

SICTN 8

Project Proposal:

Expanding the Capacity of Clinical Facilitation and Supervision and Competency in Mental Health Services in South Western Sydney Local Health District (SWSLHD)

Project Overview:

To develop, pilot and implement an alternative model of clinical facilitation and supervision in mental health nursing services in SWSLHD (Phase 1) and to expand the model to incorporate other disciplines of students and new recruits in mental health (phase 2- not explored in this project).

Scope of SWSLHD Proposal

Phase 1:

Define the need and seek more extensive consultation from:

- * key stakeholders in mental health and
- * internal and external Education Provider partners

Develop a business case for the proposal defining:

- * an alternative facilitation model
- * Position description
- * Costing (external funding source)
- * Identifying risks and determining risk management strategies;

If supported by all stakeholders move to Phase 2 of the project

Phase 2:

- * Develop a more detailed model of facilitation provision
- * Internally recruit to the Facilitator position/s
- * Select wards/units to be involved with a trial of models
- * Pilot models
- * Evaluate pilots
- * Seek consultation from key stakeholders regarding evaluation of pilots

Phase 3:

- * Determine sites for implementation and associated time frames
- * Evaluate the model
- * Provide feedback about evaluation to key stakeholders

Project Outcomes:

The implementation of Mental Health Facilitator commenced February 24, 2013 to May 24, 2013. Over that period 82 students undertook a clinical placement at Liverpool Hospital- Mental and Drug Health Services. The facilitation to student ratio implemented was outside the normal range of 1 facilitator to 8 students. Based on the number of placements available on this site, a facilitation ratio of 1:13 in the am, and 1:9 in the pm was utilised. The smallest student cohort during the pilot period was 6 students and the largest was 22 students (combined am and pm shifts).

Regardless of student cohort size, student surveys demonstrated:
100% felt supported by a dedicated MH-FAB facilitator;

100% felt the experience completed their understanding of the mental health service and the nurses role within this specialty;

100% felt the MH- FAB Facilitator assisted them in meeting their objectives and

100% met the university determined CP objectives and assessment outcomes.

Recommendations for Implementation:

Student survey results and meetings with the MH-Mental Health Facilitators suggested the model of facilitation achieved the goal of providing a quality clinical placement for students in mental health. Students numbers - greater than the normal 1:8 did not negatively impact on the quality of the facilitation service, student satisfaction or clinical placement outcomes students were required to achieve. These and other positive outcomes were presented to the SWSLHD District Director of Nursing & Midwifery Services and the Director of Mental Health Nursing Services. The Director of Mental Health Nursing Services requested the model continue. Therefore a Business Case (currently in draft) to adopt MH- FAB Facilitation will be submitted to SWSLHD Executive for endorsement.

Background:

Nursing enrollments in undergraduate and graduate entry nursing programs have increased exponentially over the last five (5) years with some seven (7) metropolitan Sydney based universities competing for a finite number of mental health placements. The shortage in mental health venues makes it difficult for nursing students to meet compulsory mental health clinical practice hours, a pre-registration requirement of the Nursing and Midwifery Board of Australia (N&MBA).

Currently, South Western Sydney Local Health District (SWSLHD) has thirteen (13) mental health wards and community clinical placement sites (CPS) with a registered student capacity that makes it one of the largest suppliers of mental health placements in NSW. However in 2012, 59 percent of education providers' CP demand for SWS's mental health student capacity was unmet (2012:CPCIS Summary Report). SWS's population growth in the region dictates mental health services expand to meet the health care needs of its community and with respect to nursing students, additional services may potentially satisfy some of the clinical placement (CP) demand but it will not occur quickly; not at the rate necessary to match new nursing enrollments.

The current requesting trend by EPs demonstrates CP requests are of a shorter duration and requested multiple times throughout the EPs' clinical placement calendar. This pattern of requesting increases their chance of securing an approved placement. However scheduling shorter mental health placements of two (2) week duration highlights the importance of placements being well coordinated; purposely planned to give students a meaningful and clinically appropriate understanding of this highly specialised environment.

As a result of venue shortages clinical placements are undertaken in drug health or psychogeriatric wards. Although each specialty provides a discreet service, alone they do not fully represent the complexities of mental illness. Others may miss out on a block placement altogether and require make-up which is generally over one (1) week. In both cases the student's knowledge, understanding and experience of the specialised skills required in mental health nursing practice will be fragmented and potentially undervalued. It does however serve to tick the box on N&MBA compulsory mental health hours.

Balancing new graduates clinical development needs and/or staff shortages has led to SWSLHD's Clinical Placement Unit dictating EPs provide facilitation to coordinate, support and assess students, or CP requests would not be considered. While this measure was meant to ensure patient care did not suffer, it was also meant to protect students from inconsistent clinical guidance or critique, particularly if the student's clinical outcome required formal assessment.

It is difficult for staff working rotating or part-time rosters to develop an understanding of the students clinical placement objectives or develop a sense of ownership over the students' clinical development when students' rostered hours are fixed; nor is it likely when the staff in mental health are faced with new students on a fortnightly basis spanning forty-two weeks of the year. Regardless of SWS's intentions to protect staff or student, experienced mental health facilitators, like the rest of the nursing workforce, are in short supply resulting in many EPs' commissioning the services of agency staff whose employment does not require training or experience in education and most will have no mental health nursing experience.

Student placements in other highly specialised environments present similar challenges in terms of appropriate supervision and continuity of assessment, but in mental health, those issues are heightened by shortages in venue and the expertise required to assist students translate a unique body of knowledge over a very short period.

The Australian Nursing and Midwifery Accreditation Council endorses the Competency Standards of The Australian Nursing Council- which focuses on students knowledge development and clinical performance. In the clinical environment, assessors need to be competent and skilled observers over a sufficient duration and in a sufficient variety of contexts in order to reach a valid and reliable assessment of the student's performance. Given the current boundaries surrounding student placements, the solution clearly points to the health industry's involvement in the competency outcome of students.

Shortages in expert facilitation, mental health CPS and shorter clinical placements, clearly communicate the need to find an alternate way of providing quality coordination and supervision for students. It is imperative to the future of our mental health nursing workforce that EPs and health industries commit to a resolution for the benefit of students they are providing a service to and for mental health services who need to recruit a competent (albeit novice) workforce. Therefore this project will determine a model of supervision that is dedicated to the clinical development of nursing students in mental health; one that will provide the coordination and expertise to enable students gain an informed practical experience in mental health.

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

Preliminary Meetings:

The activities timetabled as per SWS's initial submission changed during the implementation phase. However initial support for the pilot was gained by SWSLHD Director of Nursing and Midwifery Services and the Director of SWSLHD Director of Mental Health Nursing Services.

SWSLHD Director of Mental Health Nursing Services determined that the MH-FAB Facilitation Model should be staffed on a work release roster of three staff with a total of five staff trained over the course of the year if the model proved to be successful supporting implementation. The Nurse Manager for SWSLHD Mental Health Services was asked to advise the Project Team of the names of staff who would function as MH FAB Facilitators.

NUMs nominated staff release and the Project Officer advertised a facilitation roster.

Activity 1: Key Stake Holders:

Mental Health Key Stake Holders were represented by the following methods:

- Nursing Unit Managers and Clinical Nurse Consultant – Focus group and survey
- Registered Nurse working at Liverpool Mental Health Service- initial focus group and one-on-one interview with the Project Manager
- Education Providers – telephone contact, emails, and focus group at near completion of the project.
- Students- Advised of the project but followed up with student surveys.

Nursing Unit Managers & Clinical Nurse Consultants:

Nursing Unit Managers (NUM) and Clinical Nurse Consultants (CNCs) were asked to discuss their perceptions of the current model of facilitation provided by EPs.

The NUMs were very aware of recent trends of facilitation and the shortage of UAFs with mental health experience. They clearly articulated that they felt accountable but did not have the resources to manage student issues or create learning opportunities outside their immediate environment to enhance student learning.

The NUMs were presented with an alternate model – MH FAB Facilitators.

Outcome:

NUMs welcomed the project and were willing to support the trial. A measure of their satisfaction would be facilitator visibility.

Registered Nurses acting as in the role of Preceptor:

Staff were given the available time to discuss the model of facilitation, however due to clinical duties it became necessary for the Project Manager to interview a number of nurses one-on-one.

Outcome:

Staff were supportive of the proposed model of facilitation. In terms of their role as supervisor /preceptor staff did were unsure of their role and/or the stages of the students development when they undertook placements in mental health facilities.

Action: The Project Manager developed a resource folder for the staff in each of the wards advising of their role and responsibilities as Preceptors and contacted relevant Education Providers to determine student objectives.

Education Providers:

Education Providers registered in ClinConnect with accepted placements were contacted to determine if they supported the model and would like their students to participate in the trial. The Clinical Placement Manager advised EP clinical coordinators of the proposed service and aims and objectives of the project. As initial email contact with EPs was made prior to SWS submission to ICTN, a costing had already been established, which would also be trialed. All EPs contacted over the pilot period welcomed the trial and conditions.

During the course of the project EPs were then contacted intermittently via phone and email and advised of the survey results specific to their students'. It was felt by the Project Team that this follow-up would provide assurance that students were reaching their objectives and quality facilitation was being provided.

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 unique 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.

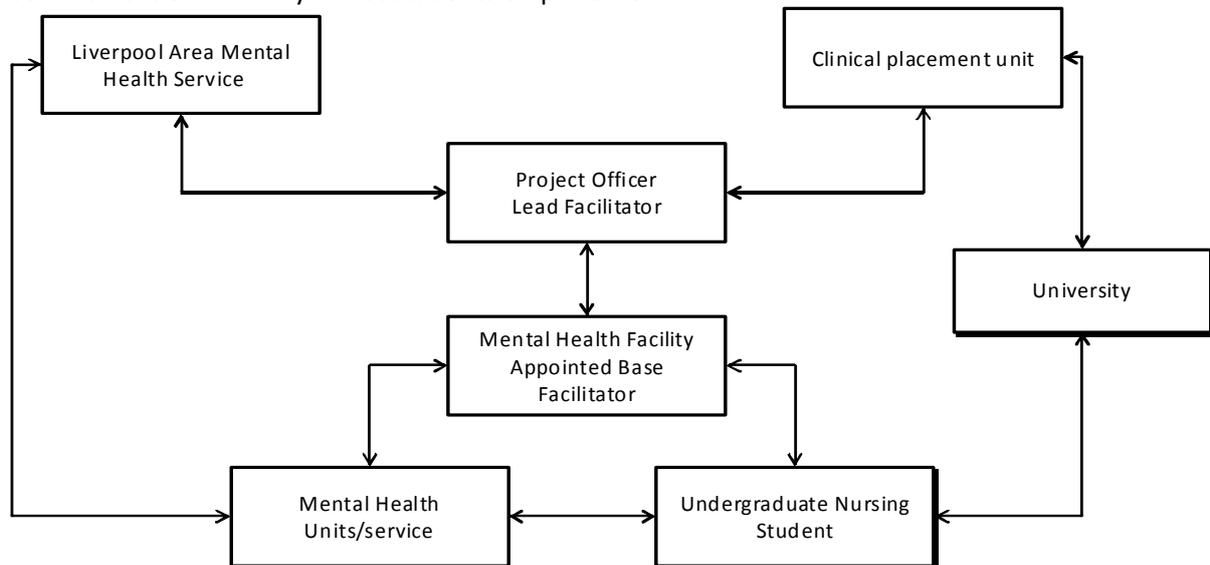
Recommendations:

- Further information required so that 3rd yr elective students can be identified in data analysis to determine if there is a change in attitude toward mental health nursing and potential employment in the specialty field.
- EPs to be advised of unused capacity.
- Course outline and clinical assessment material from each university to be forwarded to Project Officer.
- To meet the EP requirements, FAB facilitators would attend University Orientation and disseminate to other FAB Facilitators.
- Determine if EPs can use other mediums to provide facilitator information (eg podcast) so that it is delivered in a timely fashion without disrupting the FAB facilitation service of other EP students on placement.

Activity 2: Role Definition:

To ensure open communication the following roles were defined: Project Team, Nurse Manager of Mental Health Services, SWS Clinical Placement Unit, MH FAB Facilitators and Preceptors.

Communication Pathway whilst students on placement.



Outcomes:

Communication redefined: Due to a student incident which occurred during pm shift FAB Facilitators are to have after hour EP contact details.

Summary of Pre Implementation Phase:

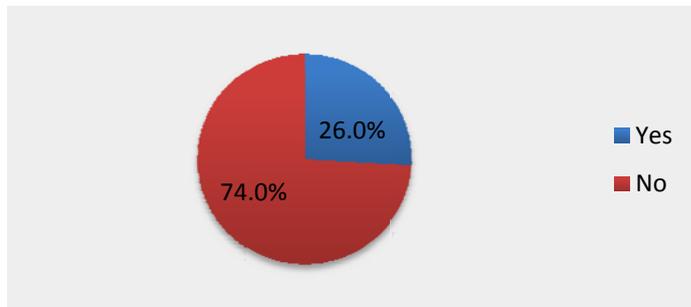
- Establish stakeholder group – key NUM’s and EP staff to determine interest.
- Review local placement patterns relevant to EPs
- Recruitment model chosen- release staff on rotation basis.
- Recruit interested staff – internal or external (depending on recruitment source chosen).
- Release staff chosen 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
- If model accepted by Executive, develop a Memorandum of Understanding with EPs to ensure consensus of terms and conditions of the service.
- Monitor for unused capacity and offer to EPs.
- Review student surveys to establish FAB Facilitation is achieving project aims.

Activity 4: Student Surveys:

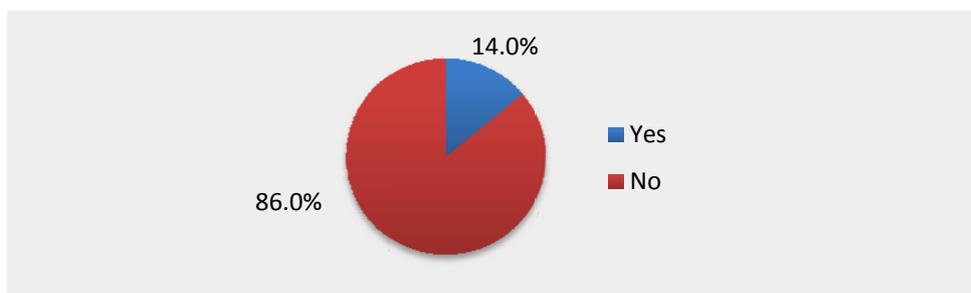
Post Implementation Results:

There was a 100% return rate for the 82 students that attended placement during the trial period. Due to some of the comments made by students ‘having to do a mental health’ placement the Project Team felt we should capture the information to determine if their attitude changed post placement.

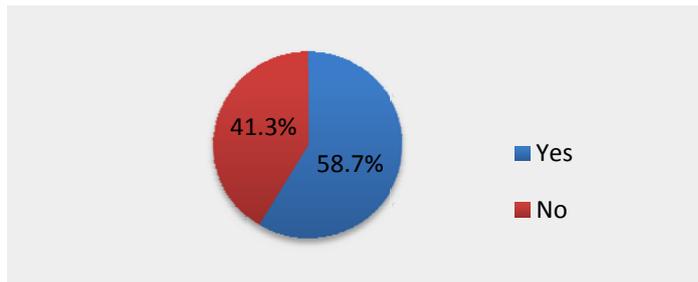
1. Is this your first student placement in Mental Health?



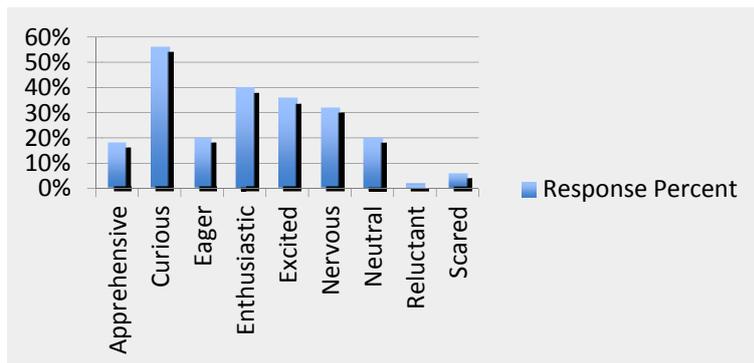
2. Have you ever had paid work in a Mental Health specialty service?



3. Would you consider employment in Mental Health?



4. How do you feel about doing a clinical placement in Mental Health? (Tick one or more relevant to you)



4. Students' expectations do you have of the MH-FAB facilitator prior to placement.

- To be helpful and relevant
- Basic knowledge of mental health and illness
- Supportive, helpful and patient
- Support our learning objectives and further education in the mental health area
- To educate on concerns of nursing care mentally ill patients
- Assist in learning process
- Helpful polite assertive
- To be with me and give encouragement
- Assisting us with difficulties
- Assist with learning
- Facilitator should visit us and help us in education
- Support knowledge
- Support
- To share and impart knowledge, skills in the work with student
- Knowledge
- To see different aspects of mental health nursing
- I expect that the facilitator will help us as much as possible
- That he will help us to clearly understand mental health issues
- Share and teach us his/her knowledge about mental health
- I expect to learn those things which are necessary for me
- More knowledge about what to expect during placement
- Able to teach students

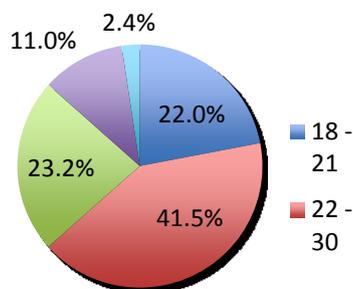
- If ill need him he will be there
- Personal supervision
- Provide knowledge and encourage to gain our goals with support
- To be good
- Monitoring our activities
- To be very helpful approachable and informative
- Friendly and approachable
- To help introduce me to the mental health environment
- Increased opportunity to complete this placement with more knowledge base and examples that will be relevant to my unit of study and assessment
- Would be a great experience working with them
- More information as he works within this field
- To assist and guide
- To guide and educate us and answer questions
- Impart his knowledge to us in a simple way

Post- Placement Results:

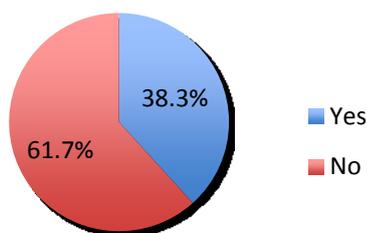
Students:

Not all answers have been provided but those offered demonstrate that the clinical placement provided a quality placement and the projects main focus was achieved. g student.

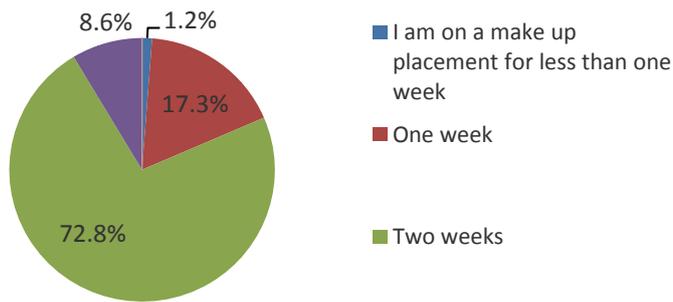
1 What is your age?



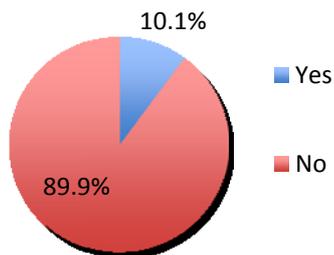
2. Is English your first language?



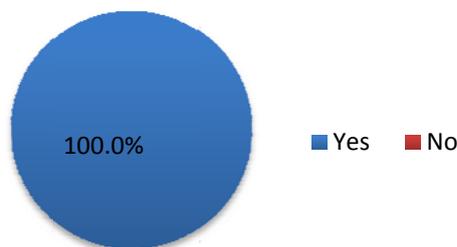
3 Please indicate the current length of your clinical placement within SWSLHD.



9. Was your clinical placement an elective?



10. Did you feel you were well supported by a dedicated MH-FAB facilitator/s?

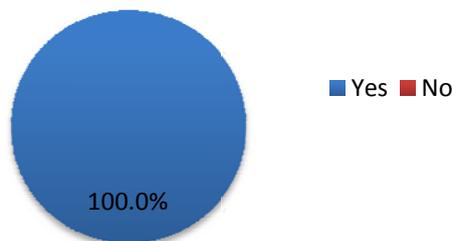


Additional written responses were:

- Very inspirational
- Excellent
- Very supportive and experienced
- Best facilitator support spends enough time with students
- The facilitator is really good
- Excellent best facilitators I have had
- Very supportive and confident in her role showed respect toward each student knowledgeable
- The MH-FAB facilitators are very nice and supportive
- Yes very good
- Facilitator very good and knowledgeable
- The support is really helpful make good examples so that we would get more idea about the documents
- Prince was the main reason this clinical was good great teacher
- Strongly supported
- Prince has been a great facilitator during the placement helping students to meet their outcomes

- The best facilitator I've had
- I felt very comfortable in asking questions and supported by CNS and NUM
- The program was well structured and I really gained from class time
- Supported and motivated to be knowledgeable as well like her!
- Always ready to help and support
- Excellent

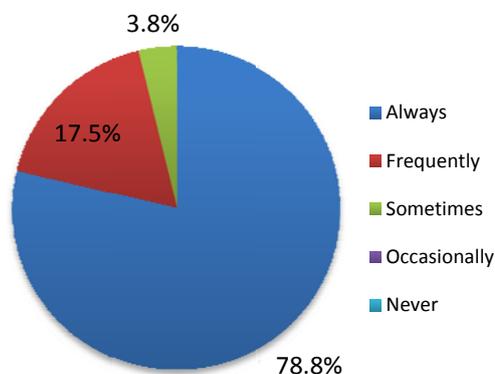
11. Did your MH-FAB facilitator assist you in meeting your clinical placement objectives as determined by your University's curriculum?



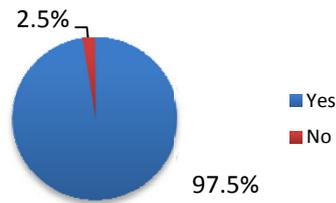
Additional written responses were:

- Very well
- Enough and more
- A lot of aspects were covered
- Fantastic support encouragement and education
- Yes Maggie spoke with us every day re our objectives
- Took her time to discuss one- on-one information relating to mental health focussing on the outcomes to meet on placement
- Very well
- They tried hard to accommodate us in meeting our objectives
- It was even exceeded above the required objectives set by uni.
- Regular meetings and support helped a lot

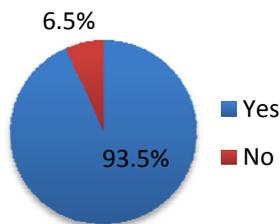
12. Did the rotations the MH-FAB facilitator organise for you, meet your learning needs?



13. Given your past student experience in mental health, did this placement complete your understanding of the mental service and the nurses role within this specialty?

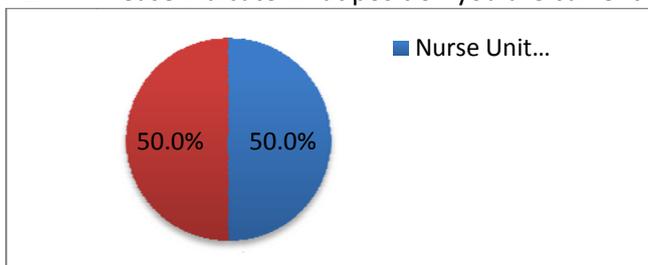


14. Considering your overall clinical experience within SWSLHD Mental Health facility, would you consider employment with us in the future?

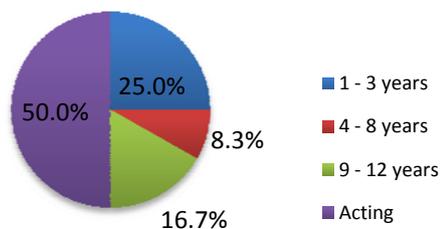


Activity 5: MH-FAB NUMS and CNCs Post Survey Results

1. Please indicate what position you are currently in?



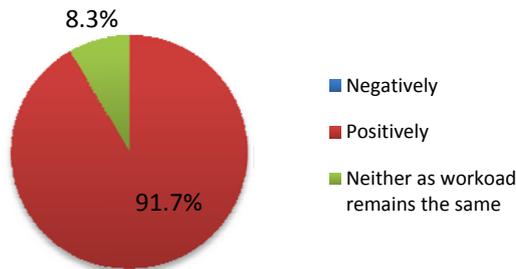
2. How long have you been the manager / clinical nurse consultant of the ward/service?



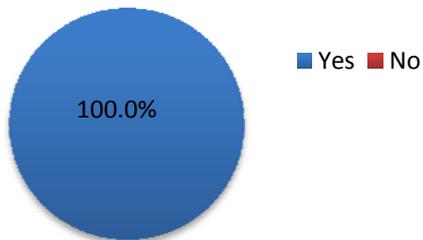
3. Do you believe the MH-FAB facilitators are providing the appropriate level of support to university students during their placement?



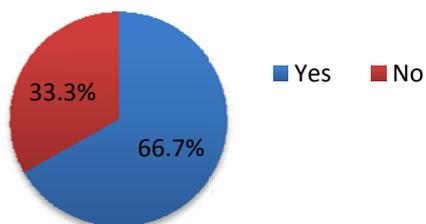
4. From your perspective, have the MH-FAB facilitators had a negative or positive impact on staffs' workload?



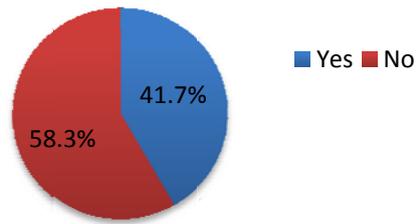
9. In your opinion, has communication improved between yourself, allocated preceptors and students regarding their clinical placement and learning objectives?



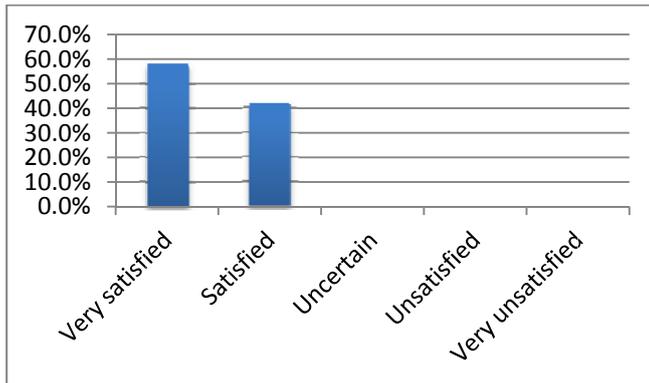
10. Has the introduction of the MH-FAB facilitation model caused you to review / reflect on your support of students?



11. Has your attitude changed toward students since the pilot of the MH-FAB model?



12. Please rate your overall level of satisfaction with the MH-FAB model:



Please describe the potential for growth in clinical placement/supervision capacity as a result of this project.

- Offering untapped capacity during the months of February – March allowed greater intake of student for clinical placement at Liverpool Mental Health but also allowed greater survey results.
- Normal ratio of 1 facilitator to 8 students was exceeded in this project which demonstrated for the first time that facilitation in mental health did not necessarily require a 1:8 ratio. This meant that utilising a potential core group MH FAB facilitators was possible.
- Student capacity in mental health was increased prior to this project as a part of a normal review process.
- Staff from clinical units that were not previously identified as a placement opportunity wanted to be involved in the project.
- Clinical Nurse Consultants are now offering to take students creating greater learning opportunities.
- The long term goal of this project is to create a culture of learning that is inclusive of nursing students. This change is already occurring as RN staff are now wanting to be involved in delivering education to students in their professional development time.

Was the project delivered on time?

The project report was delayed by a week however the aims of the project and the desired outcomes were achieved.

Did you achieve all the objectives outlined in the proposal? If not, why?

The objectives relating to quality were achieved and investigating the facilitation ratio appropriate for students undertaking a placement in mental health was an interesting and desirable achievement. The Business Case in the form of a presentation will be presented to the SWSLHD Executive in the near future. It is believed based on the costing it will be determined if the MH FAB Facilitation service will be endorsed.

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:

Activity	Result/Outcome
Meetings with key stake holders - December 2012, February 7 to mid-May 2013	<ul style="list-style-type: none"> • 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 FAB Project Manager • Appointed Mental Health Project Manager and initial meeting with Facility Appointed Bankstown Project Manager February 25, 2013
Purchase of equipment to support Project Manager position (eg laptop)	<ul style="list-style-type: none"> • Authorisation granted December 2012. • Equipment ordered and delivered
Discussions with Education Partners – December 2012 – ongoing 2013.	<ul style="list-style-type: none"> • Facilitation costs accepted • Offered vacant capacity to Education Providers to minimise major risk to SWSLHD - January 2013. • Focus group with Education Partners for clarification of their expectations of the Local Health District towards students and the university needs – May 17, 2013 <ul style="list-style-type: none"> ○ Preliminary results demonstrate ...

<p>Focus group with key stake holders within SWSLHD. February 27 to mid-May 2013</p>	<ul style="list-style-type: none"> • Focus groups conducted: • Registered Nurses <ul style="list-style-type: none"> ○ Preceptor role clarification ○ Improved communication between facilitator and preceptor on learning needs of students ○ Very supportive of MH-FAB facilitator model over previous model • Nurse Unit Managers and Clinical Nurse Consultant focus groups plus interviews with staff on Mental Health wards <ul style="list-style-type: none"> ○ Very supportive of MH-FAB facilitator model over previous model ○ Increased presence of facilitator on wards
<p>Strategy meetings between MH-FAB Facilitator, FAB Project Manager and Nurse Manager Clinical Placement Unit</p>	<ul style="list-style-type: none"> • Strategies to develop quality of program and risks identified • Final costing options for MH-FAB project explored • Supporting resources (student surveys, orientation manual and preceptor guides) finalised with MH-FAB facilitator guide remaining in draft format – waiting for additional resources from Education Providers
<p>Student survey analysis</p>	<ul style="list-style-type: none"> • Pre and post student clinical placement survey developed and implemented where preliminary results demonstrate: <ul style="list-style-type: none"> ○ Overall satisfaction in meeting their learning objectives ○ Increased enquiries for future employment in Mental Health nursing
<p>Nurse Unit Manager and MH-FAB facilitator surveys</p>	<ul style="list-style-type: none"> • Developed and implemented mid-May 2013
<p>MH-FAB facilitator and student placement roster</p>	<ul style="list-style-type: none"> • Implemented • NB student survey results demonstrate students have a better understanding of Mental Health Services making their placement more interesting • Rotating roster for MH-FAB facilitators to allow flexibility with staffing resources
<p>Established chain of communication with staff / student / preceptor / facilitator / education provider</p>	<ul style="list-style-type: none"> • Roles defined • Reporting structure defined • Invited education providers and refer to first activity listed in this report • NUMs and staff are aware of students capacity • Supporting resources (brochure and orientation manual) finalised

