

Best Practice Clinical Learning Environments

Best Practice Clinical Learning Environments: Overview of the evidence and available resources

Purpose

Best practice principles in clinical education must be understood and applied in order to enable the provision of high quality pre-entry student/pre-registration clinical education within clinical practice settings. This document aims to provide an overview of best practice evidence in clinical learning environments as well as a review of existing quality frameworks applicable to the Queensland Public Health System. It is recognised that there are many key stakeholders involved including:

- Students
- Universities
- Clinical educators and support officers
- Organisations
 - Discipline / department
 - Specific facility / service within an organisation
 - Whole organisation (eg Hospital and Health Services - HHSs)
 - Supporting departments (eg Allied Health Professions Office Queensland - AHPOQ)
 - Health care consumers

Background

Effective clinical placements provide an ideal environment to integrate undergraduate theory into practice in order to maximise clinical learning (Morgan 1991). Specifically, the literature suggests that supportive clinical environments which provide opportunities for students to practice skills and activities are integral to continuous learning (Pearcey and Elliott 2004; Henderson et al 2006). These clinical learning environments provide students with an important bridge between academic learning and the workplace; and also provide students with opportunities for skill development and engagement in enhanced learning experiences. Clinical placements have been identified by students and health professionals alike as the most influential learning experience in a student's journey to becoming a competent health professional, with clinical placements also allowing for socialisation into the profession (Chan 2001; Newton et al 2010; Rodger et al 2011; Kilminster & Jolly 2000; Koontz et al 2010).

Given that the clinical learning environment is recognised as a key success factor in effective clinical learning (Dunn and Hansford 1997) and in the development of competent work ready health professionals, it is imperative that the quality of clinical placements be closely monitored and optimised. Particularly, as the demand for clinical placement opportunities grows and the number of clinical placements provided by health professionals increases, it is important to ensure that the quality of clinical placement opportunities does not diminish as a consequence.

Quality health care – Quality placements

Underpinning the provision of high quality clinical placements is the provision of high quality health care to consumers. To help safeguard the quality of clinical services and clinical learning experiences, it is essential that best practice principles are applied to both clinical services as well as clinical placements.

The quality of clinical services can be advanced through the implementation of evidenced-based improvement strategies based on the ten new National Safety and Quality Health Service standards.

These standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services, and are measured and implemented by the Australian Council on Healthcare Standards (Australian Commission on Safety and Quality in Health Care, September 2011; Australian Council on Healthcare Standards, 2014). Educating and engaging the student workforce in these strategies will assist organisations in the delivery of high quality health care, and will also facilitate service providers in meeting the accreditation standards.

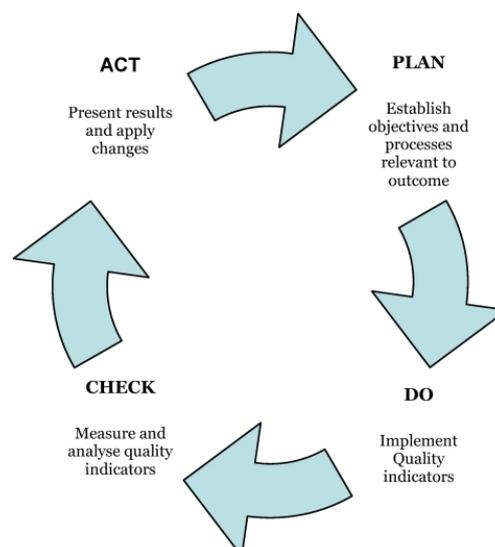
For clinical placements, quality improvement can be further achieved by improving stakeholder awareness, and facilitating access to, and use of, tools and resources which allow for the monitoring, maintenance and improvement of clinical learning environments.

Tools and Resources

There are a number of tools that are available which may assist stakeholders to measure quality. Some tools provide a framework for both health services and education providers to monitor quality of student education whilst others are focused at a more stakeholder-specific level. Some examples of the tools and resources available for stakeholder use are:

- Overall framework for health service and education providers
 - iQIPP-AH: reflective tool for all stakeholders
 - Victoria Health Best Practice Clinical Learning Environment Framework: BPCLEtool
- Universities
 - Health service/education provider agreement
 - University survey of health service staff (both university and discipline specific)
- Organisations/Health services – Clinical Educators & students:
 - Framework for developing excellence as a Clinical Educator (Hesketh et al 2001)
 - Modified Clinical Learning Environment Inventory (CLEI) (Henderson et al 2010)
 - Combined student ratings & self assessment (Stalmeijer et al 2010)
 - Field educator surveys
- Students:
 - Pre-placement exams
 - Post-placement experience surveys

It is important to consider when selecting a tool, that one tool alone is unlikely to address all components of best practice clinical learning environments. Instead a suite of tools is most likely to be required. Additionally, purely choosing a tool (or suite of tools) in isolation without providing a structure to the users on how to use and apply the tool/s is also not likely to yield the desired results and improve quality performance. As such, it is also important to establish a quality framework which allows for the application of a quality improvement cycle such as the Plan-Do-Check-Act Quality Cycle by Deming / Shewart.



Deming/Shewart's PDCA Quality improvement cycle (Braun J et al,2010)

Overview of the evidence

An examination of the literature on best practice clinical education learning environments reveals several key documents that focus upon developing clinical education quality frameworks. Key points within each document are outlined below.

Promoting quality in clinical placements: literature review and national stakeholder consultation (Siggins Miller Consultants 2012)

This project was commissioned by Health Workforce Australia (HWA) in June 2012 to inform the potential development of a national plan for promoting quality in clinical placements. It was conducted as part of HWA's Clinical Supervision Support Program (CSSP) and included an extensive literature and document review. The project objectives were as follows:

1. Identify elements of quality in clinical placements as cited by peer reviewed research,
2. Identify existing quality clinical placement frameworks and,
3. Recommend one framework that can be adapted for use in the Australian clinical placement environment.

The summary of findings is as follows:

1. *Elements of quality in clinical placements*

- Factors enabling quality in clinical placements include:
 - **A culture for quality** develops positive relationships, actively supports learning, and rewards best-practice.
 - **Effective supervision** characterised by a good supervisory relationship and facilitated through supervisor characteristics, supervisor development, and appropriate recognition and reward of desirable supervisor behaviours.
 - **Learning opportunities** that are diverse and appropriate for student competence, and comprise at least in part of supported participation in direct patient care.
 - **Effective communication and collaboration** between students, academic institutions, and placement sites, in an effort to adequately prepare for the placement experience.
 - **Resources and facilities** sufficient to conduct placement activities.
- Barriers to placement quality include:
 - **Occupational stress** which induces states of anxiety that inhibit learning, impair performance, and compromise health and wellbeing.
 - **Workplace incivility and aggression** which threatens the socio-emotional and physical safety of students in the placement environment.
- Other issues influencing quality include:
 - **Innovation** to increase placement quality and capacity.
 - **Consideration of rural and remote issues** as relevant to increasing quality, capacity, and addressing larger health workforce shortages.
 - **Issues of diversity**, including culturally and linguistically diverse groups, the experience of Aboriginal and Torres Strait Islander students, and the impact of gender and disability.

2. *Identify Existing Quality Clinical Placement Frameworks*

- 23 frameworks (10 international and 13 Australian) were identified
- Each framework was analysed using the elements of quality outlined above

3. *Recommend one Framework that can be adapted for use in the Australian clinical placement environment*

- Victorian Department of Health's "Best Practice Clinical Learning Environments (BPCLE)" was identified as an evidence-based, piloted, and evaluated framework suitable for adaptation to the Australian context
- Sufficient evidence of all enablers of quality except supervision

- Does not address barriers in the clinical placement environment and pays limited attention to issues of innovation, rural and remote considerations, and diversity
- However, given the material available in existing frameworks and the literature, there is an opportunity to expand the core elements of the BPCLE to capture the full spectrum of factors influencing quality clinical placements

Best Practice Clinical Learning Environments – Victoria Health / Darcy Associates (Department of Health, Victoria 2014)

The BPCLE Framework provides a guide for health services, in partnership with education providers, to coordinate and deliver high-quality clinical placements for health learners. It was developed to ensure the creation and maintenance of positive education cultures and assist organisations to improve the student experience through strategies and mechanisms that monitor the quality of the clinical education environment. The BPCLE Framework features six elements:

1. An organisational culture that values learning
2. Best practice clinical practice
3. A positive learning environment
4. A supportive health service-education provider relationship
5. Effective communication processes
6. Appropriate resources and facilities.



Best Practice Clinical Learning Environments Framework (Department of Health, Victoria 2014)

Organisations can use the BPCLE Framework to conduct assessments on each of the six elements and identify areas for improvement. After completing the assessments, action plans are generated based on assessment results - including suggested goals and their priority weighting. The organisation can then select indicators to be used to monitor progress. *NB Whilst the BPCLE framework considers all stakeholder groups within the six elements, the framework itself is designed to be applied by organisations only.*

The BPCLE Framework is evidenced based as has been validated and piloted across various clinical training settings and organisational types in Victoria in order to ensure the six elements and their related indicators are relevant in all clinical placement environments. The pilot indicated that implementation of the BPCLE Framework is achievable on a whole-of-organisation basis, in a range of settings and has been used to inform its broader roll-out in Victoria. A suite of both new and existing resources has been established in order to facilitate the implementation of the framework with resources including ready-made templates, surveys and information registers.

The BPCLE Resource Kit is available at <http://docs.health.vic.gov.au/docs/doc/BPCLE-Framework:-Resource-kit>

The online BPCLEtool was developed in response to feedback, collected as part of the evaluation of the pilot, to improve the presentation, connectivity and user-interaction of the tools. Whilst this resource is currently not available to users external to Victoria, testing has been positive, and use within Queensland public health facilities should be considered once the BPCLEtool is available nationally. It is anticipated that it will be available before the end of 2014. Information on accounts can be found at <https://bpacletool.net.au/accounts/login/?next=/> .

iQIPP- AH [Improving Quality In Practice Placements – Allied Health] (University of Queensland, School of Health and Rehabilitation Sciences 2012)

iQIPP-AH is a reflective tool that brings together multiple stakeholder perspectives regarding the development of quality learning experiences on placements. It consists of an overarching manual which informs the use of four separate user guides for:

- Practice placement organisations
 - Considers perspective of the whole organisation or work unit
 - For use by individuals, teams managers and student placement coordinators
- Clinical educators
 - Used to facilitate peer support, review, educator skill development
 - For use by individual educators or with groups of educators
- University practice education staff
 - Used to plan and review the establishment, preparation and management of practice placements
- Students
 - Used by AH students to assist them to know what to do to ensure a quality learning experience

Each guide consists of:

- Quality Domains: Key stages in the process of student practice education
 - Placement Establishment
 - Placement Preparation
 - Placement Maintenance
 - Placement Review
- Quality Indicators: Statements regarding quality features of a placement - three broad areas:
 - Management and logistical aspects
 - Organisational culture
 - Teaching and learning aspects
- Probe Questions: Questions to assist the users to operationalise the indicator
- Resource Links: Links to Australian and international web based resources
- Action Plan: Summary of indicators and actions. Includes a review process.

The iQIPP-AH enables practice organisations, practice educators, students and universities to engage in reflective practice processes in order to improve clinical placement quality. The iQIPP-AH incorporates the five enablers of quality placements identified by Siggins-Miller and also prompts users to reflect on issues related to the barriers to quality clinical placements. Unlike the BPCLE framework, which is limited to a whole of organisation (health service) review of clinical learning environments, the iQIPP-AH has tools (guides) which can be used by each stakeholder group. It incorporates a quality cycle, allowing for the ongoing appraisal and improvement of clinical learning environments across a broader range of stakeholders. The interface is straight forward and easy to use, and it can be completed within a reasonable timeframe.

Summary

The Siggins-Miller 2012 report provides an overview of the available literature on best practice clinical learning environments. The report highlights five factors which enable quality in clinical placements and also describes the barriers to quality clinical placements and other influencing factors. The report recommends the implementation of the Victorian Department of Health's "Best Practice Clinical Learning Environments (BPCLE)" as a quality framework for organisations. There are currently some limitations to the use of the BPCLE Framework, however use within Queensland public health facilities should be considered once BPCLEtool is available nationally.

The iQIPP-AH is a reflective practice tool which been made available to allied health professions within the Queensland Public Health System at no cost. The iQIPP-AH can be used by multiple stakeholders and is available for immediate use within the Queensland Public Health System – to obtain a copy, please email AH_CETU@health.qld.gov.au.

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