Allied health pre-entry student clinical placement capacity: can it be sustained?

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Clinical Education Workload Management Initiative (CEWMI)

139 FTE allied health clinical educators

Funding for professional support for rural sites

Statewide clinical education program managers
Study aim

• Investigate if clinical placement growth from 2010 was sustained
• Identify factors affecting the sustained efforts to offer placements

Five AH professions (data available for 2010 – 2016)
  o Medical Radiation Professionals
  o Nutrition and Dietetics
  o Occupational Therapy
  o Physiotherapy
  o Speech Pathology
### Methods

<table>
<thead>
<tr>
<th>Quantitative Data</th>
<th>Qualitative Data</th>
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<tbody>
<tr>
<td>• Clinical placement activity data (days offered)</td>
<td>Surveys of key stakeholders:</td>
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<tr>
<td>• Allied health workforce full-time staff equivalent (FTE)</td>
<td>o Allied health management</td>
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<tr>
<td>• Number of university programs</td>
<td>o Allied health workforce</td>
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<tr>
<td>• Number of university students</td>
<td>o University staff</td>
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<td>Trends in data were appraised for 2010-2016</td>
<td>Response data was analysed thematically</td>
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<td>(Braun &amp; Clark, 2009)</td>
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Clinical placement days offered by the Queensland public health system to pre-entry students of 5 professions NB: one student day is equal to a minimum of 7 hours

- Placement Days offered


- Medical Radiation Professions
- Occupational Therapy
- Nutrition and Dietetics
- Speech Pathology
- Physiotherapy
Data trends for 5 professions

Graph represents % change and not actual numbers.
## Enablers for sustaining clinical education engagement

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<th>Allied Health Workforce</th>
<th>University Staff</th>
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Systems or organisational enablers

Ongoing resourcing of Initiative positions

Efficiencies through coordination of placement offers

Demonstrating outcomes in meeting placement demand
Barriers to sustainability

- Erosion of resourcing for CET
  - Demotivating perception that growth in demand can never be met.

- Increases in placement demand

- Changing healthcare context

- Threats to erosion of Initiative (CEWMI) funded positions or lower priority for CET functions.
  - Increasing complexity of clinical environments and clinical pressures on staff.
Recommendations for sustaining capacity

Partner and collaborate with education providers
  • Information and resource sharing within and across professions
  • Clinically efficient clinical placement models/approaches
  • Staff access to training

Flexibility and responsiveness

Sustain a focus on clinical education:
  • Leadership
  • Governance
  • Co-ordination of student placements
  • Data collation and review to demonstrate outcomes

The greater the placement demand the more structured and deliberate the response needed from public health services.
Thank you

Questions?

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References


