Project Proposal: SICTN 9
Model of Clinical Supervision: Facility Appointed Base (FAB) Facilitation Model

Project Overview:
Facility Appointed Base-Facilitation (FAB) is a conceptual model of facilitation requiring extensive consultation, planning and engagement of key stakeholders (internal and external) prior to implementation. The proposed funding and time frame therefore allows for this critical phase of the project to occur.

Project Scope:
The proposal explores the feasibility of the LHD employing facility based facilitators for undergraduate nursing students undertaking clinical placements at the proposed FAB pilot site. This service of facilitation will occur regardless of Education Provider (EP) using Bankstown Hospital as the pilot site. Although this project **does not include the implementation** of the model, it is believed that by exploring the interest and feasibility of this model of facilitation it will eventually lead to:

- Increased uptake of clinical placements by education providers who have a flexible clinical placement schedule and will thereby reduce unused capacity in the year;
- Reduction in cancellations by education providers as they will be able to share facilitation services.
- Better understanding and ownership of students' clinical development by nursing clinicians.
- Creating a culture of learning that is inclusive of students professional development needs.

An imperative to the analysis is to ensure FAB facilitation (if adopted) is cost neutral to South Western Sydney Local Health District.

Project Outcomes:
The feasibility of adopting the FAB Facilitation Model has received full support of the Bankstown Nursing Executive and Bankstown Hospital Nursing Unit Managers.
It is believe that the model will be cost neutral to SWSLHD which was an imperative outcome.

Recommendations for Implementation:
- SWSLHD Executive will need to endorse the proposal through a Business Case which will be developed using 2013 clinical placement data which was made available June 3, 2013.
- A Memorandum of Understanding with Education Providers will need to be developed and the conditions adopted to ensure financial risks are managed ensuring facilitation costs remain neutral to SWSLHD.

Background

University Appointed Facilitator's Role:

The University Appointed Facilitators (UAFs) are Registered Nurses (RN) employed by the universities or other Education Providers (EPs) on a casual basis. Their role is to assist nursing students translate the theoretical underpinnings of university nursing curricula in the clinical practice setting, with an expectation that they will provide bed side teaching when necessary; provide daily group reflective debriefing sessions; negotiate learning opportunities for students; ensure students meet the required competency outcomes; advocate students learning needs with facility staff; submit progress reports on students' clinical performance and liaise with the universities the coordination of students' placements and student issues.

The UAF to student ratio in nursing is 1:8 (respectively) for all years in the nursing undergraduate program. Until recently 3rd year students undertaking an elective clinical placement (which signifies a period of pre-registration) undertook placement using a preceptor model- that is, 3rd yr students were assigned to one RN and expected to work the roster of the RN. Therefore students were expected to work am and pm and weekend shifts. The model was intended to assist the student transition into the 'real world' of nursing and was extremely problematic for the student and RN, particularly as a significant number of students had paid work outside of their nursing program. It was also problematic for the RN when the student had remedial issues. The model therefore lost favour and has gradually been replaced with the University Appointed Facilitation model, which is one (1) facilitator to eight (8) student cohort or higher however a ratio of 1:24 has also been suggested.

Registered Nurses' Supervision Role:

It is a mandatory requirement that RNs provide supervision of students practicing the clinical skills necessary for registered nursing practice. RNs employed by the facility are paired with student nurses at the beginning of their shift and are responsible for: the teaching and supervision of students undertaking patient care activities, demonstrating the clinical skills required for patient centred care, creating or making available clinical learning opportunities, performing clinical assessments and liaising with facilitators about students' progress. Beyond their supervisory role, RNs are not responsible for pre-planning students' clinical placements or negotiating learning opportunities outside their immediate work environment -although the RN, Nursing Unit Manager (NUM) or Clinical Nurse Educator (CNE) may perform that role voluntarily.

Undergraduate and Graduate Entry Nursing Students:

Students are relatively passive consumers in the provision of clinical placements and are dependent on their EP resourcing quality placements that will aid them in developing clinical knowledge and meet course objectives so that they may graduate. As the facility's focus is on patient care, it is the facilitator's role to negotiate quality learning on their students' behalf however not all facilitators will have the corporate knowledge or networks to fulfill all aspects of the role. In Health, students are dependent on the RN's willingness to teach, and when willing, have the necessary time to guide students to critically apply learnt knowledge to patient's individual health care needs.

Issues:

It is difficult for staff working rotating or part-time rosters to develop an understanding of the student's clinical placement objectives, learner/teacher rapport, or develop a sense of ownership over the student's clinical development when continuity cannot be provided by staff due to their pattern of employment. It is an issue accentuated by constant student turnover from one university to another, which for some services, occur on a fortnightly basis over forty-two to forty six weeks of

the year. Patient acuity, changes in nursing skill mix and the number of clinical placements provided by the LHD demand that students have one constant in their clinical placement such as what the University Appointed Facilitator should provide.

University Appointed Facilitators, like the rest of the nursing workforce, are in short supply resulting in many EPs resourcing facilitators from the one pool or commissioning the services of agency staff, who like University Appointed Facilitators, recency and standard of practice may not be known by the facility where they are working.

1. List the activities you have undertaken in the course of this project (as per funding proposal.

Activity 1: Analysis of Clinical Placement Demand & Facilitation Requirements at Bankstown Hospital:

Clinical Placement Demand- The current requesting trends by EPs demonstrate requests are of a shorter duration and requested multiple times throughout the EPs' clinical placement calendar. This pattern of requesting increases EPs' chances of securing an approved placement. However scheduling shorter acute care placements, such as two and three week blocks, highlights the importance of coordination; purposely planned to give students a meaningful clinical placement that is reflective of the complexities of patient care, particularly in specialised environments.

Generally clinical placements will be approved based on SWS EP new graduate recruitment source however if a clinical placement vacancy exists, the placement will be approved regardless of recruitment, which is demonstrated in the number of placements approved by SWSLHD.

SWSLHD is the largest provider of nursing clinical placements in metropolitan Sydney as demonstrated in Table 1. Most would contribute the number of approved placements relative to the size of the District, however this is not the case.

District	Capacity	LHD Approved	LHD Approved but EP Declined	Accepted Placements	Cancelled by Health	Cancelled Placement by EP +Turn Away + No Show = Lost capacity			Actual
SWSLHD	130,327	76,922	6,264	70,658	10	**4,978**	35	302	**65,333**
SLHD	88,199	51,491	5,429	46,062	397	**2,750**	130	929	**41,856**
SESLHD	99,787	69,206	6,495	62,711	0	**5,660**	25	765	**56,261**
WSLHD	72,263	45,482	3,100	42,382	385	**2,030**	15	170	**39,782**

TABLE 1: Clinical Placement Activity Across Metropolitan Sydney; 2012 CPCIS Data retrieved and adapted

There are two facilities in SWSLHD providing a significant proportion of student placements which are Liverpool Hospital - demonstrating 60% uptake and Bankstown Hospital- demonstrating 54% uptake. In comparison SWS's smaller facilities such as Bowral, Fairfield and Campbelltown have uptakes between 32-37%. It is believed therefore that the further the facility is from metropolitan Sydney, the more likely the placement will be declined when offered or cancelled when accepted. See Table 2 below.

Facility	No. of clinical placements available - am & pm shifts	No. of approve	Cancel by Edu	Cancel by AHS	Turn away	Declined by Edu	No Show	Not Approved
Bankstown	**28,701**	**15,504**	**960**	**0**	**10**	**1,965**	**15**	**18,151**
Bowral	6,603	2,115	10	0	0	200	0	1,470
Braeside	3,605	1,795	130	0	0	420	190	405
Camden Hospital	4,409	1,623	30	0	0	0	0	340
Campbelltown	16,676	6,137	745	0	0	825	0	4,387
Fairfield	14,433	5,258	667	0	0	725	77	9,284
Karitane	1,530	376	365	0	0	30	0	363
Liverpool	**36,995**	**22,077**	**1,316**	**0**	**25**	**1,784**	**0**	**18,079**
SWSCommunityH	6,286	3,320	120	10	0	10	20	4,445
SWSLHD Mental Health	11,089	7,128	635	0	0	305	0	11,211

Table 2: SWSLHD Data- Retrieved from CPCIS 2012 data.

Cancellations- One premise of this project is that the EPs will be less likely to cancel placements if a facilitation service is provided. Currently EP's cancellation rate in SWSLHD is 32%. In comparison to all other metropolitan LHDs and Bankstown Hospital's cancellation make up 31% of the District total. This data will form the base line when the model is implemented.

Type of Placement- Medical and surgical placements are in high demand, for example at Bankstown Hospital these placements make up 65% (n=10,037) of Bankstown's total student uptake (n=15,504). This is an important factor in ensuring the FAB Facilitators have the knowledge and skills required to facilitate student placements.

Clinical Placement Activity- To determine the number of temporary full time positions can be offered to existing staff based on student activity throughout 1st and 2nd semester. In first semester those low periods of student activity are mid February to mid April.

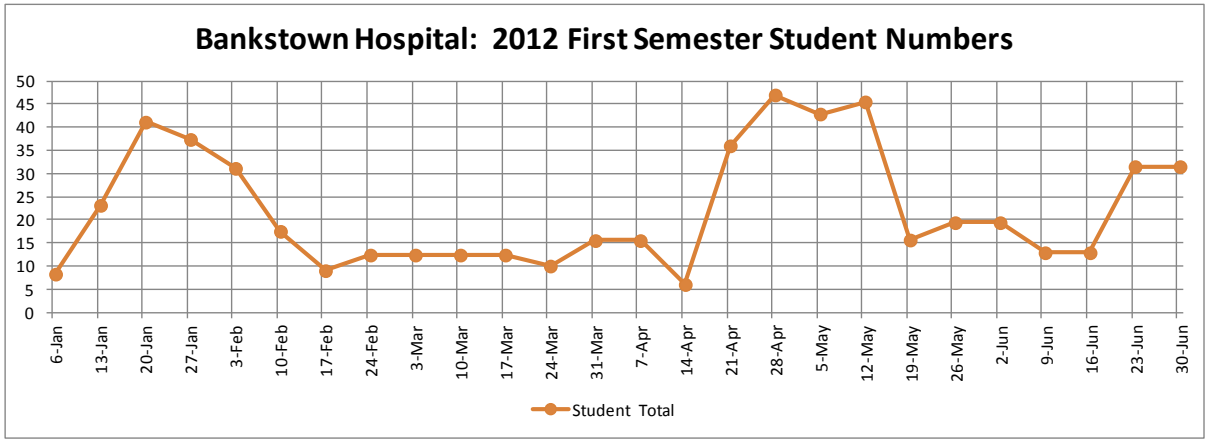

Chart 1: Bankstown Hospital Student Activity – AM /PM . (Date retried and adapted from 2012 CPCIS)

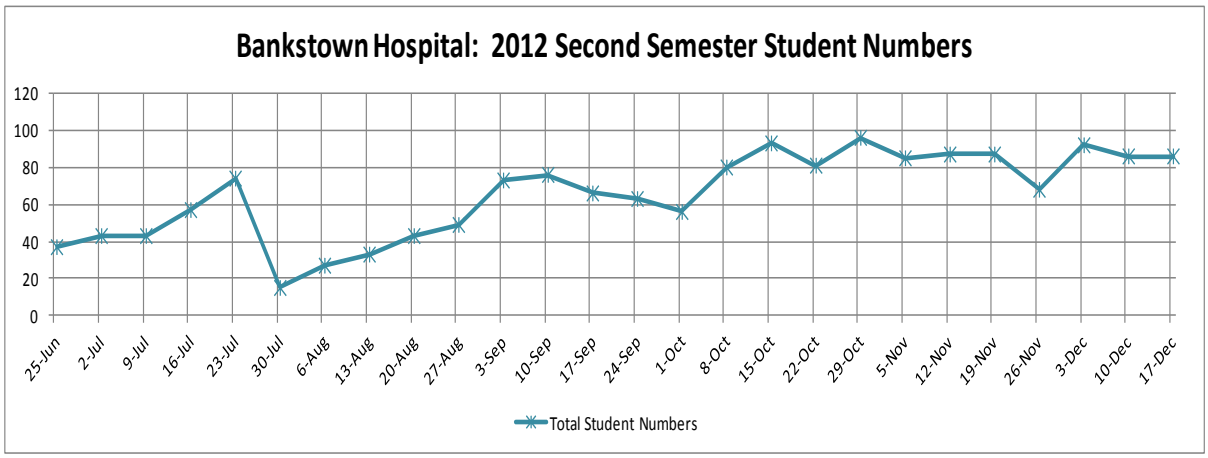

Chart 2: Bankstown Hospital Student Activity – AM/PM (data retrieved and adapted from 2012 CPCIS)

In second semester the low period of student activity occurs July 30, 2012.

Facilitation Requirements (using 2012 data) - Chart 3 & 4 demonstrates very different facilitation requirements from first semester to second semester using a facilitator to student ratio of one facilitator to eight students (1:8).

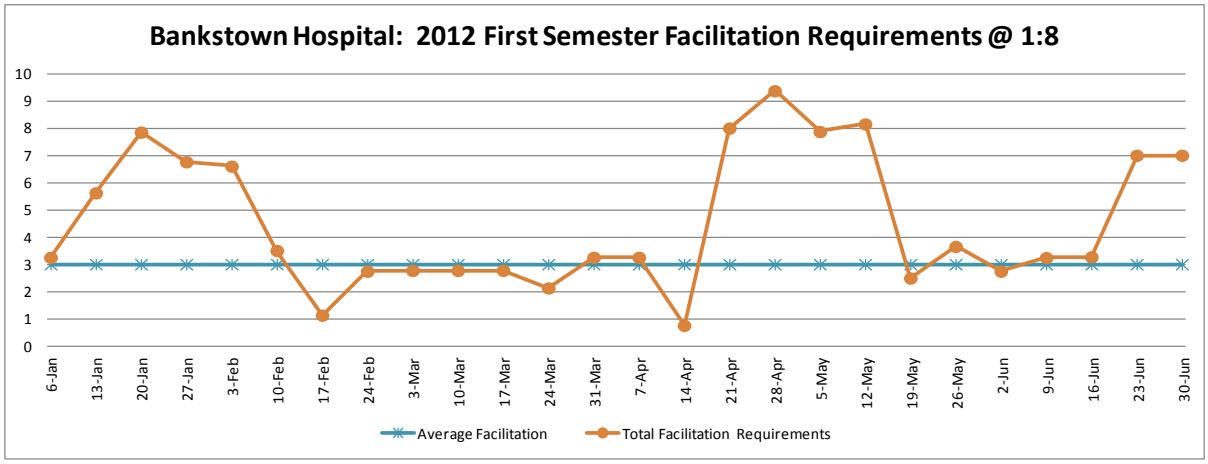

Chart 3: First Semester Facilitation Requirements at 1:8 Facilitator/ Student Ratio

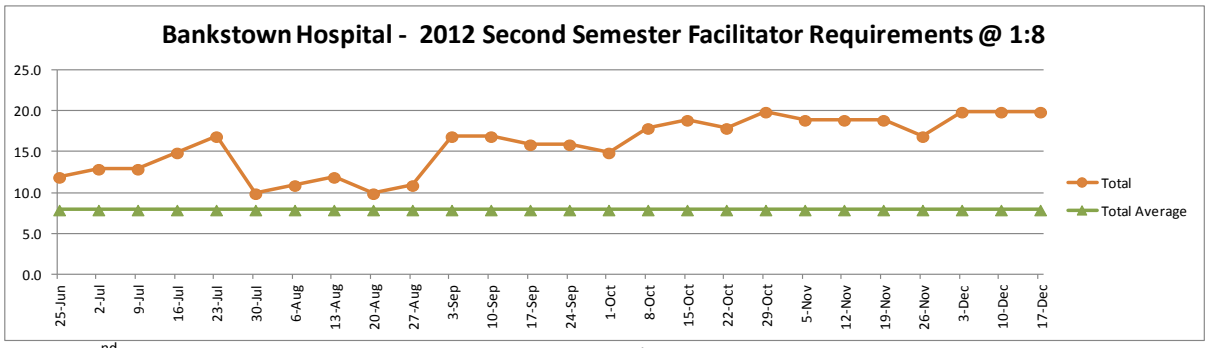

Chart 4: 2nd Semester Facilitation Requirements at 1:8 Facilitator/Student Ratio

Activity 1: Outcome of Analysis- One aspect of the project will include the measurement and analysis of CP activity, cancellations and facilitation ratios in order to determine financial risk and minimise those risks to SWS.

In the first semester 3 facilitators could be employed (or seconded) into the role of a FAB facilitator. However, the second semester demonstrates the average facilitation requirement of 10 facilitators. When analysing the type of student using second semester data for 2012, the student type was predominately 3rd yr students between the months of October – December (see page 7 Chart 5). However there are a number of 1st and 2nd yr students requiring 1:8 facilitation ratio scattered throughout the semester peaking April – May and one week in October. On average the facilitation requirement is 4 staff for this group alone (see Chart 6, Page 7).

Further Information Required:

- Need to establish facilitation ratio for 3rd yr students.
- Need to establish if the casual nursing pool at Bankstown could supply the required number of outstanding FAB facilitators based on 4 or 5 full-time facilitators seconded into the role.

Recommendation:

Based on students numbers in 2013 (ClinConnect) five (5) staff would be required to facilitate students, however only 2 -3 would be required in the first semester and a total of 5 in the second semester. Due to the nature of student activity, staff release would need to be staggered to ensure staff are not employed over periods of low activity and there are enough staff over periods of peak activity. The hypothetical release of staff therefore would follow the pattern depicted below.

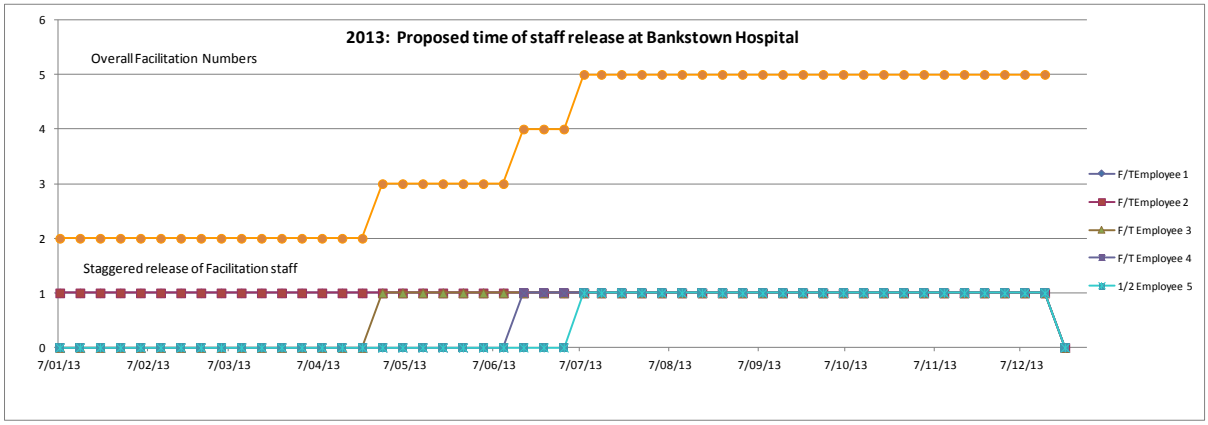

Chart 7: Employment pattern for FAB Facilitation

Staff Numbers	Secondment Period	Alternate Seconded Pattern	Less than 12 month Secondment
Staff No 1	January to December of the same year		
Staff No 2	January to December of the same year		
Staff No 3		April to April the following year	
Staff No 4			6 month secondment from June to December
Staff No 5		July to July the following year	

Table 3: Staff numbers release pattern.

Seconded RN Numbers:

See table above.

Student Downtime:

Despite staging the release of staff there are 10 weeks in total where the District would be required to the pay wages to one or more staff member due to student inactivity (downtime).

Student Peak Periods:

At peak times, there are also periods where additional staff are required to facilitate students numbers. During 2013 the peak periods of student activity greater than the number of facilitators available (that is, greater than three (3) facilitator in the first semester and greater than five (5) in the second semester). Resourcing additional staff would be made through the casual pool. The release of appropriate staff would require the support of the Workforce Nurse Manager and selection / interview process.

Costing:

Preliminary costing was performed with EPs that consistently used SWSLHD nursing placements. Each of the University's Clinical Coordinator or Program Manager at the relevant universities were contacted (ensuring confidentiality) to determine their current facilitator pay rate. The highest and lowest rates of pay were removed to provide an average pay rate. Additional expenses such university administration (and the infrastructure necessary to administer to placements) was not considered in the costing but was recognised as a financial risk if the model was adopted across all facilities in SWSLHD ie the model would require administration support. Due to shift penalties and a potential need to back-fill positions it was decided the UAF 'average' pay rate would be used over the course of the project to ensure these financial risks were minimised.

A significant finding from the MH-FAB Model suggests facilitation costs are covered however infrastructure requirements due to the additional administration workload would not be possible in the short terms but would be self-funding in the long term.

Activity 2: Key Stake Holders Meetings

1. Facility Stake Holders- Bankstown Hospital Director of Nursing & Midwifery Services and Nursing Unit Managers.

A series of meetings were conducted to establish:

- If Bankstown Hospital wanted to be the pilot site?
- Would the data analysis support recruitment without impacting on RN staffing requirements?
- If Bankstown Hospital adopted the model, could the FAB Facilitators be recruited from within or would recruitment have to come from outside Bankstown Hospital; and if so how many?

The Project Officer requested Nursing Unit Managers form a working party to discuss:

- Is there are need to adopt the FAB Facilitation Model?
- Would the Nursing Managers support the project if they felt it was needed?
- Explore internal recruitment source for FAB Facilitators.

Outcome:

- There was overwhelming support by the Nursing Unit Managers who attended the meeting (n=12).
- The NUMs openly discussed the problems they experience with the current model and felt that it was a worthwhile project.
- The Director of Nursing & Midwifery Services supported NUM participation in a working party.

Working Party- NUMs Sub-Group:

- The number of facilitation requirements were discussed after an analysis showed the clinical placement activity at Bankstown Hospital and the FAB Facilitation requirements throughout the year.

- NUMs felt that they could nominate appropriate staff to fulfill the role of FAB Facilitation.
- Project Manager developed an Expression of Interest outlining the role description and desirable selection criteria. This was accepted by the NUMs when tabled.

Recommendation:

1. Further analysis is required using 2013 data to ensure clinical placement trends of 2012 have projected the correct information.
2. Present the data to District Director of Nursing & Midwifery and Bankstown Director of Nursing & Midwifery services.
3. Develop a Business Case for SWS Executive to secure support for implementation.

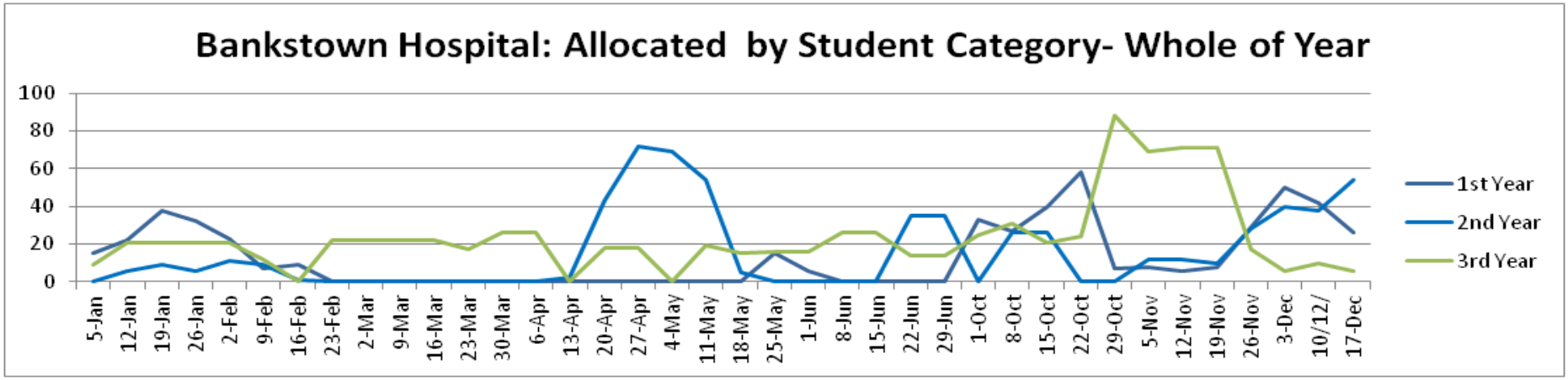

Chart 5: Student Category using placement by date and semester – 2nd Semester.

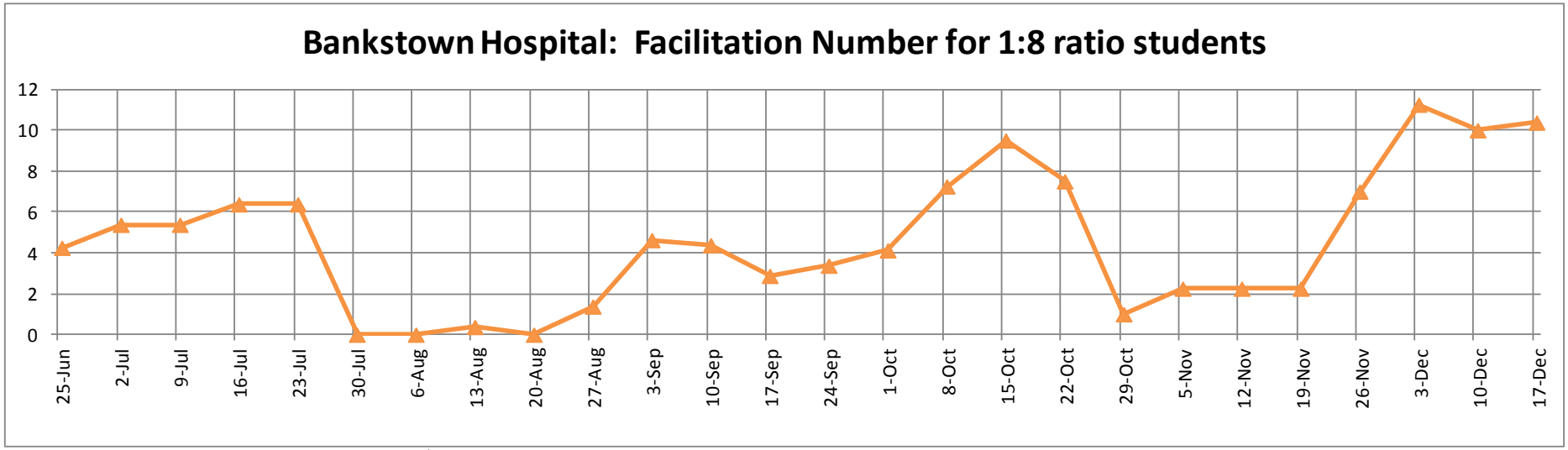

Chart 6: Facilitator Required for 1:8 student ratio (1st and 2nd yr Students)

2. Education Provider Stake Holders Meeting

The EP Stake Holders Meeting was conducted toward the end of the project (May 17). Seven (7) metropolitan universities were represented :

- University of Sydney (three staff members)
- University of Wollongong (one staff member)
- University of Tasmania (one staff member)
- Australian Catholic University (one staff member)
- University of Technology, Sydney (two staff members)
- University of Notre Dame (one staff member)

The meeting covered the following points and/or questions:

- Would you support this model for facilitation of university students?
- What qualifications/skills do you think FAB Facilitators would require to complete assessments?
- Orientation of facilitators – what is the process?
- Process for struggling students
- Process to follow for critical incidents
- Generic chain of communication between FAB Facilitators and Universities.

Outcome:

- All attendees supported SWS taking over the role of facilitation due to the issues they currently experience.
- One member was concerned how FAB Facilitators could adopt the values underpinning the curriculum of so many universities. Other members felt that the issues outweighed this point.
- When asked the facilitation ratio of 3rd year elective students most felt that a facilitation ratio of 1:12 was possible. Two university representatives felt that a higher ratio could be problematic in identifying students who required remedial support.
- All university representatives felt strongly that FAB Facilitators (if model adopted) should attend the university specific Facilitator Orientation as the theoretical subjects underpin clinical placement objectives (some were conducted over one day and other over 2 days).
- Members did not feel staff needed Certificate IV TAE (Training and Assessment).
- The representatives all said that they were prepared to assist with training and education of staff.
- One representative was concerned with potential SWS's charge of facilitation service due to their size and smaller budget.

Recommendation:

- Further information required so that 3rd yr electives students can be identified in data analysis. Timetables to be sent to Project Officer.
- If data demonstrates significant down time in facilitation requirements, universities will be contacted and advised of unused capacity.
- Course outline and clinical assessment material from each university to be forwarded to Project Officer.
- If the model is adopted one facilitator could attend the relevant University Orientation for Facilitators and information disseminated to other FAB Facilitators. Explore other mediums to communicate this information so that it is delivered in a timely fashion.

Summary of Implementation Process:

- Establish stakeholder group – key NUM's and EP staff to determine interest.
- Establish potential staff/ student ratios (eg 1:12 vs 1:8) with stakeholders
- Review local placement patterns relevant to EPs
- Review the placement data from ClinConnect regarding placement patterns throughout the year noting periods of high and low use to determine staffing requirements
- Use current facilitation pay rate (average); compare costing as per Public Health Award, RN/RM classification, on costs at 35% as shifts penalties apply; add study leave etc.
- Does costing estimates (incoming and outgoing) allow for a dedicated part-time or full time Project Officer (may only be required for implementation phase).
- Map peak periods of use and low periods of use to determine staffing requirements and feasibility of running model.
- Estimate the staffing model required to do this (eg current staff, secondments, rotations, casual pool etc).
- Determine potential implementation site and dates.
- Recruit interested staff – internal or external (depending on recruitment source chosen).
- Allocate time in the implementation phase for recruited staff to undertake Education Provider training and supervision training (eg Teaching on the Run)
- Liaise with EP's to advise of implementation and availability – particularly for those with a flexible clinical programme who could take advantage of unused capacity or 'low' activity periods
- Present model to facility or District Executive (information must include risks and strategies to manage).
- Seek approval from Executive and site management.
- Develop a Memorandum of Understanding with EPs to ensure consensus of terms and conditions of the service to be provided.
- Develop a Position Description reflective of EPs requirements and Public Health position classification.
- Determine if position need to be graded and coordinate with the Grading Committee time frame.
- Advertise position (internal / external / Expression of Interest)
- Interview with enough lead in prior to implementation
- Monitor for unused capacity and offer to EPs.
- Develop survey tools and resources to test model and service to be provided.

2. Please describe the potential for growth in clinical placement/supervision capacity as a result of this project:
    - Untapped capacity can be used by universities with a flexible program and/or by advertising unused capacity with EPs.
    - Establishing a facilitation ratio for 3rd year students at 1:12 will attract EPs enabling them to reduce their costs.
    - Creating rotations within complementary services will allow students to experience a wider range of the service in the non-acute setting gaining a broader understanding of the patient populations it serves. This will also ensure that 'clinics' with unused student capacity can be better utilised and will create an additional clinical placement opportunity for students.
    - The model also supports shared facilitation between EPs. When a facilitation/student cohort cannot be reached by one university it will not be necessary for the EP to cancel the placement.

3. Was the project delivered on time and within budget?

    The project results (data analysis) were established before deadline however the reporting template misled the Project Officers to believe less information was required. This was advised on the date of its intended submission. For this reason an extension for reporting the project was granted.

    The funding of the project was requested for recruiting a Project Officer (paid as a Nurse Manager Grade 3). Therefore the project was delivered within budget.

4. Did you achieve all the objectives outlined in the proposal?

    Yes. See page one of for Project Outcomes and Recommendations on page 1 of submission.

Please provide an Income and Expenditure Statement for the project, signed by a Senior Financial Officer of the organisation. (Please note: a full Audited Financial report may be required upon request by the Funding Providers).

ITEM	$
A: FUNDS REQUESTED	
Funding for Project Officer – Nurse Manager over 23 weeks +30% on costs	54,462.24
Sub-Total (A)	**54,462.24**
B. EXPENDITURE – DIRECT COSTS	
Laptop	2,500
Mobile Phone	250
Stationery	500
Sub-Total B	3,250
C. ONE-OFF/OTHER COSTS (e.g. set-up costs) Total (A + B = C)	**$60,962**

Appendix: Summary of Activities.

Activity	***Result/Outcome***
Meetings with key stake holders - December 2012, February 7 & February 25, 2013	• Accepted by key stake holders with the universities, SWSLHD • Second draft of business case developed May 2013 • Determined SWSLHD costs to cover FAB Facilitator wages • Preliminary Literature review undertaken by Clinical Practice & Innovation Manager and finalised by Facility Appointed Bankstown (FAB) Project Manager • Appointed FAB Project Manager (Feb to May 2013) • Initial meeting with Mental Health Facility Appointed Base Project Manager February 25, 2013
Purchase of equipment to support Project Manager position (e.g. laptop)	• Authorisation granted December 2012. • Equipment ordered and delivered
Discussions with Education Partners – December 2012 – ongoing 2013.	• Facilitation costs accepted • Offered vacant capacity to Education Providers to minimise major risk to SWSLHD - January 2013.
Focus group with key stake holders. February 11 to May 16th 2013	• NUMs and NEs group members confirmed. • Focus groups conducted February 28 to May 16, 2013 with discussion on strategies in how to utilise FAB facilitators when capacity changes in first and second semesters • Potential options for part time / full time / secondments explored
Discussions with Education Partners – December 2012 – ongoing 2013.	• Focus group with Education Partners for clarification of their expectations of the Local Health District towards students and the university needs conducted May 17, 2013
Strategy meetings between MH-FAB Facilitator, FAB Project Manager and Nurse Manager Clinical Placement Unit	• Strategies to develop quality of program and risks identified • Final costing options for FAB project explored • Supporting resources (student surveys, orientation manual and preceptor guides) finalised with FAB facilitator guide remaining in draft format – waiting for additional resources from Education Providers
ClinConnect data obtained for Jan to June 2013 accepted clinical placements at Bankstown by Education Providers	• Cluster groups of medical, surgical and specialty wards reviewed for Bankstown Hospital • Facilitator requirements for both first and

	second semester reviewed with data from ClinConnect (1st semester 2013) and CCPIS (2nd semester 2012) • Identified reduced capacity / student uptake in first semester through data analysis • Explored options for rostering of FAB facilitator's as part time / full time
Liaison with District Nursing Workforce and Manager at Bankstown regarding employment options for casual pool of FAB facilitators	• First draft of EOIs for seconded positions for full time, part time and casual pool FAB facilitators completed • First draft of job description completed