

A Clinical Education Program: Bridging the Gap from University to Graduation

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Introduction:

Australia's second largest state Queensland is over 2/3 the size of Western Europe and 2.3 times the size of Chile. For years tension has existed between university and health sectors regarding the "quality" and consistency of graduate skill and knowledge and the workload of health staff providing practice placements. WFOT curriculum standards for student placements are broad in nature which, whilst positive for the profession as a whole, presents significant challenges for supervisors in structuring placements and creates workload. It also results in enormous variance in the experiences that students receive and subsequent skills of new graduates. As the health industry increasingly focuses on safety and quality, the expectation on graduates and their supervisors to ensure competence increases also.

Queensland Health, the public health provider and largest employer of Occupational Therapists,

recently funded Clinical Education Workload Management Initiatives to support pre-entry student and new graduate supervision and training. For OT this was \$1.6 million per annum, providing an opportunity to implement a solution which recognised that workload support within OT required more than clinical backfill.

Objectives:

This paper will outline the program developed, implemented to:

- Build capacity for student placements
- Increase the consistency and quality statewide of student and graduate clinical education
- Better prepare students and graduates to meet health employer needs
- Reduce supervisor stress and workload

Description:

Three levels of integrated support result in improved access to both direct and specialised support, through local district education officers, statewide practice area education leaders and statewide management.

These elements have also allowed for the implementation of a Clinical Capability Framework.

Discussion:

Key challenges have included:

- Maintaining a balance of flexibility and structure within a 'clinical capability framework' so as to achieve a level of consistency and quality whilst allowing for variation in local service delivery, autonomy for supervisors and support for adult learning principles.
- Ensuring opportunities existed for both local flexibility and statewide consistency.

Conclusion

With strong university partnership, objectives have been realised and university curriculum integrated.

Contribution to Practice:

Potential applicability is high where employers desire an integrated framework for the clinical education of Occupational Therapists from university to industry.