This project was possible due to funding made available by Health Workforce Australia.

WESTMEAD HOSPITAL

ICTN: OPTIMAL MODEL OF CLINICAL PRACTICE

Finding the best model of facilitation for WSLHD | Forum Themes and Model Recommendations

Forum Themes and Models of Care

Project Name: **Optimal model of coordination and implementation of (**
WSLHD

Author(s):

Mr Luke Sloane, Senior Nurse Manager for Workforce (A) and Nursing Initiatives

Organisational Unit: Western Sydney Local Health District (Westmead)

Creation Date: 22nd May 2013

Last Updated:

Version: Final (22/05/2013)

Attachments

1. Objective Statement
2. Invitation (initial)
3. Terms of Reference
4. Costing for Invoice of Payment
5. 1st Forum Discussion themes.
6. Recommendations for Models of Facilitation
7. Project Plan
8. Attendance list

Revision History

Revised by:	Date:	Revision Control:	Revision Reason
Luke Sloane	15/02/2013	V1.0	NA

Program format

The program was designed to encourage a round table discussion between the identified key stakeholders, or a representation there of.
Post agreeing with the Western Sydney Local Health District (WSLHD) Education and training network about progressing the format of conducting a series of forums, the tentative project plan was written but had to be rebaslined due to delays in recruitment for the temporary position of project officer.

As the new project lead role defaulted back to Luke Sloane Senior Nurse Manager Workforce (project sponsor) the time frame had to be cut and the series of forums defaulted to two forums held in succession with firm terms of reference that would facilitate the innovation and recommendation of an optimal model of care.

(See terms of reference Attachment 1)

Background Information about the Project

Currently Westmead Hospital accepts students from a broad range of teaching and educational facilities including but not limited to Secondary High schools, TAFE NSW colleges, and universities.

The NSW Interdisciplinary Clinical Training Network (ICTN) in particular the Western ICTN, and Health Workforce Australia (HWA), recognizing the future needs of Australia's health work force will rise with a predicted short fall of more than 100,000 nurses within the next 12 years, made available local project funds for selected projects to support activities that would help to meet the challenges of the workforce and population demographics by 2025.

Consideration was given to implementing a non-sustainable 'stop-gap' measure to increase clinical placements and attempt to improve quality also. Several ideas were discussed between facility workforce managers, and the stakeholders from WSLHD Education and Research unit.

None of the short term possibilities were sustainable for the long term and there was no supporting evidence for other successful models aside from the short term success of a Cluster Facilitation model that was introduce at Nepean Hospital. This in itself had sustainability problems.

It was then proposed that we setup a project to look at what may be the best model for Westmead Hospital with a view to do so collaboratively with the stakeholders from both within the facility and also from the education providers and students.

Were Organizational Goals Met?

.Two forums were held. Which invited key stakeholders form both our partner universities but also to clinical staff, clinical support and education staff, our educational partners from TAFE NSW, and some students and ICTN representatives.

The First Forum was aimed at collating information pertaining to barriers, facilitators, and current restrictions around clinical. The discussion was lead in the direction that would confront the issues of 'burden of supervision', Current facilitation limitations, what makes a good clinical placement, what makes a good facilitator, facilitator requisites, What are we currently doing at Westmead?, How can we best increase clinical placement numbers, and other key topics outlined in the terms of reference. (A*ttachment 3*)

At the end of the first forum with the identified key facilitators and barriers to increasing quality and quantity of clinical places, the group focused on brainstorming based on knowledge already known, three new or modified methods of facilitation that would contribute to the goal of the project. These models are outlined as skeleton frame works and would need much more time for in depth planning for implementation (*Attachment 6*).

All three models of clinical facilitation suggested by the group, were sustainable or cost neutral, and formed strong partnerships between the Health facility and the Educational facilities. All stakeholders agreed that further planning would have to take place to ensure the model or models implemented, have support and governance, and funding to be successful and to benefit all interested parties.

The only Stakeholder group that was not represented, but would be integral to planning and evaluation would be the consumer, patient family and carer group, which due to rebaselining we were not able to engage at this stage.

Organizational goals were met, and with further development would result in implementation of the preferred model.

Were Organizational Objectives Met?

The models outlined and the participation in the forums was a representation of the collaboration that is present and would grow with this type of engagement of stakeholders in the future. That being said this was an easy way to strengthen relationships that underpin future recruitment strategy, by engaging not only the partner universities for the program but also TAFE NSW, as our recruitment strategy is far from being limited to registered nurses and midwives.

All stakeholders agreed that the identified models of possible clinical supervision would improve both quality and quantity of clinical placement, but until evaluated could only be assumed. The same could be said for the increase in highly skilled nurses.

The standardization of high skill nursing education programs, was touched on during conversations, and stakeholders agreed that if the model of clinical facilitation had a strong base or 'clinical home' this would contribute greatly to the standardization of the education program, and the collaboration between partner educational facilities would in time also lend itself to collaborative planning and delivery of agreed credentialing and educational requirements, that would ultimately contribute to not only registration but also increased competency from an early stage of registration.

Were Project Goals and Objectives Met?

"To identify an optimal model of clinical facilitation at Westmead Hospital that would increased both quantity and quality of clinical placements:"

Yes the stakeholder group was able to identify 3 alternative optimal models of clinical facilitation outlined in attachment 6.

Constraints

Constraints around project completion were re-baselined due to the delay in recruitment to project officer position. As a mitigating strategy the project lead role was undertaken by the SNM workforce, and support was provided from the Nursing Clinical resource unit, this reduced the length of planning but the project was able to run to target. With this final report being submitted by the end of may 2013.

Key Milestones and Deliverables delivered?

The key milestones and deliverables were all successful for this project. The scope which limited only to the provision of collaborative recommendation was successful. Solution prioritization occurred, with the three recommended models decided on, and this report finalizes the reporting for Western ICTN and WSLHD Research and Education Network, and the Nursing and Midwifery Service Westmead.

Financial Management

Based on the tentative agreed funding with Western ICTN and HWA, the allocation of resources was enveloped into the facility cost centre for the project lead and administrative staff support, with invoicing to be completed as per attachment 4

Progressing to Pilot

As outlined in the project plan the recommendations for model of clinical facilitation will now be presented to the governance group in order to proceed with the possibility of a pilot implementation in an agreed Nursing unit in Westmead Hospital, with the provision for planning and a view to make the model scalable.

DOCUMENT APPROVALS

This signature page is to indicate approval for the Project Final Report. All parties have reviewed the attached documents and agree with contents.

Luke Sloane	
Project Lead, Senior Nurse Manager Workforce (A), Nursing Initiatives	Date
Robyn Campbell	
Executive Sponsor, Director Nursing and Midwifery Westmead Hospital (A)	Date
Dr Roslyn Crampton	
Executive Sponsor, Director Research and Education Network (A)	Date

This project was possible due to funding made available by Health Workforce Australia.

WESTMEAD HOSPITAL

ICTN: OPTIMAL MODEL OF CLINICAL PRACTICE

Finding the best model of facilitation for WSLHD | Project Management Plan

Project Management Plan

Project Name: **Optimal model of coordination and implementation of**
WSLHD

Author(s):

Mr Luke Sloane, Senior Nurse Manager for Workforce (A) and Nursing Initiatives

Organisational Unit: Western Sydney Local Health District (Westmead)

Creation Date: 12th November 2012

Last Updated:

Version: Final (12/11/2012)

Table of Contents

Attachments
Objective Statement
Costings for Invoice of Payment
1st Forum Discussion themes.
Recommendations for Models of Facilitation

Revision History

Revised by:	Date:	Revision Control:	Revision Reason
Luke Sloane	15/02/2013	V1.1	Clarification of Project roles and Sponsorship, Project lead no longer being employed as temp, admin officer utilised from Nursing clinical resource unit.

1. INTRODUCTION

Purpose of the Plan

The purpose of this plan is to define the implementation of a simple project to facilitate a collaborative approach to defining what would be the optimal model of facilitation for Westmead Hospital, that would both increase quality and quantity of clinical placements.

Whilst the project aims to identify the 'optimal model' it also project aims to reinforce the collaborative relationship between Westmead Hospital, Western Sydney Local Health District (WSLHD) and chosen partner educational facilities, including, University of Western Sydney, University of Sydney, and TAFE NSW (Wetherill Park Campus)

Background Information about the Project

Currently Westmead Hospital accepts students from a broad range of teaching and educational facilities including but not limited to Secondary High schools, TAFE NSW colleges, and universities.

The NSW Interdisciplinary Clinical Training Network (ICTN) in particular the Western ICTN, and Health Workforce Australia (HWA), recognizing the future needs of Australia's health work force will rise with a predicted short fall of more than 100,000 nurses within the next 12 years, made available local project funds for selected projects to support activities that would help to meet the challenges of the workforce and population demographics by 2025.

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None of the short term possibilities were sustainable for the long term and there was no supporting evidence for other successful models aside from the short term success of a Cluster Facilitation model that was introduce at Nepean Hospital. This in itself had sustainability problems.

It was then proposed that we setup a project to look at what may be the best model for Westmead Hospital with a view to do so collaboratively with the stakeholders from both within the facility and also from the education providers and students.

2. GOALS AND OBJECTIVES

Organisational Goals

- Setup regular Identify regular forums with all stakeholders across all participating facilities and universities
- Identify models of clinical placement and Facilitation for Nursing at Westmead Hospital with a view to extend models and practice across the Local Health district where possibly.
- Identify the optimal model using current and also possibly sustainable resources.
- Identify training required for supervision delivery for existing model vs possible model.
- Form a strong sustainable collaborative steering group that acts as a advisory body for innovation and improvement of both quality and quantity of clinical placements.
- Possible standardization of clinical practicum and credentialing requirements by forming the stakeholder steering group collaboration.

Organisational Objectives

- Investment in Nursing Recruitment Strategy
- Improve Nursing and Midwifery Clinical supervision
- Improve and maintain the development and investment in a highly skilled Nursing workforce.
- Increased the profile of Clinical facilitation at Westmead Hospital. Attracting higher quality of Nursing and midwifery undergraduates to the facility
- Standardisation of High Skill Nursing Education Programs, and facilitation of those based at educational facilities.
- Lead state and global health and Nursing initiatives, and promote a high level of workforce planning and support for Nursing and Midwifery Education and a ‘grow your own’ philosophy.

Project Goals and Objectives

- To identify an optimal model of clinical facilitation at Westmead Hospital that would increased both quantity and quality of clinical placements.

The objectives of this agreement are:

- The establishment of a facility governance team to over see the project with a view to increased quality and quantity of clinical placements.

- Identification of one or more models alternative to the existing arrangements that could possibly be implemented even as a pilot.
- Identification of one or more models that could be feasibly rolled out to all facilities in WSLHD.
- Improve quality and support framework for clinical students through an optimum model of clinical facilitation.
- Form strong partnerships with educational partners for the sustainable collaborative future of our workforce.

Evaluation / Measurable Benefits

- Identify through consultation 3 possible models of clinical facilitation
- Validation of information collected.
- Stakeholders attend forum
- Ability to apply one or more of the models as a trial within the facility.

3. SCOPING THE PROJECT

Scope Definition

The scope of this program will be focused on the development of a sustainable, supported, and educational, support frame work for clinical supervision within the facility. This will include collaborative approaches with all education providers, and meetings in the form of two forums to establish and innovate a possible future direction for clinical supervision.

In/Out of Scope

In addition to the items that are in scope, note the items that are specifically excluded from the project scope.

In	Out
• Formation of governance group for overseeing clinical facilitation model planning • Organisation of collaborative forums between facility leads and educational facilities including clinical staff stakeholders and where possibly students or participants and consumers • Nursing	• Implementation of the successful model • Midwifery undergraduates/postgraduates (although stakehoders from this field will be engaged for consultation. • Final design of the optimal model • Co opting of universities or

undergraduates/postgraduates, workexperience, TVET/VET students • Innovation and collaborative initial design of skeleton frame work for optimal models • Presentation of Optimal models for all stakeholders for feedback.	educational facilities to take part in trial.

Project Completion Criteria

Assumptions

- Project and recommendations developed from the program will be supported by the Director of Nursing and Midwifery.
- Project and recommendations developed from the program will be supported by the Director of Education and Research.
- Both Forums will be well attended by invited stakeholders representing a significant cross section of involved participants.
- Recommendations will form the basis of the next project which would include the final design and trial of the 'optimal model'
- Stakeholders will form a future continued partnership with relation to further discussion around development of the optimal model.

Constraints

- Time wise the project must run to completion including final report in less than 10 weeks due to recruitment of temp positions being delayed and funding requirements.

Key Project Dependencies

- Funding approval from Western ICTN at each stage of the project.
- Continued sponsorship from the Director of Nursing and Midwifery and the Director of Research and Education WSLHD.
- Stakeholder participation and feedback.
- Availability of project lead when competing demands from portfolios arise.

Major Deliverables

Deliverable	Description	Acceptance Criteria / Responsibility	Estimated Date
2 Discussion Forums	2 forums that facilitate stakeholder input and planning for an optimal model that will increase quality and quanity of clinical placement		
3 new models of clinical facilitation to consider	The group will devise a possible 3 new models of clinical facilitation that will increase quality and quantity of clinical placements at Westmead.	Executive sponsors and Senior Nurse Manager.	May 2013
Improved relationship with Partner universities and TAFE NSW Colleges.	The partner education facilities will be able to be engaged for consultation beyond the completion of this project to collaboratively plan for work force development and training into the future.	Project Lead, Senior Nurse Manager Workforce, Executive Sponsors, Stakeholders.	May 2013
Increased numbers of clinical placements	With the implementation and successful trial of one or all of the clinical facilitation models, increased numbers of clinical placements will be made available at Westmead Hospital for Nursing Students.	All Stakeholders, Project lead, senior nurse manger for Workforce, Executive sponsors.	Post May 2013

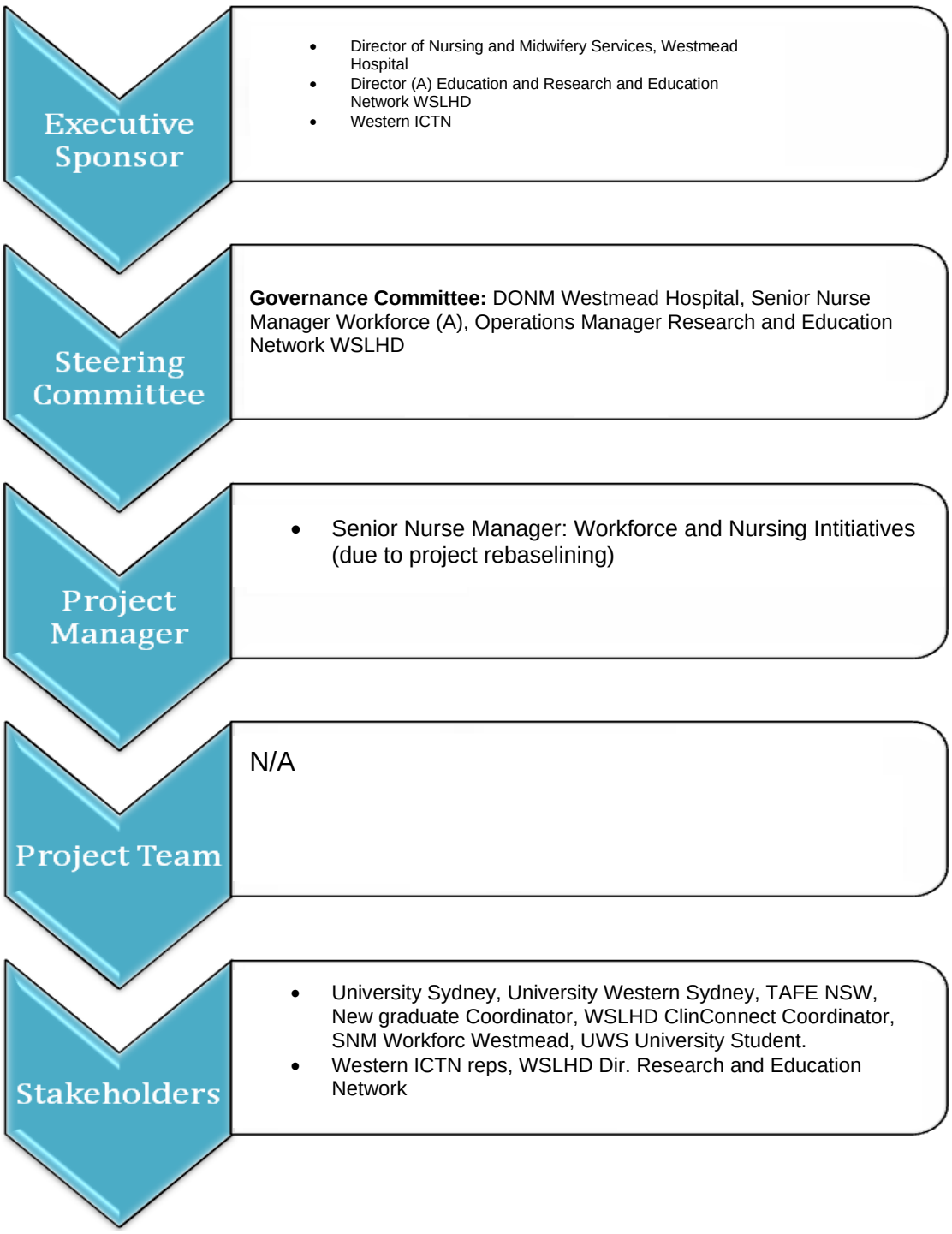
Increased Quality of clinical placements.	With the implementation and successful trial of one or all of the clinical facilitation models, increased quality of clinical placements will be measured through evaluation it is assumed at a higher level of satisfaction by participants, at Westmead Hospital for Nursing Students.	Project lead, Stakeholders, Ongoing governance group, executive sponsors.	Post May 2013.
Knowledge Sharing	Feedback and Evaluation data, transparent and open for all stakeholders to access.	Produced by project team as ongoing feedback and evaluation tools	May 2013

4. GOVERNANCE & REPORTING

Roles & Responsibilities

Roles	Responsibilities
Project Sponsors	Actively promote and endorse the project. Act as a mentor. Be available for regular communication, as negotiated. Provide assistance with issues affecting the project. Assist with trouble shooting and risk mitigation.
Project Manager	To engage with the Project Sponsors, continue to engage and maintain project commitment and focus with stakeholders and governance group. To Keep open lines of communication with stakeholders and to the Project Sponsor. Be available and transparent with all aspects of the project.
Others	*Stakeholders/ Advisory groups* – provide information regarding processes, and requirements for each group/ speciality. Provide feedback for evaluation of programs. Communicate regularly and openly about program content and structure. Inform and engage where needed stakeholders involved with providing clinical expertise in relation to operational procedures *Patients/ Carers* – Where able provide information regarding their hospital experience high lighting positive and negative experiences.

Governance Chart



5. PROJECT ROLES AND RESPONSIBILITIES

Roles & Responsibilities

Project Team Member	Role	Responsibility	Availability
Luke Sloane: Senior Nurse Manager Workforce (A)	Project Lead/reinforcing sponsor	Identify, troubleshoot and mitigate risks/ issues as they arise. Conduct/organise patient/ carer & staff interviews, for ongoing patient focused feedback. Maintaining clear lines of communication with Executive Sponsor and Governance Committee as well as maintaining a level of commitment from all parties	100% of role and added portfolio.
Jennifer Reynolds	Project Administrator	Administrative Support in lieu of temp position.	100% of Role and added duties.

6. PROJECT DELIVERABLES, SCHEDULING & MILESTONES

Key Milestones

- Agreed goals, objective and project scope signed off
- Project Plan presentation for Senior Nurse Managers
- Agreed prioritisation of issues and identifying key problems
- Solution presentation for Key Stakeholders
- Agreed and finalised report for Western Sydney ICTN and WSLHD research and Education Network/ DONM Westmead
- Negotiation of possible pilot program within the facility.

7. FINANCIAL MANAGEMENT – COSTS AND BENEFITS

Currently the cost of designing, implementing and sustaining this project will be absorbed into the current cost of the Nursing Clinical Resource Unit with Salaries and Wages being paid from funding approved from ICTN and HWA. The ongoing cost benefit will be achieved from the

successful facilitation and future recruitment of high quality nurses and midwives from a variety of different education providers.

8. RISK & ISSUES MANAGEMENT

Risk Title/ Description	Potential Causes	Potential Impact of Plan	Likelihood	Impact	Risk Rating
Stakeholder engagement	No buy in, lack of sponsorship	Project isn't implemented to full potential, outcomes aren't achieved	High possibility	low	High
Communication is not adequate and appropriate for stakeholders	Lack of consultation with stakeholders	Disruptions to reporting, feedback and conveyance of important information to stakeholders	low	high	Moderate
Nil agreement on possible facilitation models for facility implementation	Lack of consulation. Poor facilitation of discussion	Nil final recommendation report to be developed.	Low	High	Moderate

9. STAKEHOLDER MANAGEMENT & COMMUNICATIONS PLAN

Communication Type	Objective of Communication	Medium	Frequency	Audience/Target	Owner	Deliverable
Email invite and terms of reference	Introduce project and include objectives and	• Email	twice	• Project Sponsor • Stakeholders	Project Lead	• TOR • Project theme • Invitation

	facilitation of discussion approach					
Progress Status Reports	Report on project status – activities, progress	• Email • In Person	Bi Monthly/When needed	• Reinforcing Sponsor • Governance Group • Western ICTN	Project Lead	• Progress Report • Final Report

10. DOCUMENT APPROVALS

This signature page is to indicate approval for the Project Definition Document. All parties have reviewed the attached document and agree with its contents.

Luke Sloane	
Project Lead, Senior Nurse Manager Workforce (A), Nursing Initiatives	Date
Robyn Campbell	
Executive Sponsor, Director Nursing and Midwifery Westmead Hospital (A)	Date
Dr Ros Crampton	
Executive Sponsor, Director Research and Education Network (A)	Date

Attendance List

Stakeholder Ref	Name	6th May 2013	13th May 2013
Westmead Hospital	Luke Sloane	y	y
CNE Emergency	Joann Croxson	y	y
NE TTP coordinator	Rosemary Luczak	y	y
UWS Partner	Christine Taylor	Delegate	n
U SYD Partner	Dr Jennifer Hardy	(a)	y
CNE Cardiovascular	Naomi Van Steel	y	y
NUM CT Stepdown	Danielle Levis	y	y
Clinconnect Project Lead WSLHD	Christine Hockely	(a)	(a)
Dir (A) Research and Education Network	Dr Ros Crampton	y	n
Western ICTN Coordinator	Michelle Frawley	y	n
ICTN WSLHD Project officer	Alice Lance	y	n
TAFE NSW (Wethrerill Park Campus)	Denise Coulson	y	y
TAFE NSW (Wethrerill Park Campus)	Maria	y	n
TVET Student OLMC	Emily Motee	y	n

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Costing for Invoice of Payment

Item	Unit (hrs)	resource	Base cost	Total Plus On
SNM Workforce (project lead)	608	85%	$58.83	$40,737.93
Admin officer	608	85%	$24.54	$16,995.70
Stakeholders from facility				
CNE Emergency	4	100%	$41.59	$222.91
CNE Cardiovascular Service	4	100%	$41.59	$222.91
Nursing Unit Manager D3c	4	100%	$50.47	$270.52
CNC Emergency	4	20%	$50.99	$54.67
NG Coordinators NE	4	100%	$50.99	$273.33
Catering				
Catering for Forums x 2	NA	100	$137.00	$274.00
			Total	$59,051.97

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Collaborative planning: *Our Three Alternative Optimal Models*

Model	*Outline*	*Pros*	*Cons*	*Needs to make happen*
Collaborative Model #1	• *1:1 unit based preceptorship (doubles as the facilitator for learning.* • *University facilitator could be one person for entire hospital with no max limit of students.* • *Co facilitation – one for any number of students, RN buddy for each student, preceptor model.* • *Education facilitator staff member, liaising with facilitator from university.* • *Negotiable ratio with only a minimum total numbers 1:8 for cost of facilitator.* • *Per placement brief from Uni to Facilitator.* • *Person management, i.e. difficult students, increased training for RNs to supervise etc.*	• *Numbers only limited to by senior staff or trained staff (preceptors).* • *Reliance on facilitator reduces over course of the years studied* • *Modelling Nursing Preceptorship* • *RN/CNS get professionally developed to participate* • *Identification of gaps in clinical currency for CNS to participate.* • *ICTN funding follows students, if increased then funding increased.* • *Increased Placement numbers.* • *Unit based preceptors, have the skill set to facilitate from the aspect of the speciality.*	• *Assessment measure limit. Assessment model will change and or not be used.* • *1st year students need more support.* • *Collaboration ratio limit? minimum* • *No Penalty rates for Facilitators, for night shift happy to be on call. Sign off the night before or next day.* • *TAFE students have to have CERT IV sign off (can be mitigated by overall facilitator collaborator signing off).* • *Consistency in assessment and training efficacy fro unit based facilitators.*	• *Training for Staff willing to participate.* • *Phase in for final year students* • *Negotiation hosted training for Universities.* • *Possibly pilot in critical care areas for final students.* • *Pilot negotiation, including training.* • *Workshop run in LHD for competency assessment* • *Plan in place for ongoing update program.* • *Agreement between facility and each university around requirements for assessment, considering credentialing not consistent.* • *Framework for ongoing support to ensure that any issues that arise for students and staff preceptors, they have support network and 'go to person'.* • *(NSW Health Training super guide for Nursing coming from MoH)* • *Discussion and agreeance on skills and training of a facilitator.* • *(do mental health placements facilitators have to have the*

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				mental health • *Model of 'Clinical Homes'*
Model #2 Hospital Based facilitation team Could Be alternatively set up as Cluster	• *Specific group of Nurses, trained in facilitation stand alone for Facility.* • *Will be specific for facility no university facilitators in facility.* • *Student would still be 'buddied', but facilitators would overseas and liaise with university, they would be responsible* • *Strong communication and support between training facility and clinical facility.* • *Use numbers from class size limitation, so 1:30 students.* • *Training for facilitators* • *University facilitator liaison working as a contact point across Western Sydney LHD* •	• *Gives staff ownership and accountability for credentialing.* • *Facility governs learning and clinical teaching.* • *Facilitate staff on ward as well.* • *Enabling and fostering relationship between uni, staff on unit, student, and Unit.* • *Increased organisational knowledge imparting of that knowledge.* • *Increase patient and staff safety to have the facilitators*	• *Funding model would have to be split between university and facility. (Assumed)* • *Time constraint around larger ratios – due to turn around time of education reports.* • *Split between large placement numbers from differing university.* • *Initial funding.* • *Staffing and relief if facilitators of leave. (leave provision).*	• *Employ facilitators* • *Link each one with specific universities.* • *High level of Support for kick off.* • *Funding model developed.* • *Recruitment* • *Training* • *'Model of Clinical Homes'*
Model #3 Collaborative model Between university and TAFE	• *Facilitators provided by TAFE and Uni collaboratively.* • *Pooled for all tertiary facilitators, that are available on any day* • *Hospital Liaison as is now.* • *All education providers discuss and liaise as to how many facilitators.* • *Multi facility facilitator Office or home based in office.*	• *Cost incurred by education facilities.* • *Still relies on supervision increase in skill for supervising RNs on unit.* • *Less competing factors for access to facilities. Due to some placements being elective and small numbers and some being mandatory and larges numbers easier to*	• *Nil pressure for culture change at Hospital facility.* • *Training for supervision improvement still lies unfunded with the facility.* • *Nil carrot for Hospital* • *Nil owner ship of clinical skill building.*	• *Culture change around supervision and enthusiasm* • *Model of 'Clinical Homes'* • *Office space and pool of facilitators elected by Educations providers.*

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		move placements around. • *Consistent pool of facilitators will become better known to the facility. A professional and personal relationship.* • *Established university home in facility.*		

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Health
Western Sydney
Local Health District

Optimal Model of Coordination and Implementation of Clinical Placements in WSLHD

As an identified partner integral to planning for our future health workforce, we cordially invite you to join us for two forums, to work together in the most collaborative way possible to discuss and conduct initial planning for implementation of the optimal model for clinical placements at our facility. Initially the focus will be on Nursing.

Westmead Hospital are striving to identify the optimum strategy for the best possible clinical placements for the future of our health workforce, with the optimum number of places available and the best possible quality placements for our students.

Working with you as stakeholders, Westmead Hospital, for Western Sydney Local Health District wants to innovate and collaborate on planning for the best possible way to do this.

Your attendance at the two forums would be appreciated.

If you are unable to attend please send a delegate. Student participation from partner universities is welcomed, but limited to 4 students per faculty.

Luke Sloane
SNM Workforce (A), Project lead
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Forum #1 – 6th May 2013

'Where are we now? And into the looking glass'
Lecture theatre 4, Level 2, Westmead Education and Conference Centre, Westmead Hospital

Forum #2 – 13th May 2013

'Consolidation of ideas and planning discussion'
Post Graduate Medical Education Centre Level 3
Westmead Education and Conference Centre

Both forums will run from 1330hrs – 1600hrs
Afternoon tea will be provided
RSVP to Luke Sloane by 26th April

Dear Participants,

In preparation for next weeks discussion forum, I though it would be beneficial to set some terms of reference to facilitate ideas for discussion prior to attending.

Purpose
To explore collaboratively the claims, concerns and issues for achieving the optimal model of clinical supervision and increased quality and quantity of clinical placement at Westmead hospital, with key stakeholders working within or effected by current models.

Background
When asked to rapidly implement a model of clinical facilitation that both increased quality and quantity several questions were generated surrounding the following topics;

- What model do we currently use?
- Is it the best model for Westmead?
- Is our current number of placements optimal?
- If we were to increase clinical placement numbers what would be the best way to do that?
- What does the best support for clinical placements look like?
- How many students can a facilitator adequately support?
- Where should a facilitator be based?, with the facility or which the teaching faculty?
- What other models have been trialled?
- What are barriers to viability/sustainability?
- What do the students want/need?
- What are some other ideas for optimal clinical facilitation?
- What do the Patients, Families and Carers feel is important to facilitation?
- 'The burden of preceptor-ship' by clinical staff, is this an issue?
- What does our future need look like?
- Does this incorporate into a 'grow your own workforce' philosophy?

Method
The forums will be presented in a round table group discussion method, facilitated by myself as the project lead. All participants will be given a chance to convey current climate, future innovation ideas and barriers or possibly solutions to increasing quality and quantity of clinical placements.
All participants are invited to contribute as much as possibly and at times as robustly as possibly for this forum to be a success; we will all need to bring ideas, corporate and personal knowledge to be able to drive conversation as well.
This information will then be compiled and validated at the following forum and discussed to develop recommendations.

Any further questions please do not hesitate to call or email, see you at the forum!

Regards,

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Consolidation and Planning Collaboratively

Sorry for the late reply regarding consolidation of ideas and discussion from last week. There was great feed back and I think robust discussion around current barriers to increasing numbers, in the current model of facilitation.

Currently we are working from an internal facilitation model as agreed with the Universities. Mean that the facilitation is supplied from the school and current supports 8 students per placement which is a historical agreement.

Other models available are - external (the hospital provides the facilitator) or preceptored with the Nursing unit.

Main barriers
- The 'burden of supervision'. From discussion, stems from unit based nurses not having the education and or skill set to seamlessly integrate mentoring and preceptorship into their role. Thus the students are seemed as burdensome, and the facilitation from a unit perspective and from the facilitator liaison perspective defaults back to the Clinical Nurse Educator and sometimes the Nursing Unit Manager.
- Cost of facilitators. If the number of students lower or slightly higher than the SPA allows, - i.e. 13 students needing facilitation for clinical placement then the price of facilitator employment is not efficient. We cannot expect 1 and a half facilitators. And currently negotiations don't take place to meet in the middle to arrange funding arrangements or alternative plans for student support.
- Staff from units at present cannot be released from their role to work solely as a facilitator
- Training for facilitators varies, and the expectation of experience does as well. This impacts on expectation of level of facilitation, and when it crosses the line into educational support.
- Due to CNE engagement during clinical placement the clinical nurse educator now has focused on teaching undergraduates not teaching RNs/EN/AIN to support and supervise the undergraduates. Up skilling staff, not teaching students.
- There is no greeting to the unit from a student and or a facilitator perspective. No expectation from the unit are outlined to the student.
- There is no 'carrot' for the RN to envelope this role onto the clinical care delivery role, even though it is an expectation of registration.
-The impact of 'change fatigue' (this adds to the burden of clinical supervision)
- Non enthusiastic Student Nurse

What we are doing well
Communicating (not standardised across all education providers)
- With Universities, and TAFEs
- With facilitators, and their supervisors.
- With some students regarding the possible expectations of a cardiology placement and involvement with the team (this is an isolated case)

Scheduling Placements
Integrating Clinconnect.
Identifying under performing students, and escalating appropriately to ensure support/counselling is followed up.
We have good knowledge of Education provision and goals i.e. HSC requirements, but could extend with expectation clarification from tertiary education providers.
Good at 'budding' up students and clinical nurses.
Pockets of very enthusiastic staff that want to contribute to the students' career development from facility
Feeding back to Education Provider

What we are doing that isn't so good
Not recognising the students previous/accumulated knowledge
Facilitators not always present or contactable or no contact details are made available.
Facilitators do not have enough time for each student

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We are focusing on the number of students not the educational value of the placement for the learner.
Communicating who is coming to which unit and specifically who is their facilitator.
Poor direct relationship with Universities with specific reference to Clinical placements.
Making students feel valued.
Lack of enthusiasm towards facilitators and students.

What does a good facilitator look like? (Either 1:1 nursing buddy, or satellite facilitator)
Exhibits modelling behaviour
Optimally the 1:1 nursing 'buddy'
If managing multiple students able to manage time face to face evenly and effectively to ensure learning out come attended or communications with supervising nurse efficient.
If managing multiple students, see each student at least once a day.

Needs for the Future
Development of a tool that can determine how many nurses can be assigned to a specific unit, based on staff skill mix and bed base.

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