhancing patient health outcomes². Evidence

² The Capricornia Project, 2011

³ World Health Organisation - Framework for Action on Interprofessional Education

⁴ National Partnership Agreement on Hospital and Health Workforce Reform, Council of Australian Governments, 2010

⁵ Mapping Clinical Placements: Capturing Opportunities for Growth, Demand (University) Study, Health Workforce Australia, 2011

⁶ South Eastern Sydney Local Health District Strategy Plan 2012 – 2017

indicates that IPE enables effective collaborative practice which in turn optimises health services, strengthens health systems and improves health outcomes².

2.3 Student Led Clinics

Student led clinics can provide students with the opportunity to develop skills in communication, leadership and teamwork in a real clinic environment, whilst providing services to the local community within which it operates. Student led clinics have been well established all over the world in under serviced communities and population groups to provide health promotion programs to prevent the need for hospitalised care and increased medication needs⁷. Since the 1960s, there has been an estimated 110 student led clinics established in over 49 medical schools in the United States of America and the first Canadian Student Led Clinic was set up in 2000⁷. In Australia, student led clinics have been developed in many states including the Queensland Interprofessional Student Assisted Allied Health Clinic² and the Victoria Mornington Peninsula Student Led Clinic in 2012⁸.

2.4 Selection of Chronic Disease Model of Care

In Australia, chronic disease contributes to more than 70% of the disease burden and this is expected to increase to 80% by 2020⁹. Chronic disease has a significant impact on hospital admission and readmission rates and the ageing population will also increase the burden resulting from chronic disease.

In 2008, in response to the Garling report¹⁰, the NSW Ministry of Health identified five major chronic diseases of interest that are recognised as having a major impact on the burden of disease in NSW¹¹. These are:

- Diabetes
- Hypertension
- Coronary artery disease
- Congestive heart failure
- Chronic obstructive pulmonary disease.

⁷ Holmqvist, M., Courtney, C. & Meili Ryan (2012) Student-run Clinics: Opportunities for Interprofessional Education and Increasing Social Accountability. *Journal of Research in Interprofessional Practice and Education*, Vol. 2.3, August, pp. 264 – 356.

⁸ Victoria Mornington Peninsula Student Led Clinic (2012) : Victoria State Government

⁹ National Health Priority Action Council (NHPAC) (2006), National Chronic Disease Strategy, Australian Government Department of Health and Ageing.

¹⁰ Final Report of Special Commission of Inquiry Acute Care Services in NSW Public Hospital (Garling Report - 2008)

¹¹ NSW Health Chronic Disease Management Website

Chronic Disease Management (CDM) utilises a systematic and co-ordinated approach in the delivery of **health care** which aims to improve the quality of life and health outcomes of those diagnosed with chronic disease and reduce the progression and complications of their illness¹¹. The CDM approach is underpinned by several key principals that involve coordinating care through a comprehensive health assessment, the use of multidisciplinary shared care plans, the application of evidence-based treatment protocols and the promotion of client centred care with active self-management support¹¹ .

The aim of this project was to develop a model of care for a student led clinic which would create additional clinical placements for health profession students whilst targeting an unmet health care need of the community. The Sutherland Chronic Care Student Led Clinic will adopt the Chronic Disease Management approach to health care delivery to provide a co-ordinated and multidisciplinary service which will aim to improve the quality of life of **clients** with chronic disease by increasing their ability to self-manage and reduce the need for in-hospital care.

3.0 Project Management

3.1 Project Timeline



3.2 Project Schedule

Activity	Week														
	FEB		MAR				APR				MAY				
	18 - 24	25 - 03	04 - 10	11 - 17	18 - 24	25 - 31	01 - 07	08 - 14	15 - 21	22 - 28	29 - 05	06 - 12	13 - 19	20 - 26	27 - 31
Convene steering committee															
Identify target client group and clinical settings															
Identify location and space for the clinic															
Identify and acquire suitable "off the self" student resources															
Consult relevant LHD staff to commence refurbishment of the clinics															
Identify LHD staffing requirements/resources															
Prepare and complete project funds progress report to ICTN															
Consult Universities and relevant LHD staff in strategies for the development of students competence, key learning objectives and outcome measures for evaluation															
Consult Universities and relevant LHD staff in the development of a rigorous outcome measurement framework to evaluate the effectiveness of the clinic															
Consult Universities and relevant LHD staff in regards to the orientation package for students and clinical supervisors															
Purchase all equipment and finish clinic refurbishment															
Consult Universities and relevant LHD staff in regards to the sustainable timeframe and timetable for the clinic															
Finalise and complete orientation packages for students and clinical supervisors and rigorous outcome measurement framework															
Establish schedule for interprofessional student placements across different Universities and Disciplines															
Finalise and deliver the final report to ICTN															

3.3 Governance

Project Role	Responsible Officers	Responsibilities
Project Management Team	Director of Allied Health for South Eastern Sydney Local Health District	<ul style="list-style-type: none"> Overseeing the project and ensuring objectives are achieved Providing strategic advice and direction to the project officers and steering committee Advocating for the support of the project
	Project co-ordinator and support officer - Interdisciplinary Clinical Training Network (ICTN)	<ul style="list-style-type: none"> Planning, implementing and operational management of the project Delivering project objectives within set timeframe Liaising with key stakeholders Implementing risk management strategies Evaluating and providing recommendations to the project sponsor on the future direction of the project
	ICTN project co-ordinator	<ul style="list-style-type: none"> Providing support to the project coordinator and support officer in meeting the project objectives
Steering Committee	Representatives from University of Sydney, Macquarie University and SESLHD Heads of Department	<ul style="list-style-type: none"> Providing feedback and participating in consultations regarding the development of the model of care Advising the project management team of issues that may affect the successful implementation of the project
Site Refurbishment Committee	Representatives from SESLHD	<ul style="list-style-type: none"> Providing assistance and input for the refurbishment of student led clinics Assisting in coordinating the refurbishment
Advisory Committee	Representatives from SESLHD allied health and nursing professions	<ul style="list-style-type: none"> Providing feedback and participating in consultations regarding the development of all interprofessional tools for the student led clinic Providing input on community services and discipline specific information

3.3 Stakeholder Engagement and Consultation

The project steering committee was established at the commencement of the project which included the university partners, the Chronic Care Integration Unit and representatives of the SESLHD to ensure the project addressed both educational and organisational perspectives. The purpose of the steering committee was:

- To provide support for the development of an interprofessional student led clinic
- To contribute to the development of an innovative education model
- To align the student led clinic with the academic requirements and the objectives of the SESLHD strategic plan
- To scope the student led clinic target client group
- To establish collaboration between all stakeholders in designing a model of care and assessment tools which meet the needs of all stakeholders

The Project Steering Committee met on three occasions for one hour meetings each. The concerns of all stakeholders were raised and addressed and potential barriers to the successful development of the student led clinic were discussed.

A Project Advisory Committee was established which included representatives from the SESLHD allied health and nursing disciplines potentially participating in the student led clinic. The purpose of the advisory committee was to provide discipline specific input to the development of the interprofessional client assessment tool and evaluation tools for the student led clinic. The committee members also provided discipline specific information on the management of chronic disease for inclusion into the orientation manuals.

A Project Site Refurbishment Committee was also established to provide assistance and input for the refurbishment of both clinics. The committee members also assisted in co-ordinating the refurbishment to take place.

The following outcomes were achieved as a result of the consultation with the above committees:

- Use of the 'Sutherland Chronic Care Student Led Clinic' as the name for the student led clinic
- A projection of the professions from which students may participate
- Development of the model of care for the student led clinic
- Development of the interprofessional learning objectives for the students
- Development of the interprofessional client screening tool, client assessment checklist, client evaluation tool and satisfactory surveys for the students, clients and clinical supervisors
- Development of the orientation manuals for both clinical supervisors and students

- Development of the discipline and community services information manual
- Confirmation of the use of the interprofessional assessment tool for student assessment (Interprofessional Capability Assessment Tool¹², developed by Curtin University, Western Australia)
- Refurbishment of both inpatient and outpatient clinics
- Purchasing of equipment and resources to support student supervision and patient education

3.4 Risk Management

Risk management strategies have been developed to mitigate risks identified by the project management team and steering committee members. They are as follows:

Risks to the Completion of the Project	Management Strategy
<ul style="list-style-type: none"> • Delay in the recruitment of the project coordinator and project support officer 	<ul style="list-style-type: none"> • Recruitment of a full time rather than part time project coordinator as proposed in application
<ul style="list-style-type: none"> • Delay in the recruitment of various disciplinary local health district staff to be involved in supervising the students 	<ul style="list-style-type: none"> • Regular communication to Heads of Department for nominations of clinical supervisors
<ul style="list-style-type: none"> • Delay in discipline specific information for the clinic orientation package provided by each discipline 	<ul style="list-style-type: none"> • Initiated advisory committee meeting to outline framework for orientation package • Regular communication with clinical supervisors by email or phone
Risks within the Structure of the Clinic	Management Strategy
<ul style="list-style-type: none"> • Inadequate preparation of students 	<ul style="list-style-type: none"> • Universities to ensure pre-reading is completed prior to clinic attendance
<ul style="list-style-type: none"> • Inadequate experience in interprofessional education and supervision of clinical supervisors 	<ul style="list-style-type: none"> • University of Sydney to run an interprofessional education and supervision workshop to all clinical supervisors involved in the clinic
<ul style="list-style-type: none"> • Omitting important information by students in the client screening interview 	<ul style="list-style-type: none"> • Client screening checklist developed • Students to conduct client interviews in pairs

¹² Brewer M, Gribble N, Robinson P, Lloyd A & White S. (2009) Assessment of interprofessional competencies for health professional students in fieldwork education placements. *Australian Technology Network Conference Proceedings*, November 19-21, RMIT, Melbourne

<ul style="list-style-type: none"> • Students uncertainty of the escalation process during acute deterioration of a client's condition 	<ul style="list-style-type: none"> • Student orientation to include the protocol for patient escalation
<ul style="list-style-type: none"> • Recruitment of sufficient staff resources to co-ordinate the clinic 	<ul style="list-style-type: none"> • Explore various sources of funding
<ul style="list-style-type: none"> • Inadequate number of client referrals 	<ul style="list-style-type: none"> • Letter sent to the local Sutherland GP network outlining the purpose of the clinic
<ul style="list-style-type: none"> • Timetabling of clinical placements across various disciplines and universities 	<ul style="list-style-type: none"> • Proposed recruitment of a clinic coordinator to liaise with universities and organise timetables

3.5 Budget

Funding the project was received from the Interdisciplinary Clinical Training Network (ICTN). The breakdown of the proposed and actual expenditure for the clinic is as follows:

Expenditure Direct Costs	Proposed Costs	Actual Costs
Project co-ordinator	40,164	39,400
Project support officer	31,175	18,100
Resources for clinical services	10,000	3,000
Hospital design consultant for refurbishment and equipment	7,500	As part of Refurbishment of LHD space for the two clinics
Equipment to support student supervision	6,000	8,200
One Off Costs		
Refurbishment of LHD space for two clinics	50,000	57,000
Equipment and furniture	50,000	69,439
Total	195,139	195,139

4.0 Model of Care

4.1 Clinical Pathway for the Inpatient Student Led Clinic

Client Inclusion Criteria

- Satisfies requirements for admission to the Patient Discharge Unit (PDU) in Sutherland Hospital, Caringbah, New South Wales
- Clients admitted to the PDU with at least one of the five chronic diseases identified as a national health priority: hypertension, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, diabetes
- Is ready for discharge to home
- Requires health review from the perspective of more than one discipline (nurse, physiotherapist, occupational therapist, social worker, speech pathologist, exercise physiologist, podiatrist, dietitian)
- Client consent to student interview and consent to the possibility of being videotaped for learning purposes

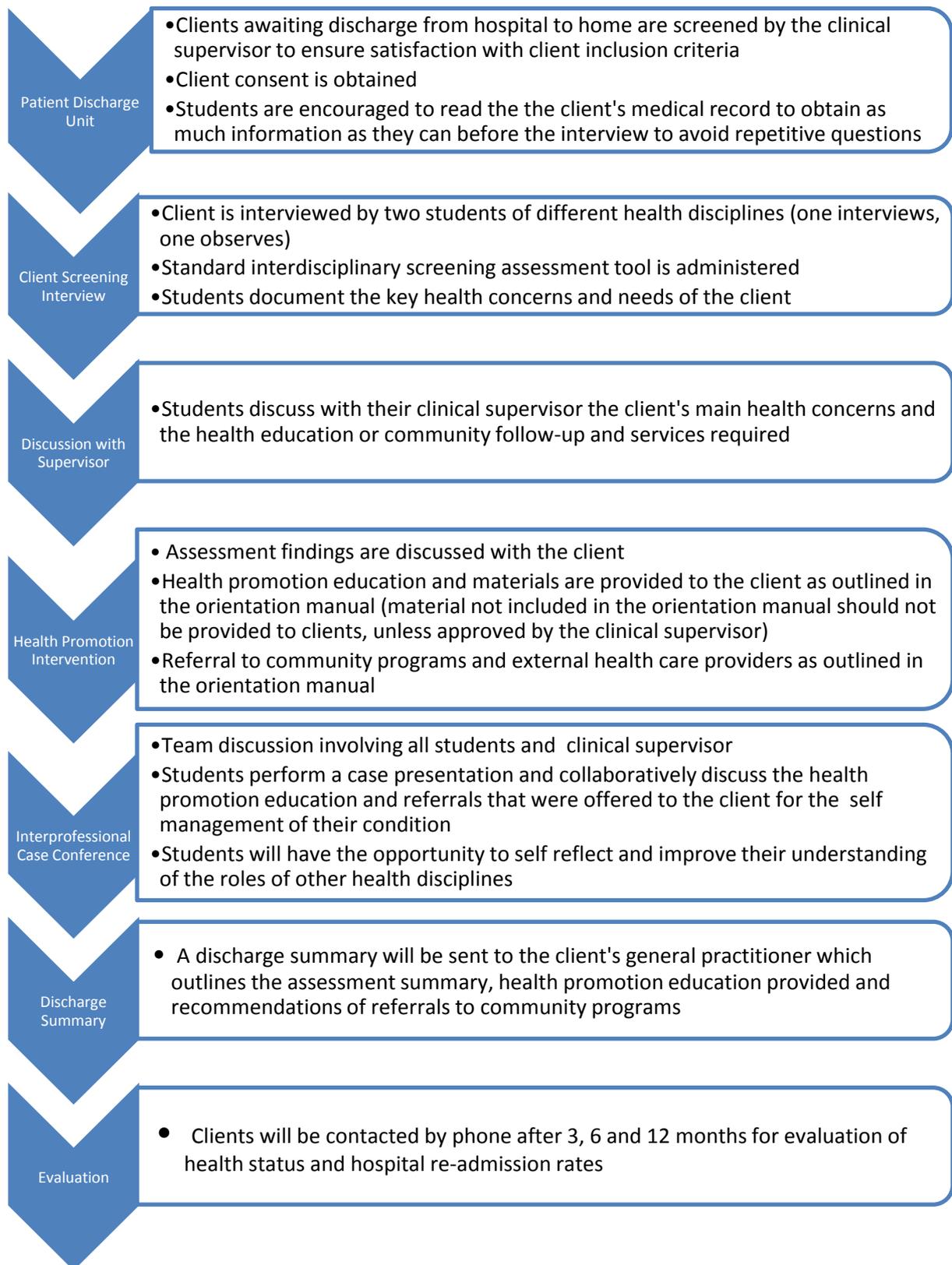
Client Exclusion Criteria

- Living in residential care
- Not medically stable

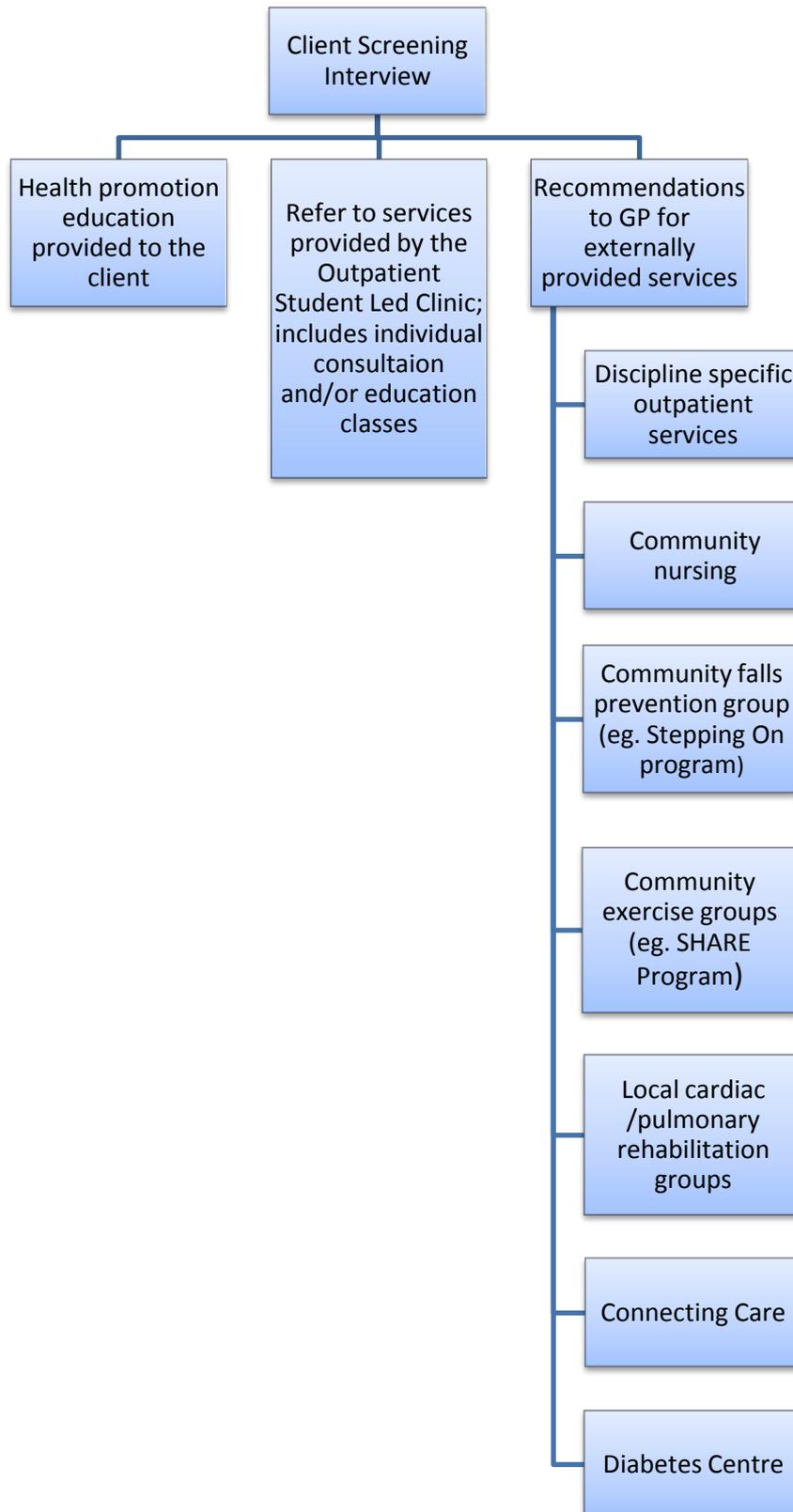
Client Recruitment

- Clients in the Patient Discharge Unit (PDU) who satisfy the client inclusion criteria

Inpatient Clinical Pathway



Referral Pathway for the Inpatient Student Led Clinic



4.2 Clinical Pathway for the Outpatient Student Led Clinic

Client Inclusion Criteria

- Newly diagnosed diabetes or impaired glucose tolerance (IGT) (according to the WHO classification) within six months
- Newly diagnosed hypertension within six months
- Clients with chronic cardiac (congestive heart failure or cardiovascular disease) and pulmonary disease (COPD) who have been admitted to hospital within the last six months
- Living at home
- Requiring health review from the perspective of more than one discipline (nurse, physiotherapist, occupational therapist, social worker, speech pathologist, exercise physiologist, podiatrist, dietitian)
- Client consent to student interview and consent to the possibility of being videotaped for learning purposes

Client Exclusion Criteria

- Living in residential care
- Clients currently under the care or receiving community cardiac or pulmonary rehabilitation services

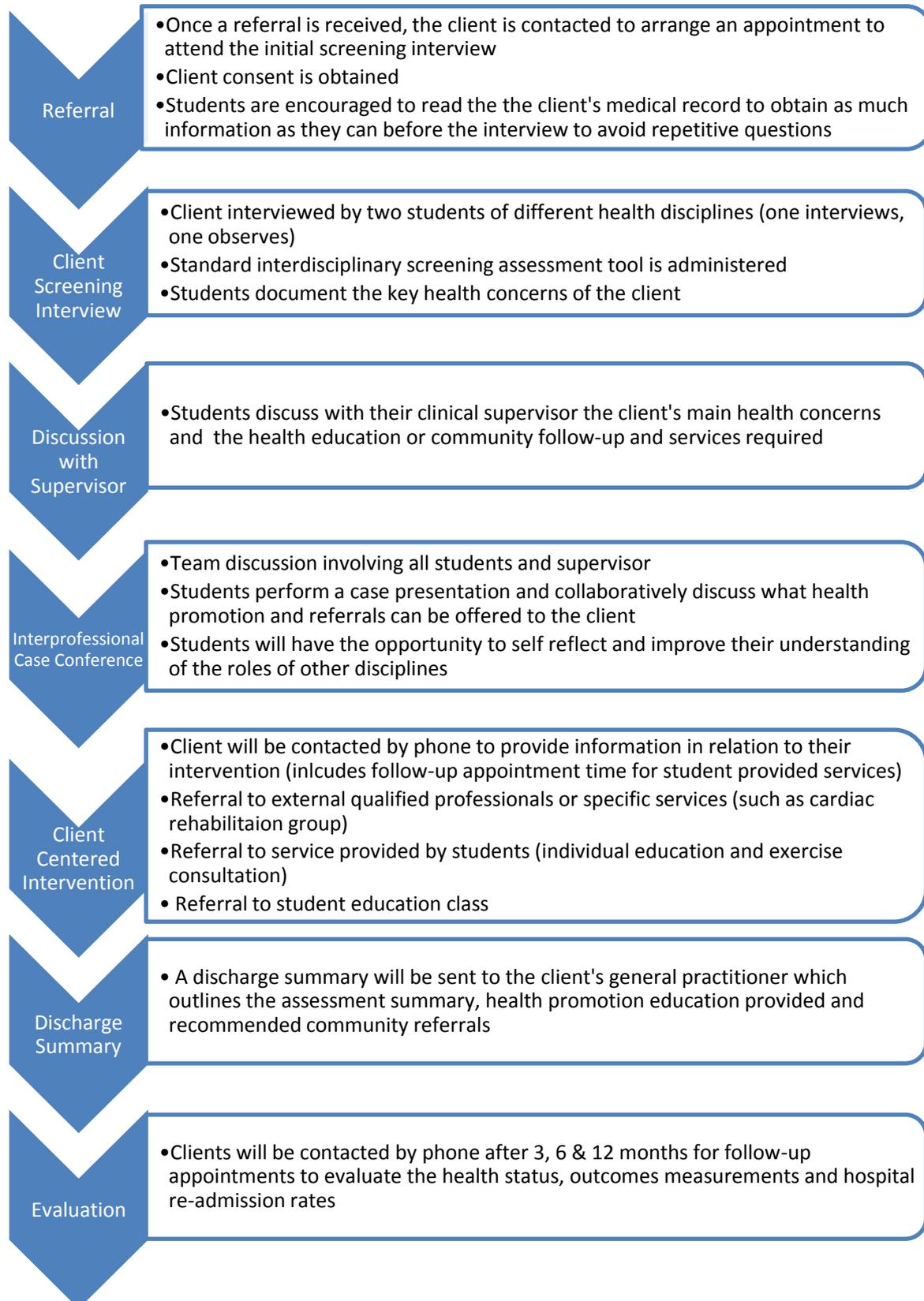
Recruitment of Clients

- Clients living in The Sutherland Hospital catchment area
- Referrals potentially from the Inpatient Student Led Clinic, General Practitioners, Respiratory Co-ordinated Care Program, community healthcare professionals and community nurses

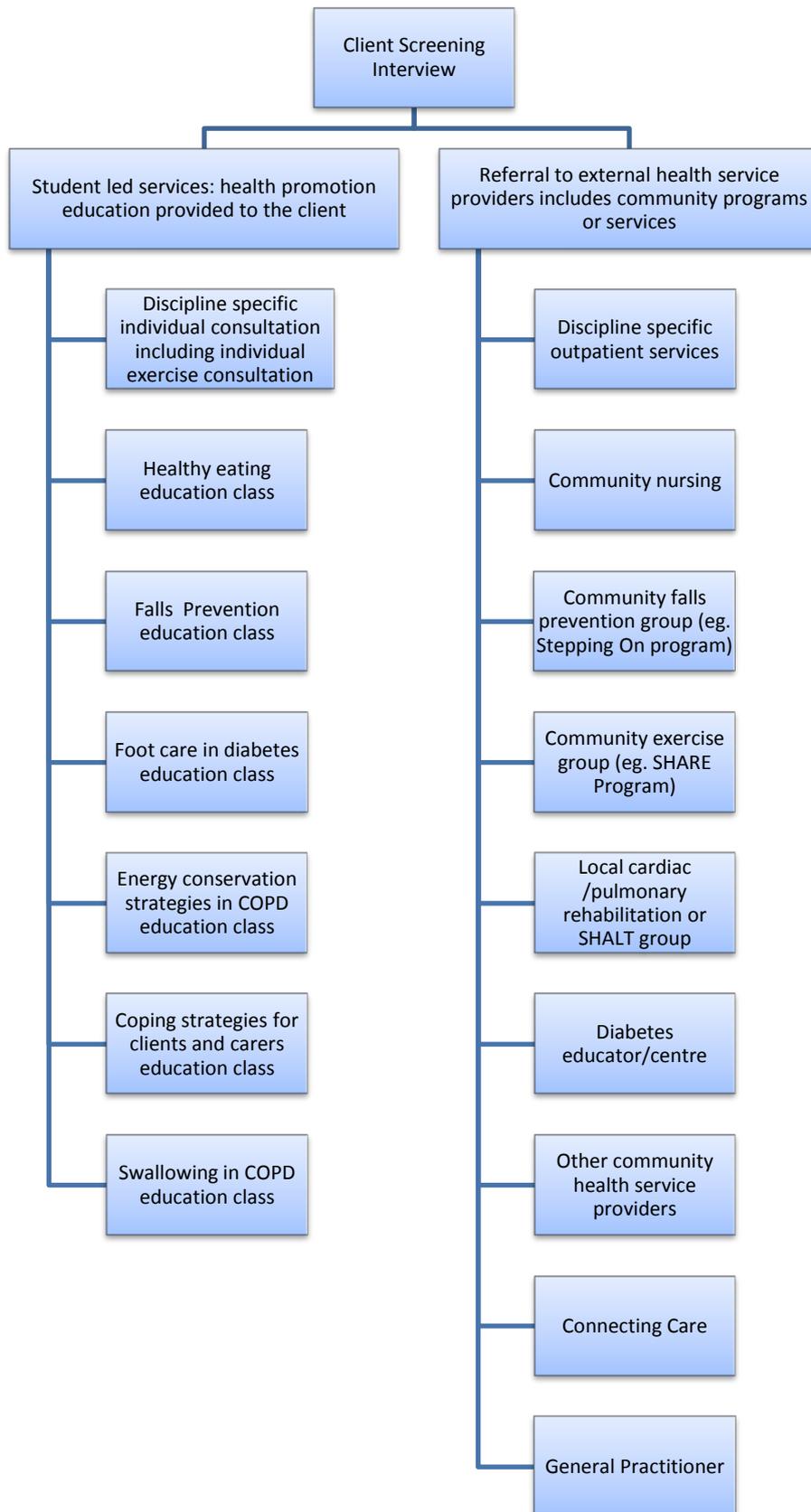
Location of Outpatient Student Led Clinic

- Killara Unit, Sutherland Hospital, Caringbah, NSW 2229

Outpatient Clinical Pathway



Referral Pathway for the Outpatient Student Led Clinic



5.0 Implementing the Sutherland Chronic Care Student Led Clinic

Implementation of the Sutherland Chronic Care Student Led Clinic will involve the co-ordination of student clinical placements and SESLHD clinical supervisors to produce a clinic that will deliver health services to the local community. Students will work in an interprofessional collaborative environment delivering health promotion services to clients with chronic conditions under the supervision of experienced clinical staff.

The student led clinic will be managed by a clinic co-ordinator who will co-ordinate the timetabling of clinical placements with the universities and SESLHD staff. The clinic co-ordinator will be responsible for conducting student orientation, providing feedback and completing the relevant student assessment forms. Each profession will also have a clinical supervisor who will be responsible for supporting students from their own profession. All clinical supervisors involved with the students will provide feedback to the clinic co-ordinator on their ability to work within a team environment, professional behaviour and communication skills.

The Sutherland Chronic Care Student Led Clinic will comprise of both an inpatient and outpatient clinic. The inpatient clinic will be situated in the Patient Discharge Unit at The Sutherland Hospital and the outpatient clinic will be situated in the Killara Unit at The Sutherland Hospital. Refurbishment of both these areas has been undertaken to create consultation and education rooms and areas for the students to work on clinical documentation and other non-direct clinical activities. The student led clinic has the capacity to accommodate up to six students across all professions, however this is dependent on the availability of clinical supervisors. The clinic will accept third and fourth year undergraduate and final year postgraduate health students to ensure sufficient depth of discipline specific knowledge and professional skills. The Student Led Clinic will initially only comprise of part of the student's clinical placement with the other days spent on a discipline specific placement within the SESLHD.

The students will conduct interviews using the Sutherland Chronic Care Student Led Clinic Interprofessional Client Screening Tool to assess the health care needs of clients diagnosed with a chronic condition. Health promotion information will then be provided through individual consultations or group education sessions and referrals to community programs and services will be recommended. Following the client's attendance at the Student Led Clinic a discharge summary will be sent to the client's general practitioner which outlines the health care needs identified and the subsequent health information and services provided.

The student's performance in the Student Led Clinic will be evaluated using the Interprofessional Capability Assessment Tool (ICAT) developed in 2009 by Brewer and colleagues from Curtin University, Western Australia¹². The ICAT is based on four capabilities including communication, professionalism, collaborative practice and client-centred service/care. By working within an interprofessional environment students will not only enhance their knowledge about chronic care management within the scope of their own profession they will also increase their understanding of the roles other health disciplines in chronic care management and enhance their clinical and referral skills.

A pilot run of the Sutherland Chronic Care Student Led Clinic is set for August 2013 initially involved occupational therapy and physiotherapy undergraduate students to participate, and with the possibility in extending to other disciplines if feasible.

Tentative timetable for Sutherland Chronic Care Student Led Clinic: inpatient clinic in the morning and outpatient clinic in the afternoon

	Monday	Tuesday	Wednesday	Thursday	Friday			
08:00	Orientation/ student inservice	Discipline specific placement or external observation experience	Student Inservice	Discipline specific placement or external observation experience	Student Inservice			
08:30								
09:00	Inpatient Clinic client Interviews /peer review		Inpatient Clinic client Interviews/peer review/phone contact with clients for follow up evaluation		Inpatient Clinic client Interviews/peer review/phone contact with clients for follow up evaluation			
09:30								
10:00								
10:30								
11:00	Case Conference	Case Conference	Case Conference					
11:30								
12:00								
12.30	LUNCH							
1.00								
13:30	Student Inservice or Orientation	Discipline specific placement or external observation experience	Outpatient Clinic Client Interviews, individual consultations, education classes/peer review	Discipline specific placement or external observation experience	Outpatient Clinic Client Interviews, individual consultations, education classes/peer review			
14:00								
14:30	Outpatient Clinic client Interviews, individual consultations, education classes/peer review		Outpatient Clinic client Interviews, individual consultations, education classes/peer review		Outpatient Clinic client Interviews, individual consultations, education classes/peer review			
15:00								
15:30						Case Conference	Case Conference	Case Conference
16:00								

¹² Brewer M, Gribble N, Robinson P, Lloyd A & White S. (2009) Assessment of interprofessional competencies for health professional students in fieldwork education placements. *Australian Technology Network Conference Proceedings*, November 19-21, RMIT, Melbourne

6.0 Monitoring and Evaluation

In order to evaluate the success of the Sutherland Chronic Care Student Led Clinic both subjective and objective outcome based evaluations will be adopted.

Following attendance at the Student Led Clinics, clients will be contacted at 3, 6, and 12 months for follow-up evaluation sessions to assess for changes in their chronic health condition before and after attendance at the clinics. Objective measurements of the client's body weight, waist circumference, blood sugar levels and exercise tolerance will be taken to monitor changes in health related indicators. A subjective measurement utilising the Patient Activation Measure (PAM)¹³ will also be used to assess the client's knowledge, skills and confidence in managing their own health condition.

The direct impact on in-hospital care will be evaluated by comparing the number of hospital admissions before and after a client's attendance at the Student Led Clinics.

Satisfaction and feedback surveys will be administered to the clients, students and clinical supervisors for overall evaluation of the clinics and to seek feedback and suggestions to improve the operation of the Student Led Clinics.

The Readiness for Interprofessional Learning Questionnaire (RIPLS)¹⁴ will be administered to both students and clinical supervisors before and after attendance in the clinics to evaluate change in interprofessional knowledge and attitudes towards interprofessional supervision.

¹³ Hibbard, J., Mahoney, ER, Stockard J., and Tusler, M. (2005) Development and testing of a short form of the patient activation measure. *Health Services Research*, 40:6, pp 1918 – 1930

¹⁴ Reid, R., Bruce, D., Allstaff, K. & McLernon, D. (2006) Validating the Readiness for Interprofessional Learning Scale (RIPLS) in the Postgraduate Context: are health care professionals ready for IPL? *Medical Education*, 40, pp. 415 – 422.

7.0 Limitations and Management Strategies

Barriers

The Sutherland Chronic Care Student Led Clinic is the first interprofessional initiative for the SESLHD. Barriers to the implementation of interprofessional education due to professional differences and attitudes have been well documented¹⁵ and these challenges became apparent within this project.

During the development of this project, all professions acknowledged the Student Led Clinic was an innovative concept, however, expressed concern about their lack of experience in interprofessional education and the logistics of implementing an interprofessional clinic. A summary of concerns are as follows;

- Assessment and outcome measurements that are outside professional scope of practice
- Lack of experience in interprofessional education and supervision of clinical supervisors
- Clinical hours in interprofessional learning may not count towards accredited clinical placement hours in some disciplines
- Loss of time in unidisciplinary clinical placement to achieve discipline specific competencies
- Limited human resources available for clinical supervision in the clinics
- Some disciplines in the hospital have learning agreements with certain universities which may limit their capacity to supervise students of other universities
- Varying university timetables may result in certain professions not being available in the clinic

Regular communication between all stakeholders through email and phone contact was imperative in addressing all the above concerns. Steering Committee meetings were held monthly to update members on the progress of the project and to discuss key concerns. Feedback was sought from all stakeholders on the model of care, the interprofessional client screening tool, evaluation tools and orientation manuals on a regular basis throughout the project period.

The project team has acknowledged the concern from clinical supervisors of their lack of experience and knowledge on interprofessional learning. Hence, the University of Sydney will run a one day workshop in July 2013 for all clinical supervisors on interprofessional supervision skills.

¹⁵ Braithwaite J, Westbrook M, Nugus P, Greenfield D, Travaglia J, Runciman W, Foxwells A, Boyce R, Devinney T, Westbrook J. Continuing differences between health professions' attitudes: the saga of accomplishing systems-wide interprofessionalism: International Journal for Quality in Health Care 2013; Volume 25, Number 1: pp. 8–15

Although the project application was approved in November 2012, a full-time project co-ordinator was not appointed until the end of February 2013. The relatively short time-frame of the project may have led to an inadequate consultation process between all professions and partners involved in the project. This was compensated for by the project co-ordinators long period of employment within the SESLHD and extensive knowledge of the policies, procedures and personnel within the network.

Limitations

- Uncertainty of future funding for the operation of the Student Led Clinic
- Limited SESLHD human resources for providing adequate clinical supervisors for student supervision
- Uncertainty regarding counting interprofessional clinical placement hours for discipline accredited clinical hours
- Physical venues of the clinics are unable to accommodate more than 6 students at a time
- Limited services provided in the Student Led Clinic due to the availability of students from different professions

7.0 Future Direction and Feasibility

Recently, the focus on the development of interprofessional education (IPE) in health has been increasing both globally and in Australia. In 2013, the National Audit Study¹⁰ funded by Health Workforce Australia recommended seven key areas for the development of interprofessional learning:

1. Establishment of a structure and process to provide national leadership and national coordination across higher education, health, the professions and government
2. Agreement on a common language for the development of interprofessional education curricula in Australia
3. Agreement on an Australian statement of core competencies and learning outcomes for interprofessional practice (IPP)
4. Adoption of IPE/IPP requirements in the accreditation standards of all Australian health professions
5. Adoption of IPP/IPE in the continuing professional development (CPD) requirements for ongoing registration
6. Development of a national approach to building curriculum and faculty capacity, knowledge and research in IPE
7. Development of a national approach to IPE/IPP knowledge management and information sharing and learning.

The implementation of the Sutherland Chronic Care Student Led Clinic can address the above recommendations and act as a showcase for interprofessional education in the New South Wales metropolitan area. The student led clinic has the capacity to increase clinical placements by accommodating up to six students at any given time. In the future, there is potential to expand the clinics to operate five days a week if students from all disciplines are available to participate.

The financial sustainability of the Sutherland Chronic Care Student Led Clinic remains unresolved due to the uncertainty of future funding. There is potential future funding from the ICTN to continue support of the clinics. Other potential funding sources to be explored include Commonwealth funding through the Medicare Benefits Schedule, participating universities and the SESLHD. An evaluation of the impact the Student Led Clinics have on facilitating client self-management and hence hospital re-admission rates can be an incentive for the state and commonwealth governments to continue funding of the clinics.

¹⁶ Interprofessional Education: a National Audit. Report to Health Workforce Australia, (2013) The Interprofessional curriculum Renewal Consortium, Australia

The cost for equipment and refurbishment of both the inpatient and outpatient clinics was included in the funding of the project. All refurbishments have been in the progress of completion and equipment required to operate the clinics have been purchased, therefore there will no direct set up costs required in the near future. The main ongoing cost for the Sutherland Chronic Care Student Led Clinic will be the employment of a clinic co-ordinator, clinical supervisors and potential administration staff. Other ongoing costs of the clinics will include stationary and photo-copying cost and purchasing of health promotion pamphlets.

Successful outcomes of the Sutherland Chronic Care Student Led Clinic may lead to the expansion of the clinics with the capacity to accommodate more than six students. The model of care developed for this student led clinic could potentially be adapted to target other populations with unmet health needs within the community.

9.0 Conclusion

Student led clinics are growing in popularity due to the opportunities they provide for the local community as well as developing interprofessional skills for health students. The Sutherland Chronic Care Student Led Clinic has the potential to act as a showcase in NSW by increasing clinical placements whilst delivery quality health care services to the community. This project however - has highlighted barriers to the implementation of the Student Led Clinic, in particular the acknowledgement of the need for interprofessional learning among health care professionals. These perceptions will need to be addressed for the Sutherland Chronic Care Student Led Clinic to be a success.

10.0 Appendices

- Sutherland Chronic Care Student Led Clinic Interprofessional Screening Tool
- Sutherland Chronic Care Student Led Clinic Client Checklist
- Sutherland Chronic Care Student Led Clinic evaluation tool