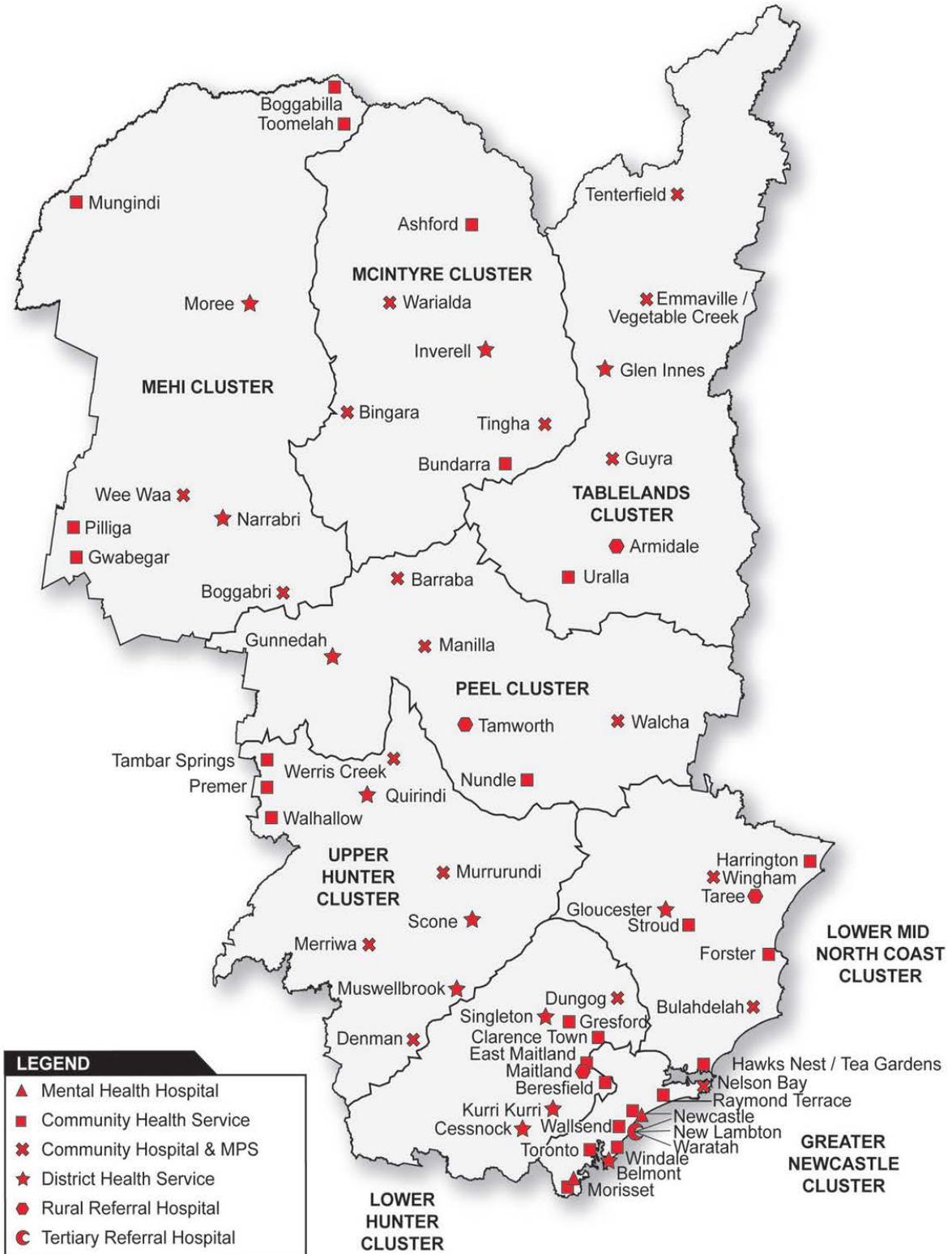




MAP OF HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT.



Consent for site participation

Effectiveness of on-line self-directed learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people.

Dear

I am writing to you to inform you of a research project that I am undertaking and to seek your approval for your facility to become a research site and nurses working at your facility to be invited to be research participants.

The research project: *Effect of on-line learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people: a randomised control trial*, is being conducted by myself (Kim Riley, Area Clinical Nurse Consultant Enablement with the Aged Care and Rehabilitation Services Clinical Network (ACARS)) and has been designed to be undertaken at Multi-Purpose Services, Community and District Hospitals in the Hunter New England Local Health District. The research is funded by the NSW Health Education and Training Institute, Rural Directorate, Rural Research and Capacity Building Program (HETI RRCBP). I will be the principle and only researcher involved in the collection of research data.

Purpose of the research

The purpose of the research project is to evaluate the effectiveness of on-line learning modules related to the prevention of functional decline in older hospitalised people and also to gain a better understanding of nurses' satisfaction (or dissatisfaction) with the use of on-line learning.

While there is evidence to show that on-line delivery is a valuable addition to the methods used to provide education to clinicians, there is limited research showing the effects of on-line learning in changing nurses knowledge or practice. This is especially so of the modules developed around the prevention of functional decline in older hospitalised people.

Research design

My research uses a randomised control (RCT) design. In order to compare 'like with like', research sites will be stratified into two groups: MPS/Community Hospitals and District Hospitals. Stratification will increase the surety that the research sites and the nursing staff who agree to participate, are representative. A RCT design will allow for better correlation between completing the on-line learning modules and a change in nurses practice.

Agreement to participate as a research site will mean the following for your site:

- Inclusion in the list of facilities able to be stratified
- Randomisation to either the control or intervention arm
- Contact with nurses working at your facility (either FTE, PPT or casual) to invite them to participate in the research
- Possible audit of medical records at your facility to determine if there is a change in nurses practice and outcomes for older people over the research period
- Report on outcomes around the prevention of functional decline in older hospitalised people for your site
- A copy of the final report.

Once the total number of facilities (whose managers have consented to being research sites) is known, sites within each strata will be randomly assigned to either the control or intervention arm by a process (stratified blocking process) that will ensure that relatively equal numbers of facilities are assigned to each arm in each strata. I have attached a copy of the flow diagram outlining the stratification and randomisation of sites and staff for your information.

If your site is randomised to the control arm, nurses at your facility (who agree to participate) will be asked to:

- Log onto the ACARS Network Portal and
 - Undertake the Pre Knowledge quiz (10 randomly picked questions out of a bank of 18)
 - Complete the Post Knowledge quiz (as above) and
 - Complete the Participant survey.

If your site is randomised to the intervention arm, nurses at your facility (who agree to participate) will be asked to:

- Log onto the ACARS Network Portal and
 - Undertake the Pre Knowledge quiz (10 randomly picked questions out of a bank of 18)
 - Complete each of the *Principles of Enablement Nursing* e-learning modules
 - Complete the Post Knowledge quiz (as above) and
 - Complete the Participant survey.

The research will also include an audit of medical records at two time points at 2 facilities in each strata in the control and intervention arms. The first audit will be of eligible medical records (people over 70, admitted for greater than two nights) in the month prior to nurses undertaking the pre-knowledge quiz. The same audit will be repeated three months later, after nurses have had time to complete the post knowledge quiz. The MRN of the medical records audited will be recorded during the audit process. Audit results will be de-identified prior to analysis so there will be no way for the identity of those patients whose medical records were audited to be known to anyone other than myself.

Protection of privacy

The privacy and anonymity of nurses at your facility who agree to participate is assured. As principle researcher, I will be the only person accessing the results of the on-line quizzes and responses to the participant survey. Prior to analysis of data, names will be replaced with a number. Any identifiers (including numbers) will be removed prior to analysis and preparation of the final report. Information which does identify participants will not be disclosed during or after the research.

The following further outlines how the privacy of nurses working at your site will be protected in relation to the different aspects of the research they will be asked to complete.

- Knowledge quizzes – name and score out of ten for both quizzes is stored in the Mylink program on the HNE LHD intranet. Access to the data is password protected. The password is known only to me and is not recorded anywhere.
- Participant survey – responses to the survey are anonymous. No identifiable data is recorded as part of the survey. The survey does ask for some details in regard to place of work (MPS, Community or District Hospital), age, etc; but there will be no way for an individual's identity to be determined as a result of answers to the survey questions. Access to the survey results is password protected. The password is known only to me and is not recorded anywhere.

If your site is randomised to the control arm, nurses at your site will not be required to complete the series of modules aimed at raising awareness of nursing led strategies that can prevent functional decline in older hospitalised people during the research period. This does not exclude them from being able to access the modules prior to, or after, the research period. All participants will have access to all other content on the ACARS Network Portal.

What is involved?

If you do agree to participate as a research site, the only thing that I would ask you to do is email the participant information letter to nurses who work at your facility. I am aware that not all nurses have an email address, so it would be appreciated if you could make copies of the participant information letter available to nurses at ward meetings, on noticeboards, or in nurse's tea rooms. I have attached a copy of the participant information sheet for distribution among your nursing staff.

Participation by your facility as a research site is entirely your choice. Whether or not you decide to participate will not disadvantage you or your facility in any way and will not limit you or your staff's access to information that is contained on the ACARS Network Portal now or in the future. There are no risks to your facility or your staff should you choose to participate or not participate.

If you decide to participate, you may withdraw your facility from the project at any time without giving a reason by simply contacting me. If staff at your facility complete either of the knowledge quizzes which are part of the research, their data will still be used in the final analysis. If your staff complete the participant survey prior to withdrawal, their survey responses will still be used. If the initial audit of medical records has been conducted, the results will be used in the final analysis but no further medical record audits will be attended.

Reports printed from the Mylink program relating to quiz results and survey answers will be stored in a locked drawer in a locked office in the Administration wing of Scone District Hospital when not in use. I will have the only key to the locked drawer and the office is locked when not in use (after hours and weekends). The reports are required to be kept for a period of five years. After that time, they will be destroyed by shredding and disposed of in the red classified waste bin.

The study results will be submitted in a research report to the NSW Health Education and Training Institute Rural Research Capacity Building Program, the Manager of the ACARS Clinical Network, presented at a rural health conference and/or submitted for publication to a peer-reviewed journal. In any publication information will be presented in such a way that facilities or clinicians cannot be identified. A summary of results will be sent to Managers at each of the sites which participated in the research.

Consent for site participation

A consent form is attached, If you would kindly complete and return to me. Your agreement to participate or not participate is indicated by:

- Ticking the appropriate box and
- Signing the form and
- Returning to me via fax (02 6540 2180, scan and email to kim.riley@hnehealth.nsw.gov.au) or mail (Scott Memorial Hospital PO Box 287, Scone 2337).

If you have any questions about the research project, or would like more information, please ring me on (02) 6540 2118 or 0428 465 935. You can also contact me via email: kim.riley@hnehealth.nsw.gov.au.

This research has been approved by the Hunter New England Human Research Ethics Committee of Hunter New Local Health District (Ref no: 12/07/18/5.02). Should you have any concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to Dr Nicole Gerrand, Manager, Research Ethics and Governance Unit, Hunter New England Human Research Ethics Committee, Hunter New England Local Health District, Locked Bag 1, New Lambton NSW 2305, telephone: (02) 4921 4950, email: hnehrec@hnehealth.nsw.gov.au.

Thank you for considering this invitation. Should you go onto nominate your facility as a research site, thank you very much.

Kim Riley
Clinical Nurse Consultant – Enablement
Aged Care and Rehabilitation Services Clinical Network
Hunter New England Local Health District.
6540 2118/0428 465 935. Kim.riley@hnehealth.nsw.gov.au

Effectiveness of on-line self-directed learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people: a randomised control trial

Manager consent form

After reading the supporting documents, I

Agree to:

- Being interviewed by the principles researcher
- Nurses at my facility being approached by the principal researcher to participate in an interview.

Do not agree to:

- Being interviewed by the principle researcher
- Nurses at my being approached by the principal researcher to participate in an interview

Name: _____

Signature: _____

Designation: _____

Facility: _____

Date: _____

Please return the completed consent form to the principle researcher by :

Kim Riley
PO Box 287
Scone Hospital
SCONE NSW 2337

or fax to:
Kim Riley
6540 2180

or scan and email to:
kim.riley@hnehealth.nsw.gov.au

Participant Information Sheet

Effectiveness of on-line self-directed learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people.

Invitation

You are invited to take part in the research project: *Effect of on-line learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people: a randomised control trial*, which is being undertaken by myself (Kim Riley, Area Clinical Nurse Consultant – Enablement, Aged Care and Rehabilitation Services Clinical Network (ACARS)) at Multi Purpose Services, Community and District Hospitals in the Hunter New England Local Health District. The research is funded by the NSW Health Education and Training Institute, Rural Directorate, Rural Research and Capacity Building Program. (HETI RRCBP)

Purpose of the research

The purpose of the research project is to evaluate the effectiveness of on-line learning modules related to the prevention of functional decline in older hospitalised people and to better understand your satisfaction (or dissatisfaction) with the use of on-line learning.

Prior to you receiving this letter, the Manager of your facility has agreed that your facility would participate in the research.

I am seeking all nurses who work at MPS, Community or District Hospitals (whose managers have agreed to be a research site) to participate in this research. If you currently work at more than one MPS/hospital, then you can only participate at one site – the site at which you do the majority of your shifts.

Participation is voluntary

Participation in the research is entirely your choice. Your agreement to participate will be indicated by you logging onto the ACARS Network Portal and completing different components of the research, depending on your principle place of work. Whether or not you decide to participate is entirely your choice, your decision will not disadvantage you in any way and will not limit your access to information that is contained on the ACARS Network Portal now or in the future. There are no risks to you (or the facility at which you work) should you choose to participate or not participate.

If you decide to participate, you may withdraw from the project at any time without giving a reason by simply not completing any further sections of the research. If you complete either of the knowledge quizzes which are part of the research, your data will still be used in the final analysis. All data will be de-identified prior to analysis and no identifiable data will be contained in the report on the outcomes of the research. If you complete the participant survey but do not complete the other sections, your survey answers will still be used. Survey data is anonymous, no details relating to your identity are known to the researcher.

What is involved?

If you agree to participate, you will be asked to:

- Log onto the ACARS Network Portal – Education and Training
- Choose the link which contains the name of the site at which you work
- Complete the different aspects of the research as directed depending on where you work.

You may complete all aspects of the research at one time, or revisit the ACARS Network Portal as many times as you need to complete all sections. However, you only have three months to complete all aspects of the research. After that time, the link to the research from the ACARS Network Portal will be decommissioned.

A record of you having completed all aspects of the on-line learning modules (depending on the location at which you work) will appear in your learning and development records after you have completed the second of two quizzes. This will count toward your continual professional development points needed for annual registration.

Protection of your privacy

Your privacy and anonymity is assured. As principle researcher, I will be the only person accessing the results of the quizzes and responses to the survey. Prior to analysis of the data, names will be replaced with a number. Any identifiers (including numbers) will be removed prior to analysis and preparation of final report. Information which does identify participants will not be disclosed during or after the research.

The following outlines how your privacy will be protected in relation to the different aspects of the research you will be asked to complete, depending on your primary place of work

- Knowledge quizzes – your name and score out of ten for both quizzes is stored in the Mylink program on the HNE LHD intranet. Access to the data is password protected. The password is known only to me and is not recorded anywhere.
- Participant survey – responses to the survey are anonymous. No identifiable data is recorded as part of the survey. The survey does ask for some details in regard to your place of work (MPS, Community or District Hospital), age, etc; but there will be no way for your identity to be determined as a result of your answers to the survey questions. Access to the survey results is password protected. The password is known only to me and is not recorded anywhere.

Reports printed from the Mylink program relating to the quiz results and survey answers will be stored in a locked drawer in a locked office in the Administration wing of Scone District Hospital when not in use. I will have the only key to the locked drawer and the office is locked when not in use (after hours and weekends). The reports are required to be kept for a period of five years. After that time, they will be destroyed by shredding and disposed of in the red classified waste bin.

Results and research outcomes

The study results will be submitted in a research report to the NSW Health Education and Training Institute Rural Research Capacity Building Program, the Manager of the ACARS Clinical Network, presented at a rural health conference and/or submitted for publication to a peer-reviewed journal. In any publication information will be presented in such a way that you cannot be personally identified. A summary of results will be sent to Managers at each of the sites which participated in the research.

If you would like to participate, you only need to log onto the ACARS Network Portal – Education and Training and follow the links according to your principle place of work. This will be taken as your informed consent to participate.

If you would any questions about the research project, or would like more information, please ring Kim Riley on (02) 6540 2118 or 0428 465 935. You can also contact me via email: kim.riley@hnehealth.nsw.gov.au.

This research has been approved by the Hunter New England Human Research Ethics Committee of Hunter New Local Health District (Ref no: 12/07/18/5.02). Should you have any concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to Dr Nicole Gerrand, Manager, Research Ethics and Governance Unit, Hunter New England Human Research Ethics Committee, Hunter New England Local Health District, Locked Bag 1, New Lambton NSW 2305, telephone: (02) 4921 4950, email: hnehrec@hnehealth.nsw.gov.au.

Thank you for considering this invitation. Should you go onto to participate in the research, thank you very much.

Kim Riley
Clinical Nurse Consultant – Enablement
Aged Care and Rehabilitation Services Clinical Network
Hunter New England Local Health District.
6540 2118/0428 465 935. Kim.riley@hnehealth.nsw.gov.au

Implementing the Principles of Enablement Nursing: on-line quiz

Clinicians who log onto the Aged Care and Rehabilitation Service Clinical Network Portal complete a quiz after viewing all e-learning modules in the Principles of Enablement Nursing series. The quiz asks 10 questions selected randomly from a bank of 18 possible questions. The order that answers are placed in also changes each time the quiz is attempted. The chances of the same person doing the same quiz are very small as a result of this randomisation process. Randomisation of questions and answers occurs automatically in the program. In this research project, participants will be asked, depending to which arm their work place was randomised, to undertake the on-line quiz in the following order.

Control group:

- Pre knowledge quiz (10 randomly picked questions out of a bank of 18)
- Completion of unrelated e-learning module
- Post knowledge quiz (as above)
- Participant survey

Intervention group:

- Pre knowledge quiz (10 randomly picked questions out of a bank of 18)
- Completion of each of the *Principles of enablement nursing* e-learning modules
- Post knowledge quiz (as above)
- Participant survey

Which of the following are some things that normally occur during the ageing process?

- a. Becoming disabled
- b. Having multiple diseases and taking multiple medications
- c. Becoming confused
- d. Having a gradual loss of muscle strength and bone density

What would make you suspect that an older person was malnourished on admission to your ward?

- a. They tell you they are thinking of becoming a supermodel
- b. They have false teeth
- c. You observe a loss of subcutaneous fat, muscle wasting and oedema
- d. They tell you they are a vegetarian

What tool allows for easy assessment of nutritional status?

- a. Weighing an older person on admission
- b. Calculating an older person's Body Mass Index
- c. Completing a 'food intake chart' over a 24 hour period
- d. Completing the Malnutrition Screening Tool

What is the most effective method of preventing loss of muscle strength in hospitalised older people?

- a. Mobilising after being seen by a physiotherapist
- b. Trying to mimic the self-care and mobility patterns the older person undertakes at home
- c. Requesting that the treating doctor write a mobility plan
- d. Suggesting the older person join a gym after discharge from hospital

What are some key strategies to prevent changes to bladder function during hospitalisation?

- a. Restricting fluid intake
- b. Asking the treating doctor to order the insertion of an indwelling catheter
- c. Maintaining an older person's usual toileting habits in hospital
- d. Referring the older person to a continence advisor

The validated tool for assessing if an older person is experiencing a delirium is?

- The Confusion Assessment Method Instrument
- McMurry's Assessment tool
- Folstein Mini Mental State Examination
- The Clock Face Drawing tool

The term 'sarcopenia' means?

- Loss of muscle mass and strength
- Loss of balance
- Frailty
- Old age

The rate of loss of muscle strength and mass that can occur during hospitalisation is?

- Between 3 – 5% per day after just two weeks
- The amount is not really measurable
- Between 3 – 5% per day after just two days
- Not known, as every old person is different

The prevalence of incontinence in the Australian population is estimated to be?

- One in every 3 people
- Between 2.2 - 13% in men and 19 – 37% in women
- Worse in men regardless of their age
- Is not significant as it only affects older people

Some simple things that you can do to determine if an older person is able to mobilise is/are?

- Asking the older person to lift their bottom off the bed, straight leg raise and roll onto their side
- Making a referral to the occupation therapist prior to mobilising
- Making a referral to the physiotherapist prior to mobilising
- Asking the doctor to make a note in the medical record that the older person is able to mobilise

Nurse initiated enablement principles are?

- Ensuring early mobilisation, undertaking initial and then ongoing assessments of functional status and promoting a multidisciplinary team approach to patient care
- Not applicable to my area of clinical practice
- Only able to be implemented if they are part of a clinical guideline
- A waste of time

If an older obese person is admitted to hospital, it is vitally important that they?

- Be transferred to a rehabilitation unit as quickly as possible
- Reduce their weight during hospitalisation
- Mobilise or commence resistive exercise from time of admission
- Be mobilised only the physiotherapist

How quickly does delirium occur?

- Slowly, over the course of a week
- Rapidly, over the course of a few hours or days
- After discharge from hospital
- Either rapidly or slowly, depending on the cause

How quickly after admission do changes to an older person's muscle strength and mass begin to occur

- After just five days of bed rest or reduced activity
- After just two weeks or more of bed rest or reduced activity
- After just two days of bed rest or reduced activity
- After a week of bed rest or reduced activity



How many functional domains make up the Principles of Enablement Nursing and the HNE Enablement flipchart?

- a. Two
- b. Five
- c. Four
- d. Seven

Depression in older people is?

- a. Difficult to detect
- b. Not worth treating
- c. Often under recognised and under treated in 36 – 46% of older hospitalised people
- d. A condition not often seen in older people.

Confusion in the older hospitalised person could be caused by?

- a. The three 'Hs' – hospitalisation, health care and home situation
- b. The three 'Gs' - geriatric syndrome, general ageing and gastroenteritis
- c. The three 'Ds' – depression, dementia and delirium
- d. The three 'Fs' – forgetfulness, frailty and functional decline

An older person is at nutritional risk if they have?

- a. Intentional weight loss of 1 – 5 kg over a 3 – 6 month period
- b. Unintentional weight loss of 1 – 5 kg over a 3 – 6 month period
- c. Been receiving 'Meals on Wheels' for longer than six months
- d. Living alone for more than 12 months

Principles of Enablement Nursing On-line Learning Survey

Survey Instructions:

This survey is presented in five sections and will take approximately 20 minutes to complete. A series of questions are asked which seek your comments about your recent completion of the *Principles of Enablement Nursing* Online Learning modules. Your answers will be collated electronically. No details regarding your identity will be available to the researcher. Thank you for participation in this survey.

For each of the statements listed below, please indicate the response which best represents your opinion.

SA	A	N	D	SD
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

Section one: Access to computer

- | | | | | | | |
|-----|--|----|---|---|---|----|
| 1.1 | In my ward/facility, I am always able to access a computer to undertake on-line learning | SA | A | N | D | SD |
| 1.2 | My manager ensures that I have time during my shift to undertake on-line learning | SA | A | N | D | SD |
| 1.3 | I am able to complete the on-line learning modules in a quiet environment in my ward/facility. | SA | A | N | D | SD |

Are there any comments you would like to make about access to a computer to undertake the *Principles of Enablement Nursing* on-line learning modules at your workplace?

Section two: Accessing on-line learning modules

- | | | | | | | |
|-----|--|----|---|---|---|----|
| 2.1 | I am aware of how to access mylink | SA | A | N | D | SD |
| 2.2 | I found it easy to navigate my way around the ACARS Network portal | SA | A | N | D | SD |
| 2.3 | I found it easy to access the <i>Principles of Enablement Nursing</i> on-line learning modules | SA | A | N | D | SD |
| 2.4 | If I have difficulties in accessing on-line learning modules I am aware of where I can obtain assistance | SA | A | N | D | SD |

Are there any comments you would like in regard to accessing *The Principles of Enablement Nursing* modules on the Aged Care and Rehabilitation Services Clinical Network Portal

Section three: Content of modules

If you have not viewed the Principles of Enablement Nursing modules, you will be unable to answer the questions in this section, as they relate to the content of the modules. You do not have to answer the questions in section 3, however if you would like to answer the questions, please answer the questions and relate them to other on-line learning you have undertaken.

- | | | | | | | |
|-----|--|-----------------------|---|---|---|----|
| 3.1 | Prior to undertaking the modules, were you aware of the term 'functional decline'? | Yes | | | | No |
| 3.2 | Prior to undertaking the modules, were you aware of the term 'sarcopenia'? | Yes | | | | No |
| 3.3 | The modules provided me with new knowledge on the risks of functional decline for older hospitalised people? | SA | A | N | D | SD |
| 3.4 | Since completing the modules, I have changed my clinical practice | Yes | | | | No |
| 3.5 | Since completing the modules, I now complete which of the following assessment/s as part of my clinical care
<i>(you are able to select more than one answer)</i> | | | | | |
| | | Mobility assessment | | | | |
| | | Nutrition assessment | | | | |
| | | Cognition assessment | | | | |
| | | Continence assessment | | | | |
| 3.6 | It was easy to include the <i>Principles of Enablement Nursing</i> into my clinical practice? | SA | A | N | D | SD |
| 3.7 | The pace of each module allowed me to reflect on new knowledge prior to moving onto new content? | SA | A | N | D | SD |
| 3.8 | Information in each of the modules was presented in a way that was easy to understand? | SA | A | N | D | SD |

- 3.9 Which of the following resources mentioned in the modules are available for me to use in my ward/facility?
- Enablement flip chart
 - Mobility aid assessment chart
 - Enablement care plan
 - Patient information brochure
- 3.10 Since completing the series of modules I now use the following resources in my clinical practice? (you can select more than one answer)
- Enablement Flip Chart
 - Mobility Aid Assessment Chart
 - Enablement Care Plan
 - Patient Information Brochure
- 3.11 Which of the following responses best describes your use of the Principles of Enablement Nursing resources?
- I use them all the time
 - I use them when there is a need
 - I don't use them because they are not suitable to my clinical work
 - The resources are not available in my workplace

Are there any comments you would like to make about the modules (in regard to content, design, delivery and application to your clinical practice).

Section four: On-line delivery of continuing education

- 4.1 Choose one of the following statements which best reflects your view of on-line learning

- On-line learning suits me and my style of learning. It is my preferred method of undertaking education

- I am able to access on-line learning but it is not my preferred method of undertaking education
- I access on-line learning online learning only when there is no other choice
- I only access on-line learning because it is mandatory

4.2 I prefer that education relating to a change in my clinical practice be delivered face-to-face SA A N D SD

4.3 I need more support and education on how to undertake on-line learning? SA A N D SD

4.4 Which of these statements is the most important factor in your degree of satisfaction or dissatisfaction with the *Principles of Enablement Nursing* on-line modules

- Access to a computer
- Finding/accessing the modules on the intranet
- Content of the *Principles of Enablement Nursing* modules
- On-line delivery of continuing education
- I am not satisfied with on-line education

Are there any other comments about on-line delivery of continuing education that you would like to make.



Section five: Demographics

Please select the response which best applies to you

- 5.1 What is your current position? RN EN EEN AIN NUM
HSM
Other
Describe: _____
- 5.2 How long have you worked at this site? 0-4yrs 5-10yrs
11-14yrs
15-20yrs
>20yrs
- 5.3 Do you work? Full time Part time Casual
- 5.4 What is your age? < 20
20-29
30-39
40-49
50-59
60-69
70+
- 5.5 What is your sex? Male Female
- 5.6 How long have you been employed as a nurse? 0-4yrs
5-10yrs
11-14yrs
15-20yrs
>20yrs
- 5.7 What is the classification of your hospital? Community District MPS
- 5.8 Have you completed any specific studies in Aged Care? Yes No
- 5.9 If yes, at what level
Certificate
Diploma
Bachelor Degree
Graduate Diploma
Masters

Please describe: _____



5.10 What area of nursing do you **predominantly** work in? Aged Care

Emergency Department

Acute medical

Acute surgical

Acute mixed generalist

Are there any further comments you would like to make?

Thank you taking the time to complete the survey. Your comments and opinions are great appreciated.

Researcher's note: This survey is undertaken by participants at any time over a three month period. Responses are anonymous. The survey is accessed from the ACARS Network Portal in Mylink. Survey responses are stored in the Mylink program and only able to be accessed by the researcher (secure log-in) or the manager of Organisational Capability and Learning or her/his delegate.



Implementing the Principles of Enablement Nursing: medical record audit

Ward/Facility: _____

Type: MPS/Community Hospital District Hospital (circle appropriate)

Research arm: Control Intervention (circle appropriate)

Audit period: Initial Follow-up (circle appropriate)

Date: _____

MRN

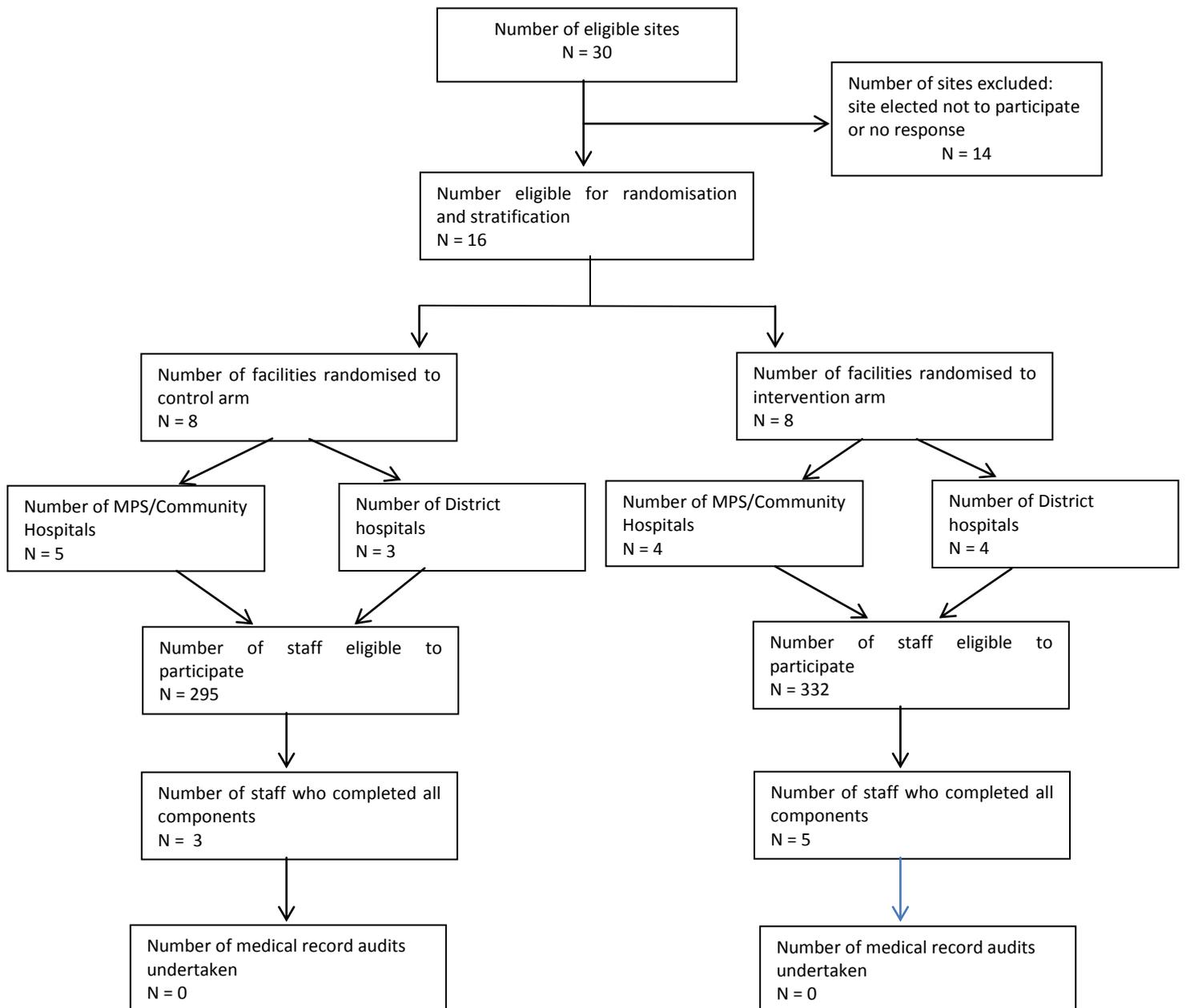
Criteria met: Yes/No/NA

Audit of medical records:

- Review of completion of IAIST
- Evidence of identification of issues
- Evidence of referrals/outcomes

1	Was the daily living skills/functional profile attended									
2	If indicated, was a referral made to a physiotherapist									
3	Did a referral result in a review by a physiotherapist									
4	If indicated, was a referral made to an occupational therapist									
5	Did the referral result in a review by the occupation therapist									
6	Was the cognition section completed									
7	If indicated was a cognitive assessment attended (MMSE/CAM)									
8	If indicated was a referral made for further cognitive assessment									
9	Did the referral result in a review by a dementia/delirium advisor/Geriatrician/AARCS clinician									
10	Has the continence section being completed									
11	In indicated, was a referral made to a continence advisor									
12	Did the referral result in review by the continence advisor									
13	Was the Malnutrition Screening Tool completed									
14	If indicated, was a referral made to a dietician									
15	Did the referral result in a review by a dietician									
16	Were any entries made in the NCP related to enablement domains									
17	Were any written entries made related to implementation of strategies to promote mobility									
18	Were any written entries made to related to implementation of strategies to prevent changes to continence									
19	Were any written entries made related to implementation of strategies to prevent changes to cognition									

STRATIFICATION AND RANDOMISATION



Manager Information Sheet

Effectiveness of on-line self-directed learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people.

Dear

Invitation

Previously, you have agreed for your facility to participate in the research project: *Effect of on-line learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people: a randomised control trial*, which is being undertaken by myself (Kim Riley, Area Clinical Nurse Consultant – Enablement, Aged Care and Rehabilitation Services Clinical Network (ACARS)) at Multi Purpose Services, Community and District Hospitals in the Hunter New England Local Health District. The research is funded by the NSW Health Education and Training Institute, Rural Directorate, Rural Research and Capacity Building Program. (HETI RRCBP)

Purpose of the research

The purpose of the research project is to evaluate the effectiveness of on-line learning modules related to the prevention of functional decline in older hospitalised people and to better understand nurses' satisfaction (or dissatisfaction) with the use of on-line learning.

The first phase of the research is complete. This involved nurses logging onto the ACARS Network Portal and completing the different aspects of the on-line learning, depending on their principle place of employment. Unfortunately, participation rates by nurses' across all the research sites have not been of significant size to be able to undertake any statistical analysis that will provide meaningful data.

I am now taking my research on a different tack in order to find out why nurses did not engage in undertaking the e-learning modules by conducting interviews with individual nurses which will ask key questions to learn more about their likes (and dislikes) of e-learning.

In order to gain more insight and a broad perspective into the use of e-learning, I would like to interview managers as well to better understand manager expectations of e-learning.

I am inviting you to participate in an interview and hope that you will support me in my research as this will help clinicians, such as myself, have a better understanding of how well e-learning is currently meeting your on-going education needs and expectations.

Participation is voluntary

Participation in this aspect of the research (an interview) is entirely your choice. If you wish to participate, please sign the attached form and return to me via fax or email (return fax and email details are on the consent form). The form also indicates that you are agreeable to me approaching nurses at your facility to also be interviewed. Whether or not you decide to participate is entirely your choice, your decision will not disadvantage you in any way. There are no risks to you (or your facility) should you choose to participate or not participate. There will be no benefit to you in participating in the research and this interview.

If you decide to participate, you may stop the interview at any time without giving a reason by simply asking that the interview cease. The interview will be taped but you will be able to review the recording to edit or erase your contribution. Your responses to the questions will be transcribed and you will be able to review the transcripts if you wish to. You will not be identified by name in the interview process or in transcription of the recording. During the recording of the interview, I will not identify you by stating your name. You will be asked questions which seek demographic data, such as you age range, sex or number of years working at this facility. No identifiable data will be contained in the report on the outcomes of the research. You may stop the interview at any time.

What is involved?

If you agree to participate, the interview will only take 10 - 15 minutes and will be held in private. The interview will be completed by me and there will be no-one else present in the room. The interview will be conducted at a time that is suitable to you. On the day I come to interview you, I will also be approaching nurses at your facility to agree to an interview as well. Nurses will be provided with a copy of the attached Participation Information letter.

Protection of your privacy

Your privacy and anonymity is assured. As well as the measures mentioned above, the recording of our interview, and the subsequent transcript, will be stored in a locked drawer in a locked office in the administration wing of Scott Memorial Hospital, Scone. I will have the only key to the locked drawer and the office is locked when not in use (after hours and weekends). The transcripts are required to be kept for a period of five years. After that time, they will be destroyed by shredding and disposed of in the red classified waste bin.

Results and research outcomes

The study results will be submitted in a research report to the NSW Health Education and Training Institute Rural Research Capacity Building Program, the Manager of the ACARS Clinical Network, presented at a rural health conference and/or submitted for publication to a peer-reviewed journal. In any publication information will be presented in such a way that you cannot be personally identified. A summary of results will be sent to Managers at each of the sites which participated in the research.

If you have any questions about the research project, or would like a copy of the transcript of your interview, please ring Kim Riley on (02) 6540 2118 or 0428 465 935. You can also contact me via email:

kim.riley@hnehealth.nsw.gov.au.

This research has been approved by the Hunter New England Human Research Ethics Committee of Hunter New Local Health District (Ref no: 12/07/18/5.02). Should you have any concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to Dr Nicole Gerrand, Manager, Research Ethics and Governance Unit, Hunter New England Human Research Ethics Committee, Hunter New England Local Health District, Locked Bag 1, New Lambton NSW 2305, telephone: (02) 4921 4950, email: hnehrec@hnehealth.nsw.gov.au.

Thank you for considering this invitation. Should you go onto to participate in the research, thank you very much.

Kim Riley
Clinical Nurse Consultant – Enablement
Aged Care and Rehabilitation Services Clinical Network
Hunter New England Local Health District.
6540 2118/0428 465 935. Kim.riley@hnehealth.nsw.gov.au

Effectiveness of online learning on nurses' knowledge and practice around the prevention of functional decline in hospitalised older people.

Manager consent form

After reading the supporting documents, I

Agree to:

- Being interviewed by the principle researcher
- Nurses at my facility being approached by the principal researcher to participate in an interview.

Do not agree to:

- Being interviewed by the principle researcher
- Nurses at my being approached by the principal researcher to participate in an interview

Name: _____

Signature: _____

Designation: _____

Facility: _____

Date: _____

Please return the completed consent form to the principle researcher by

Kim Riley
PO Box 287
Scone Hospital
SCONE NSW 2337

or fax to:
Kim Riley
6540 2180

or scan and email to:
kim.riley@hnehealth.nsw.gov.au

Participant Information Sheet

Effectiveness of on-line self-directed learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people.

Invitation

You are invited to take part in the research project: *Effect of on-line learning on nurses' knowledge and practice in preventing functional decline in older hospitalised people: a randomised control trial*, which is being undertaken by myself (Kim Riley, Area Clinical Nurse Consultant – Enablement, Aged Care and Rehabilitation Services Clinical Network (ACARS)) at Multi Purpose Services, Community and District Hospitals in the Hunter New England Local Health District. The research is funded by the NSW Health Education and Training Institute, Rural Directorate, Rural Research and Capacity Building Program. (HETI RRCBP)

Purpose of the research

The purpose of the research project is to evaluate the effectiveness of on-line learning modules related to the prevention of functional decline in older hospitalised people and to better understand your satisfaction (or dissatisfaction) with the use of on-line learning.

Your Manager has agreed that your facility would be a research site, however this does mean that you have to automatically participate in the research. I am inviting you to participate as you are a nurse working at this facility and you would have engaged in e-learning at some time.

The first phase of the research is complete. This involved nurses logging onto the ACARS Network Portal and completing the different aspects of the on-line learning, depending on their principle place of employment.

I am now seeking more in-depth knowledge about nurses' experiences and attitude toward on-line learning by asking nurses a series of questions in an interview.

I am inviting you to participate in an interview and hope that you will support me in my research as this will help clinicians, such as myself, have a better understanding of how well e-learning is currently meeting your on-going education needs and expectations.

Participation is voluntary

Participation in the research, and this interview, is entirely your choice. Your agreement to participate will be indicated by your participation in the interview process. Whether or not you decide to participate is entirely your choice, your decision will not disadvantage you in any way. There are no risks to you (or the facility at which you work) should you choose to participate or not participate. There will be no benefit to you in participating in the research and this interview.

If you decide to participate, you may stop the interview at any time without giving a reason by simply asking that the interview cease. The interview will be taped but you will be able to review the recording to edit or erase your contribution. Your responses to the questions will be transcribed and you will be able to review the transcripts if you wish to. You will not be identified by name in the interview process or in transcription of the recording. During the recording of the interview, I will not identify you by stating your name. You will only be asked questions which seek demographic data, such as your age range, sex or number of years working at this facility. No identifiable data will be contained in the report on the outcomes of the research. You may stop the interview at any time.

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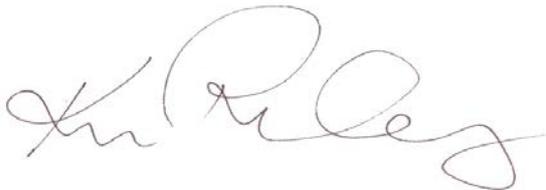
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If you have any questions about the research project, or would like a copy of the transcript of you interview, please ring Kim Riley on (02) 6540 2118 or 0428 465 935. You can also contact me via email: kim.riley@hnehealth.nsw.gov.au.

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Thank you for considering this invitation. Should you go onto to participate in the research, thank you very much.



Kim Riley
Clinical Nurse Consultant – Enablement
Aged Care and Rehabilitation Services Clinical Network
Hunter New England Local Health District.
6540 2118/0428 465 935. Kim.riley@hnehealth.nsw.gov.au

Manager questions:

INTRODUCTION

I AM GOING TO ASK YOU A SERIES OF QUESTIONS ABOUT ON-LINE LEARNING. YOU CAN STOP THE INTERVIEW AT ANY TIME – JUST BY SAYING STOP. I WILL NOT ADDRESS YOU BY YOUR NAME DURING THE INTERVIEW SO THAT YOUR IDENTITY IS NOT RECORDED. THE INTERVIEW WILL BE TAPED. AT THE END OF THE INTERVIEW, YOU ARE ABLE TO REVIEW THE RECORDING AND REVIEW THE CONTENT. YOUR INTERVIEW WILL BE ERASED IF YOU REQUEST FOR THAT TO HAPPEN. YOUR PRIVACY WILL BE PROTECTED – THE RECORDING WILL BE STORED DIGITALLY ON THE SECURE NETWORK DRIVE AND A COPY WILL BE STORED ON A MEMORY STICK. THE MEMORY STICK WILL BE KEPT IN A LOCKED DRAWER, WHICH IS ONLY ABLE TO BE ACCESSED BY ME. TRANSCRIPTS OF YOU INTERVIEW WILL BE KEPT IN LOCKED FILING CABINET IN MY OFFICE, WHICH IS LOCKED WHEN NOT IN USE. NO IDENTIFYING DATA WILL BE INCLUDED IN THE FINAL REPORT. IS IT OK IF WE START NOW – I WILL TURN ON THE RECORDER.

DEMOGRAPHIC DATA:

1. Facility type - MPS/District/Community Hospital
2. How many years have you been the HSM here?
3. Do you mind me asking how old you are?

GENERAL QUESTIONS:

I AM INTERESTED IN YOUR THOUGHTS ABOUT ON-LINE LEARNING

4. Firstly, I wonder what benefits you see for your facility and the organisation with the implementation of on-line learning?
5. What do you think the limitations of on-line learning are in general? Following on from that, for your facility? And now for the organisation?
6. What are your thoughts about the trend for more education to be provided on-line?

NURSES PERCEPTIONS – THE FOLLOWING QUESTIONS RELATE TO SPECIFICALLY TO NURSES PARTICIPATING IN ON-LINE TRAINING.

7. Do you think there are things at your hospital that facilitate nurses' participation in on-line training?
8. What do you think could be done to enhance or improve those things that you have identified as being facilitators of participation?
9. Do you think there are any barriers for nurses at your facility to participate in on-line learning? Why? Could you tell me about that?
10. What do you think could be done to overcome these barriers?

PERSONAL EXPERIENCE WITH ON-LINE LEARNING

11. Would you be able to tell me your thoughts about the process of logging onto the site which contains on-line learning modules for HNE staff?
12. What on-line learning have you engaged in?
13. What made you do it?
14. Thinking about your own experience with on-line learning, what things facilitated you to undertake the training?
15. Thinking about your own experience again, what do you think could be done to enhance your satisfaction with on-line learning.

Nurses' questions:

INTRODUCTION

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DEMOGRAPHIC DATA:

1. Facility type - MPS/District/Community Hospital
2. How long have you worked at this facility?
3. Do you mind telling me how old you are?
4. What is your nursing role?
5. Do you work part-time or full-time?
6. How long have you been nursing?

GENERAL QUESTIONS: I AM INTERESTED IN YOUR THOUGHTS ABOUT ON-LINE LEARNING

7. Firstly, I wonder what benefits you see for your facility and the organisation with the implementation of on-line training?
8. What do you think are some limitations of on-line learning in general? Following on from that, for your facility? And now for the organisation?
9. What are your thoughts about the trend for more education to be provided on-line?

NURSES PERCEPTIONS

10. Do you have any thoughts on what things make it easier to participate in on-line learning?
11. What do you think could be done to improve or increase those things that you have identified as increasing your participation in on-line learning?
12. Can you think of any things that make it difficult for you to undertake on-line learning?
13. What do you think could be done to overcome these difficulties?

PERSONAL EXPERIENCE WITH ON-LINE LEARNING

14. Would you be able to tell me your thoughts about the process of logging onto the site which contains on-line learning modules for HNE staff?
15. What on-line learning have you come across or undertaken?
16. When do you undertake on-line learning? Is it in your own time, during working hours, or do you access mylink from home?
17. I am interested in finding out a little bit more about your experience. What was your opinion of the training? Had you had training on the same topics delivered another way, such as face-to-face? What do you think the pluses and minuses were for you? For your hospital? And now for the organisation?
18. What were the key factors that led you to do the training you mentioned on-line?
19. Thinking about your own experience again, what do you think could be done to enhance your satisfaction with on-line learning?
20. What features of on-line learning make you want to undertake (or not undertake) on-line learning?
21. Thinking about the on-line learning you have undertaken, are you able to identify some things about the presentation of content or the design of the modules that provided you with new information or skills that you were able to use in your day-to-day nursing?
22. If you were to provide developers of on-line learning with some ideas to design packages that would make it a more user friendly way to receive education, what would they be?

