



THE UNIVERSITY OF
MELBOURNE

Faculty of Medicine, Dentistry and Health Sciences
University of Melbourne

MDHS Clinical Placements Lifecycle – Quality Assurance Guide

Student Placement Advisory Group (SPAG)

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1. Introduction

This MDHS Clinical Placements Lifecycle - Quality Assurance Guide is based on the Clinical Placements in Primary Care Quality Assurance Guide 17 May 2022 issued by the Department of General Practice.

It is highly recommended that Departments within the Faculty of Medicine, Dentistry and Health Sciences use this MDHS Clinical Placements Lifecycle Guide to assist them in the planning and the evaluation of Clinical Placements.

1.1. Vision

With students at the heart of everything we do, we are a global leader in health education and training, driving excellence and innovation through our contemporary partnerships, exceptional graduates and impactful research that spans discovery to translation.

1.2. MDHS Values

Collaboration and Teamwork, Compassion, Respect, Integrity, Accountability.

The MDHS Clinical Placements Lifecycle Quality Assurance Guide details all the elements of quality assurance necessary to successfully coordinate Clinical Placements in The Faculty of Medicine Dentistry and Health Sciences (MDHS) at The University of Melbourne (UoM).

MDHS student clinical placements is a network of many thousands of clinical placement sites for teaching students in:

- Medicine
- Dentistry
- Oral Health
- Nursing
- Optometry
- Physiotherapy
- Audiology
- Speech Pathology
- Social Work
- Psychology
- Genetic Counselling
- Population & Global Health

1.3. Purpose

The intended purpose of this document is to provide professional and academic staff in MDHS with guidance and support in respect to quality in clinical placements and ensure that the courses in which clinical placements exist, consistently meet the high standard of administration, coordination and education that The University of Melbourne expects for its students. This document provides recommendations for MDHS professional and academic staff to identify, establish, monitor, and evaluate clinical placements, as well as building knowledge to increase understanding on how standards and measures of standards drive the overall Quality Assurance Cycle.

2. Standards for Clinical Educators, Placement Providers and Students

The following standards assist in facilitating the development of consistent, high-quality clinical education experiences for students, guide curriculum development, facilitate evaluation and assessment and support ongoing improvement in clinical education programs.

Criteria exist for each of the following groups involved in clinical placements:

- Standards for Clinical Educators¹
- Standards for Placement Providers
- Standards for Students

2.1. Standards for Clinical Educators

The standards below provide clinical educators with a structure to guide their instructional practices. They outline the skills, knowledge, and behaviours expected from clinical educators in their interactions with students. These standards may include guidelines for effective mentoring, feedback provision, assessment, and professionalism. Educators can use these standards to enhance their teaching methodologies and create a supportive learning environment.

Clinical Educators must:

1. Have full and unrestricted registration with AHPRA (if the discipline is a registered profession).
2. Be a competent clinician with applicable level of experience (this depends on Department requirements and type of clinical placement). The University has full discretion to determine the compliance with this condition and the specific requirements will depend on the Department in which the placement occurs.
3. Demonstrate a high level of professionalism.
4. Familiarise themselves with the learning and assessment requirements pertaining to the course and year level of the students they are supervising. This includes undertaking and completing appropriate Training Modules for Clinical Educators as required by the Department from which students are being taken. A retraining cycle should exist. Clinical Educators should actively approach the University to seek training opportunities.
5. Facilitate an orientation and induction of student/s to the placement setting (this may be delegated to an appropriate staff member) and ensure that an appropriate Clinical Educator is always contactable for student supervision during clinical time.
6. Have appropriate English language communication skills for clinical teaching.
7. Provide dedicated time with students in the form of direct observation, feedback and opportunistic teaching.
8. Ensure student safety (including appropriate supervision at any external sites and home visits).
9. Be familiar with the [Clinical Education Risk Management Framework](#) and incident reporting process for the UoM

2.2. Standards for Placement Providers

Standards for student placement providers are used to ensure that the clinical learning experiences offered to students meet certain criteria of quality, safety, and educational value. By setting expectations for the learning environment, supervision, and educational opportunities, these standards help ensure

¹ Or equivalent e.g. Clinical Supervisor

consistency and maintain the integrity of the educational experience. They also help protect the interests of students by ensuring that they are placed in appropriate and beneficial learning environments.

Placement Providers must fulfil the following criteria:

1. There must be a signed Vocational Placement Letter Agreement (VPLA), Student Placement Agreement (SPA) or a Memorandum of Understanding completed with any placement provider where students undertake a placement.
2. At all times, a staff member (or delegated personnel) must be onsite.

The VPLA or SPA details the following placement standards, and the Placement Provider must:

1. Ensure that student health is not placed at risk
2. Offer a representative range of patients or clients for student learning
3. Provide adequate facilities for students
4. Have appropriate patient consenting procedures
5. Have an appropriate staff member who acts as a liaison person
6. Ensure a Clinical Educator or appropriate staff member will provide orientation and induction to the student
7. Ensure that the student is debriefed if they are involved in any critical incident, and that the University is informed
8. Ensure visits to patients off-site will occur only with the Clinical Educator or other health professional delegated by the Clinical Educator.
9. Acknowledge the Faculty's [Clinical Education Risk Management Framework](#) and [incident reporting process](#)

2.3. Standards for Students

Standards for students in placement are used to set learning objectives, assess performance, promote professional behaviour, facilitate self-assessment and reflection, enhance career preparation, and support continuous improvement. These standards provide a framework for students to maximize their learning potential, develop professional competencies, and transition into competent healthcare professionals.

Students must fulfil the following criteria:

1. Meet Faculty of MDHS clinical placement requirements as detailed on the MDHS clinical placements website, including the National Police Check, Working with Children Check and the Infectious Diseases & Immunisation Policy.
2. Be registered with the Australian Health Practitioner Regulation Agency (AHPRA) (if required) and comply with the discipline's Code of Conduct.
3. Disclose health issues affecting their own or other's safety to the Clinical Educator.
4. Maintain infection control standards including universal precautions.
5. Ensure they are operating within the scope of their practice and adhere to safe working practices
6. Report any critical incident to their Clinical Educator and Placement Officer or Coordinator.
7. Comply with privacy standards as outlined in The University of Melbourne Privacy Policy.
8. Be familiar with the Clinical Education Risk Management Framework and incident reporting process for the UoM
9. Be familiar with and uphold the professional behaviour requirements and expectations relevant to their discipline

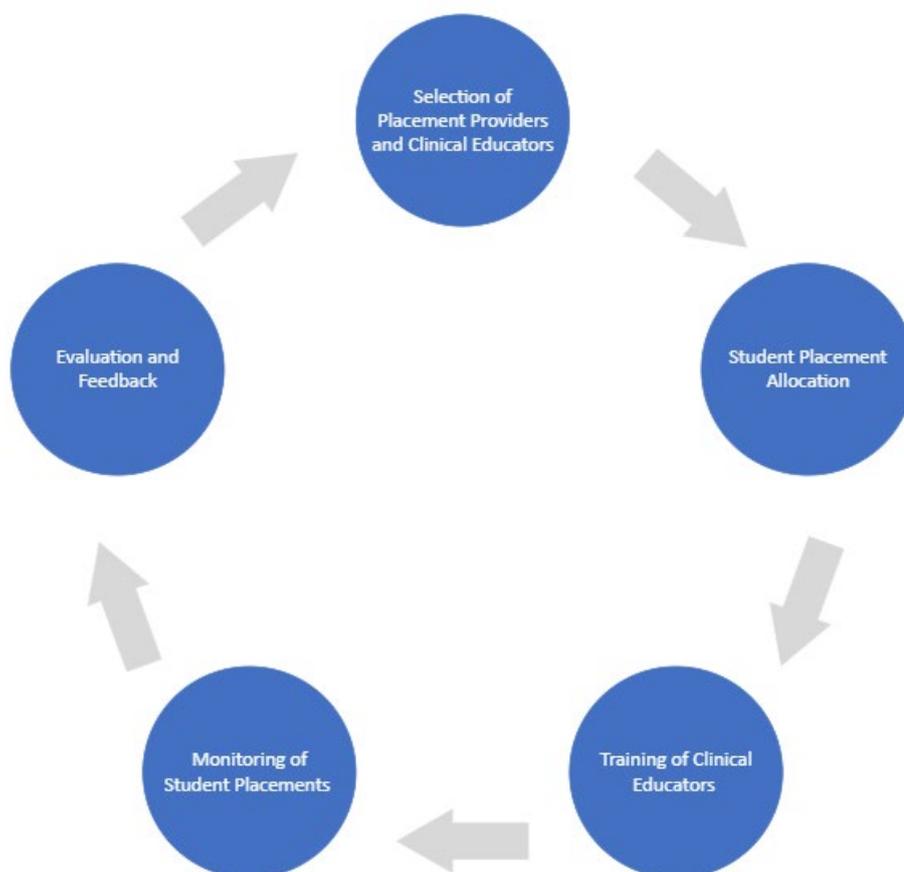
In addition to the above criteria:

- All students will receive from their designated subject coordinator a list of placement expectations and responsibilities within the relevant guidebook/subject guide for their course. Subject guides are available on CANVAS and students should contact their subject coordinator if this is missing.
- Students should be aware of their scope of practice, be aware of Fitness to Practice policy and guidelines, the University's Student Conduct Policy, risk and incident reporting processes and additional support the University can provide when required.

3. The Clinical Placements Lifecycle

The standards previously listed support the Clinical Placements Lifecycle which encompasses the processes and procedures necessary to ensuring quality assurance is maintained in the organisation of clinical placements. The cycle consists of:

1. Selection of Placement Providers and Clinical Educators
2. Student placement allocation
3. Training of Clinical Educators
4. Monitoring of student placements by departments, clinical educators, and students
5. Evaluation and feedback of clinical placements



3.1. Selection of Placement Providers and Clinical Educators

It is recommended that Departments have established a system for identifying their needs for clinical placement sites and locations for each year. PLACERIGHT may assist some departments with the process

of identification and allocation of clinical placements. Departments should have a log of all Placement Providers (SONIA may facilitate this). This will also assist in forecasting compliance requirements and overall placement resource effort.

3.1.1. Selection process

3.1.1a Annual review cycle

- An annual review of existing Placement Providers should occur in each Department.
- Assessment of the existing number of Placement Providers must occur to ensure they are increased or decreased to meet student placement needs.
- Placement Providers with current quality assurance issues should be reviewed and a decision made as to whether the Placement Provider will be suitable for student placements in the coming year. A quality assurance issue could include:
 - Inadequate supervision.
 - Limited learning opportunities.
 - Inconsistent teaching and feedback.
 - Insufficient resources and support systems.
 - Inadequate communication and collaboration.
 - Poor safety and risk management protocols.
- Review of quality assurance data from the previous year should occur prior to the placement allocation process to be sure that all placement sites previously involved are eligible to take students.

3.1.1b Recruitment of new placement providers

Complete the new Placement Provider screening checklist:

- Ensure Clinical Educators listed have met the ‘Standards for Clinical Educators.’ This includes checking AHPRA registration when applicable.
- Arrange time with the Placement Provider to discuss expectations and quality standards (see section 2 above). This can be completed by either a visit or over the phone/Zoom.
- If the Placement Provider meets the standards and terms that are agreed upon between the department and the clinical provider, then complete placement VPLA or SPA.

If a Placement Provider does not meet the standards, then notify them of their ineligibility and reasons why. **Ensure there is a record made of this decision for future reference.**

3.1.1c Recruitment of new Clinical Educators

This is done in various ways by different Departments. Overall due diligence should take place when assessing the quality of the potential clinical educator that align with the standards in section 2 (this may include a reference check). An example email can be found below:

Dear Dr [insert name],

I am the Clinical Placement Co-ordinator (or similar title) at (Department) and am currently looking at [insert name] application for 'x' Supervisor within the 'x' Department.

[insert name] has listed you as a referee, and I am seeking your opinion of his/her suitability for the position. The main activity he/she may undertake is teaching and supervising x students from The University of Melbourne.

When you are able, can you please answer the brief questions below as his/her referee?

- How well do you know [Insert name]?
- Do you have any recommendations with regard to his/her suitability to teach students?
- Do you have any concerns about his/her ability to undertake this role?
- Any additional comments you may have.

Attached are our standards for clinical educators, do you agree [insert name] would meet these standards?

If you have any queries or concerns, please contact me and we can set up a time to discuss on the phone or via Zoom

With thanks in advance,

3.2. Student Placement Allocation

It is important that dates for student placements are reviewed for the following year and finalised by the Clinical Placements team as early as possible each year.

3.2.1. Considerations for placements

At a minimum, the Placement Coordinator, Academic and/or Professional staff need to consider the following:

- Request/determine timetables from the MDHS Department subject coordinators (or similar) in which placements will occur.
- List available groups and time slots.
- If applicable, students enter placement preferences on SONIA (some departments allow for student preferences and some departments will allow preferences for some aspects of placement e.g. rural, international).
- Use algorithm process to match students via SONIA.
- The MDHS Department notifies students **at least four weeks** prior to placement of their location (if possible).
- Information is sent to Placement Providers with student details and VPLAs or SPA's are confirmed.
- Placement Providers are matched with a student who speaks the specified language as 30% of services are in a language other than English.

- Some Placement Providers (e.g. with a First Nations health focus) may require students to have additional training. This information should be confirmed as early possible to ensure the correct preparation is taken.
- Discipline specific requirements should be considered.
- Student has met their pre-placement compliance requirements.

The following additional criteria apply to all placements to avoid conflicts of interest:

- ✓ The student must not be related to any staff in the practice. Alternative arrangements must be made if there is a student/clinical educator personal relationship.
- ✓ The student and their immediate family must not be current or recent patients of the practice (hospitals are exempt from this requirement).
- ✓ The student must not be a current or recent employee of the practice (hospitals are exempt from this requirement).

Placement allocation processes will vary in each department however the process must be fair and transparent. This can include:

- By making the allocation criteria transparent and clear
- Where to obtain support (if required) to undertake placement
- Regular review and evaluation of the allocation process
- Clear grievance and appeal mechanisms for students

Each department will have a Clinical Placement Academic and/or Professional staff member who oversees the allocation process. Departments should use SONIA or equivalent system to help with student allocation.

3.2.2. Placement Agreements

Once clinical educators or placement providers have been selected, it is important that a VPLA or SPA is instituted or re-signed by both parties.

3.2.2a Vocational Placement Letter Agreement (VPLA)

The VPLA is a legal document that enables The University of Melbourne to cover the liability for its students officially placed at a practice. Once the Placement Provider has been selected and approved, a VPLA must be signed before the student attends the placement. The University employs standard VPLAs with multi-year validity (up to 5 years). The forms are signed by the Placement Provider and the Head of Department (or delegate) and kept with The University of Melbourne department.

3.2.2b Student Placement Agreement (SPA)

A SPA should also be used when establishing an agreement with any organisation that could potentially provide student placements for more than one discipline (e.g. hospitals, community health service, etc.) as this facilitates easy expansion of placement opportunities across the Faculty without requiring additional agreements.

Student Placement Agreements typically comprise two key parts:

- the main agreement, which outlines the overarching terms that govern all placements with that Placement Provider; and
- one or more placement schedules detailing specific arrangements for individual disciplines.

The main agreement is typically negotiated by the Faculty's Partnerships Co-ordinator with input from the department/school staff and Legal Services. It must then be signed on behalf of The University by the MDHS Director, Learning and Teaching. Once signed, schools and departments can arrange placements by collaborating with their direct colleagues at the host organisation to complete and sign a placement schedule. Placement agreement schedules should be reviewed annually. Questions regarding SPAs should be directed to the MDHS Partnerships Co-ordinator, Experiential Learning.

3.2.2c Insurance

The University of Melbourne covers liability for its students in relation to their placement which includes:

1. Public liability insurance of up to \$20,000,000;
2. Professional Indemnity and Medical Malpractice insurance of up to \$20,000,000; and
3. Personal accident insurance to cover the students whilst engaged on Faculty approved placements associated with their university course.

Under this level of cover, students can interview and conduct parts of patient examinations independently, appropriate to their current year level, although they should always be consulting with their Clinical Educator and obtain the required patient consent. It is expected that the level of supervision is commensurate with the level of experience and competency of the student.

Should an accident occur while a student is travelling to or from a placement, they may be able to claim under the University's personal accident insurance for any injury (no insurance is provided for private vehicles, or any other vehicle involved in an incident). Where an incident has taken place, a report should be made in the University's risk management system ERMS by UoM staff, a record of the incident kept within the department and where the incident is more serious in nature (medium or higher) a report should be made to the Clinical Education Strategy and Risk Committee aligned with the [MDHS Incident Reporting Process](#).

3.2.3. Visits to Placement Providers

It is recommended that Departments that have students undertaking clinical placements consider if a visit to the Placement Provider is appropriate when setting up their placement for the year. Larger Placement Providers should be visited, or a meeting arranged at least annually. These meetings can be conducted via Zoom when this is more appropriate.

3.2.3a Possible Reasons for Visits

- New practices prior to first placement (these visits may be virtual in the case of the practice being a long distance from the University and if better suited to practice and Department)
- Practices with low ratings or poor student evaluations
- Investigation of a breach of standard

Who visits:

- Academic Clinical Coordinator

Before the visit:

- Check the type of placement and how many placements the Placement Provider has had in the past
- Check previous student evaluations
- Collect as much information as possible via Placement Provider website

3.2.3b Protocol for Practice Visits

- Please use your local documentation/forms.

3.2.3c After the visit

- Update the Department's log of placement sites and any relevant quality assurance documents with comments regarding any concerns, limitations, or issues to follow-up.
- Notify the Subject Coordinator (or similar) responsible for quality assurance as necessary if there are any issues to follow up.
- New teaching placement provider details document located in Appendix A.

3.3. Training of clinical educators

It is highly recommended that Departments facilitate training for Clinical Educators in supervision and/or discipline-specific assessment of students. Training may be provided via:

- Reference guides (in pdf format)
- CANVAS
- Face to face workshop(s)
- Zoom sessions
- Use of School and Faculty resources

Note: Other student supervision training courses may be substituted for training provided by the University. If this occurs, it is expected that Clinical Educators familiarise themselves with the relevant student placement program (e.g. by reading a Clinical Educator Guide).

3.4. Monitoring of Students while on Placements

Each Department's Clinical Placement team should have the ability to contact students while they are on placement. This is required by the University in the case of an emergency arising. SONIA or an equivalent system must list site contacts and a contact phone number. Clinical placement officers/teams should also be able to access University systems to capture student contact details if required.

Continuous monitoring of placements should occur and involve Clinical Educators and University of Melbourne department staff. Issues are identified by:

- Clinical Educators, students, or University of Melbourne staff during regular contact via phone or email.

- University Department staff reviewing all evaluations and assessments as soon as practical after the conclusion of each placement type. Any evaluations of concern should be addressed.
- Department concerns raised by students about their placements during learning activities at the University.
- Students making direct contact with the Department’s Clinical Placement team.
- Clinical educators informing the Department in a timely manner of any concerns raised by students.
- Review of breaches of standards data collected by the Department.

3.5. Evaluations and feedback of Clinical Placements

An annual summary of student feedback is collected regarding the Clinical Placement Experience. The MDHS Department should also receive feedback from Placement Providers. This information should be reviewed by academic/professional staff that coordinate clinical placements at The University. These evaluations may be used to develop revision of processes and Clinical Educator training. If specific risks are identified during the process of evaluation these should be reported (refer to the [Clinical Education Risk Management Framework](#)).

3.5.1. Student Evaluations

Students are given the opportunity to provide feedback on their learning experiences on their placements via a survey. Typically, surveys will be distributed to students at the conclusion of a placement and student evaluations will occur at least annually. Any issues raised in the feedback should be used to improve the student experience. Where the student’s feedback is more serious in nature, it should be escalated and reported to ensure action is taken to address the incident or risk (refer to the [Clinical Education Risk Management Framework](#)).

3.5.2. Clinical Educator and Placement Provider evaluation surveys

All Placement Providers hosting students should be given an opportunity to provide feedback on the clinical placement program and may be required to provide student feedback on student performance (this is program dependant). This feedback is reviewed by University Staff and information received informs the planning process and support offered to Clinical Placement partners going forward.

4. University of Melbourne Responsibilities

4.1. Assessment of breaches of standards & quality assurance issues

The University of Melbourne is responsible for monitoring and ensuring breaches of standards are responded to in line with policy and procedure. Breaches of standards most commonly occur in one of the following areas:

1. Quality of teaching
2. Student performance
3. Student safety
4. Limitations of practice

The procedure for responding to any breach of standards or quality assurance issue would be considered a clinical placement *incident* as the event has already occurred. It is important that these incidents are reported to a line manager within UoM and, especially where it is more serious in nature, to the [Clinical Education and Risk Committee](#).

Risks to clinical placement and clinical education should also be reported and assessed to ensure mitigation and controls are applied that will reduce the negative impact (see [Clinical Education Risk Framework](#)). These should be implemented as soon as possible to decrease the risk of incidents. The risks may include:

- **Quality of Teaching:** Insufficient student-led consulting time, lack of supervision, unprofessional conduct (reputational)
- **Student Performance:** Attendance issues, unprofessional conduct, poor academic performance (reputational, legal and regulatory)
- **Student Safety:** Occupational Health and Safety issues, any issues that compromise the psychological and/or physical wellbeing of the student (health, safety and wellbeing)
- **Limitations of Practice:** Lack of facilities, lack of representative patient range, LOTE issues (legal and regulatory)
- **Other:** Any other non-classifiable issues that result from a breach of standards.

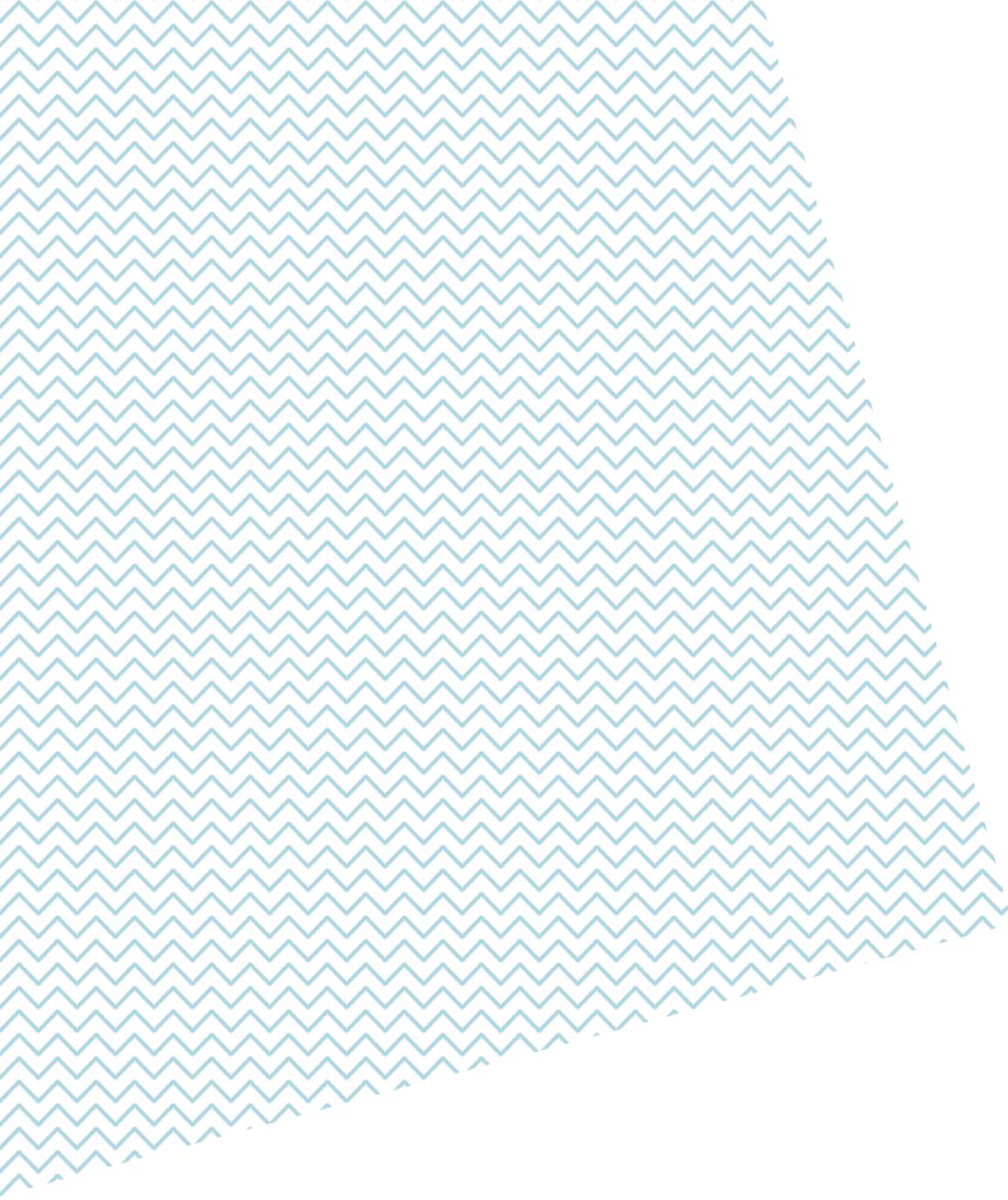
4.2. Student wellbeing

If the issue is primarily a student health and wellbeing and not related to a breach of standards, then this matter should be escalated accordingly via the School or Departments' internal processes.

Student well-being issues should be directed to the Clinical Placements team. This is typically the Academic Clinical Placements Coordinator involved in the team.

For any comments regarding this document please contact [Anthea Cochrane](#), Chair Student Placement Advisory Group

Version Number	Date	Approval	Changes
V0.1	4 March 2023	Anthea Cochrane	Document drafted
V0.2	4 March 2023	Sarath Ranganathan	Final Draft



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