

The Scenarios

Nursing and Midwifery Superguide



POINT OF CARE - Scenario 1

(Clinical teaching of a procedure at the bedside)

Karen is the Clinical Nurse Educator of a high dependency unit. She has been involved in educating Rob, a new member of staff, and helping him make the transition back into the workplace. Rob has previous experience working in high dependency, but has spent the last four years away from nursing.

During a morning shift, Rob is required to change the central line dressings on a number of his patients. He approaches Jo, a senior Registered Nurse, and asks if she will provide some clinical teaching. Jo agrees, but tells Rob "it will have to be quick, I'm very busy." She instructs Rob to wait at the bedside while she assembles the equipment. She returns and begins washing her hands and setting up the dressing trolley, ignoring both Rob and the patient. She begins the procedure with no word of explanation to the patient. The curtains are open and the patient's chest is partially exposed to access the central line site. The patient looks confused and upset. Jo speaks directly to Rob, ignoring the patient. "Now watch, I'll show you how to do this once, and the rest you should be able to do on your own." She carries out the procedure, occasionally describing her actions, but mostly using medical terminology that the patient cannot understand. Rob attempts to ask questions, but receives only brief responses. He gets the sense that Jo does not appreciate being interrupted. When Jo is finished, she looks to Rob and asks "Are we 'all good' now? If you have any problems, talk to one of the other girls, I'm really busy." She walks away, leaving Rob and the patient looking slightly bewildered.

Karen is passing by the bedspace soon after, and finds Rob looking anxious. She observes that Rob is preparing a trolley for a procedure. She asks Rob if he would like any help. Rob explains the situation. In the interests of patient safety, it is unit policy for new staff to complete a learning package and formal assessment prior to being able to perform central line dressings unsupervised. Karen decides to use this opportunity to review the learning package and practice some on the spot clinical teaching at the bedside with Rob.

Karen asks Rob if he has performed central line dressings in the past, and if so, how it was done. Rob states that he has, but that it was "a long time ago." He is keen to refresh his knowledge and receive some education about the procedure and rationale. Rob states that he has recently reviewed the literature in the learning package related to central line dressings in order to familiarise himself with the unit's practice.

Rob's learning goal is to be able to safely demonstrate correct procedure for changing a central line dressing. Karen discusses her expectations for the morning's clinical teaching and outlines the plan of action. Karen will allow Rob to observe as she performs a central line dressing, providing him with a rationale for each step. She encourages Rob to ask questions throughout the procedure. She will then supervise as Rob performs a dressing change, provided she feels he has understood the clinical teaching and is safe to carry out the task. Karen will assess Rob using the assessment tool in the learning package. ▶

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The results of the assessment will be documented and conveyed to the Nursing Unit Manager (NUM). Guided questioning will be used throughout the process, to assess Rob's understanding and critical thinking skills. Karen will give feedback on Rob's performance as he carries out the task, and at the conclusion of the learning session.

Karen supervises as Rob assembles the necessary equipment. They approach the bedside of Mrs M. Karen introduces herself and obtains her consent for the procedure and for the clinical teaching. Karen's priority is to ensure that patient safety, comfort, dignity and privacy are maintained throughout the procedure/teaching. She assures Mrs M that all aspects of her care will remain confidential.

Karen washes her hands and performs the dressing change on Mrs M, ensuring all communication involved in the process is explained so that the patient understands. Rob listens and asks questions to clarify information and expand his current knowledge.

Karen then asks Rob to discuss the steps of the task, providing a rationale at various stages of the process. Karen uses guided questioning to encourage independent thinking and problem solving. For example, 'What approach are you taking here and why? What are the possible complications? How would you recognise/prevent/respond to these situations? How would you approach this next time?'

Karen is satisfied with Rob's knowledge and critical thinking/problem solving skills. They move on to the second patient. Rob is about to begin the procedure when Karen interrupts. She reminds Rob to introduce himself to the patient, explain the procedure and obtain consent before beginning the task. She identifies that Rob has forgotten to position the patient correctly prior to donning his sterile gloves, and encourages him to take time before commencing the task to ensure that all the necessary preparation has been carried out. Rob changes the dressing following the correct procedure and is able to describe each step as he approaches it, allowing Karen to ensure that he is acting safely.





At the end of the procedure, they thank the patient and move away from the bedside to discuss Rob's performance in more detail. Karen commends him on his success, giving examples of aspects of the task that he performed well. "You did a really good job Rob. Your hand washing and aseptic technique are correct. You understood the steps of the procedure and performed them correctly. You described to me the complications that can occur and demonstrated good critical thinking when asked how you would respond to these situations. It is great that you asked lots of questions. It shows me that you are able to recognise the limitations of your practice and can identify when to ask for help. The two areas that you need to work on are preparation and communication. It's important to communicate with the patient and prepare your workspace before you begin the task. Take a moment to plan what you are about to do and run through the process we have just completed in your head before you start, to check that you have covered everything and can move ahead confidently."

Karen asks if Rob has any questions. She provides Rob with a copy of the completed assessment form and refers him to online learning material and unit policies he can access for further reading.

POINT OF CARE - Scenario 2

(Informal clinical teaching after a critical incident)

Clare is team leader in the Emergency Department (ED) when a call comes through that a child is being brought in by ambulance after being found unconscious in the grandparent's swimming pool. On the floor there is a new graduate nurse, Josh. Clare ensures that Josh is part of the clinical team during the resuscitation. Clare is aware of her responsibility to share her clinical knowledge and skills, and considers it her role as team leader to watch for and take advantage of opportunities for spontaneous point of care teaching in the Emergency Department.

Clare identifies the situation as an opportunity for Josh to learn key practical skills and develop his understanding of some of the human factors at play during an arrest, such as team dynamics, roles, leadership, communication and the management of stress and grief.

Conscious of Josh's inexperience, Clare feels it would be unsafe and inappropriate for him to take on an active role in the arrest without supervision. She therefore offers to work with Josh, and supervise him in the role of 'scribe', documenting the events of the resuscitation and communicating with the team. Clare reassures Josh that she will be by his side at all times, and that he will not be expected to act beyond his scope of practice. She encourages Josh to ask questions, and explains that she will take over and let him observe if she feels he is unsafe or overwhelmed.

The resuscitation is unfortunately unsuccessful and the child dies. An informal team debriefing is held in the conference room shortly after. Clare observes that Josh does not participate in the discussion. He appears shaken and upset. Clare approaches Josh in private. Josh says he feels overwhelmed. He is worried about his performance and anxious that his inexperience may have contributed to the outcome.

Clare identifies this as an opportunity for further point of care teaching and reflective learning. She suggests they take a moment to debrief 'one-on-one', allowing Josh the opportunity to reflect on the event, ask questions and receive feedback on his performance. They move away from the bedside to a quiet location. Clare informs the Nursing Unit Manager (NUM) of the incident and requests that she and Josh be allocated some time for individual clinical teaching. The NUM is supportive, and arranges for other staff to cover their patient load during this time to ensure patient safety.

Clare begins by asking if there is anything specific Josh would like to learn. Josh says he feels it was 'all a bit of blur'. He states that he found it hard to 'keep up' with the documentation and was unfamiliar with the format of the cardiac arrest chart. He also describes feeling confused about the roles of different team members during the arrest. He describes feeling distressed at witnessing a child die (for the first time) and witnessing the grief of the family at the bedside. He says he is also finding it hard to cope with his own feelings, but did not have the confidence to speak up during the team debriefing.



scenario 2

Clare asks about Josh's previous experience in cardiac arrest situations, in order to identify any other areas of concern/need. Josh describes drawing up drugs during a previous arrest, and being unsure of correct dosages and methods of administration.

Based on their discussion of needs/areas of concern, Clare guides Josh in developing some learning goals.

Josh's goals include:

- Being able to demonstrate accurate documentation during critical incidents
- Being able to identify and describe the roles of members of the resuscitation team
- Being able to list common drugs used in a cardiac arrest and describe their action, correct dosage and method of administration.

Clare and Josh review the documentation from the cardiac arrest. Josh asks questions to clarify his understanding of the documentation process. Clare provides sample cardiac arrest charts, and reviews these with Josh, to familiarise him with the layout and procedure for recording information. They arrange to evaluate this goal during the week, using practice clinical scenarios in the simulation lab.

Clare and Josh discuss the roles of team members during a cardiac arrest. Clare asks questions, to assess Josh's current knowledge, and supplies information/education to 'fill in the gaps'. She recommends Josh attend the arrest simulation sessions conducted weekly in the unit, to familiarise himself with the roles of the resuscitation team. Clare arranges to meet with Josh after the simulation session, to ask questions and evaluate his ability to identify and describe the roles of members of the resuscitation team.

Clare and Josh look over the arrest trolley together. Clare asks Josh to identify the drugs on the arrest trolley and describe their action. Clare supplies Josh with reading material (MIMS/injectable drug handbook) and directs him to online learning resources for additional information. She asks him to research any drugs he is unfamiliar with. Together, they then make a list, summarising key points about each drug. At the end of the session, Clare evaluates Josh's learning by asking him to list common drugs used in a cardiac arrest and describe their action, correct dosage and method of administration. She provides immediate feedback on his performance.

During the session, Clare and Josh also examine Josh's performance during the arrest. Clare gives feedback and praises Josh for his composure, his communication with other team members and his ability to recognise his own limitations and ask for help. She confirms that his documentation was correct, and reminds him that she was supervising him, and would have intervened if she felt he was unsafe or had contributed to a negative outcome. Josh appears relieved. They also discuss various approaches to dealing with trauma and bereavement in the emergency department. Clare informs Josh that the Employee Assistance Program (EAP) and other counseling services are available if he wishes to discuss any ongoing concerns surrounding the incident. ▶



As they reach the end of the session, the arrest buzzer sounds and they leave the room to help. Clare acknowledges that time constraints and the unpredictable nature of the ED can make it difficult to conduct formal clinical teaching. She informs Josh that she will be available and watch for further opportunities for spontaneous point of care teaching during the week in order to follow up on their session. They arrange to meet at the end of the week to evaluate Josh's progress and discuss any feedback.

scenario 2



scenario 1

COACHING - Scenario 1

(Communication/change of patient status)

Priya is a Registered Midwife who has recently moved to Australia from India. She is caring for a young mother in the birthing suite, following a long labour. It is been half an hour since birth, when Priya notices a change in the woman's condition. She has become tachycardic (110bpm), and hypotensive (90/50mmHg). Her respiratory rate has increased to 26 breaths per minute. Priya examines her pad, and finds significant PV blood loss. She feels for the fundus of the uterus and it is above the umbilicus and not contracted. She commences fundal massage and calls for assistance.

Priya notifies Katrina, the midwife in-charge, of the change in the woman's status. Katrina asks her to phone the obstetrics registrar to inform him of the change, while she examines the woman.

Priya is hesitant and stumbles through the handover. "Hello doctor? Hi, um, my patient in bed 3 is not well. She is unstable. What do you want me to do? She feels ok, um, but she's a bit drowsy. There's been some bleeding too. And her blood pressure is a bit low..."

Katrina overhears Priya's conversation with the doctor. She leaves the bedside and approaches the desk. Shaking her head, she takes the phone out of Priya's hands and takes over the conversation. When she has finished speaking, she hangs up the phone and turns to Priya. "You can't talk to the doctors in that way Priya! You sound like you haven't got a clue what you're talking about. You need to learn to prioritise the information. Did you take note of the way I said it? That's how it should be done. Haven't you ever heard of ISBAR? Look, here is some information on it (handing Priya a leaflet). Read over it, but from now on just come and see me when there is a change in your patient's condition and I'll call the doctor for you. Ok?"

Priya is embarrassed. She returns to the bedside, but appears nervous and unsure of herself, continuously calling Katrina over to 'double check' all of her observations. The doctor comes to assess the woman. She is treated for a moderate post partum haemorrhage, and when stable, transferred to the postnatal ward with a comprehensive handover.

Louise is one of the senior midwives working on the ward. She witnesses this exchange, and sees that Priya is visibly upset and embarrassed at being told publicly that she has performed badly.

Louise approaches Priya at the end of the shift. She empathises with Priya, acknowledging that it can be difficult to communicate clearly and concisely when under pressure. She informs Priya that she is a trained coach, and offers to coach Priya on how she might handle the situation differently in the future. Priya seems relieved and is very receptive to the offer of coaching. Louise arranges to meet with Priya an hour before their shift the next day to discuss their coaching agreement.

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The following day, Louise and Priya meet in a quiet area of the courtyard outside the hospital. Louise begins by praising Priya for detecting the change in the woman's condition. She then spends some time with Priya, explaining goal setting and outlining the structure of the session. She explains that coaching can be empowering, by enabling people to build on their strengths and explore different ways of responding to challenges.

Louise asks Priya what she would like to learn, followed by a series of questions to identify motivating factors and external distractions that may influence the coaching process.

Both she and Priya identify communication as an area of Priya's practice that requires some improvement. Priya agrees to be coached by Louise over the next two weeks (short term), focusing on the area of communication, specifically communicating a change in a patient's condition (narrow focus). The aim of the coaching is to achieve an immediate improvement in performance. It is agreed that the Midwifery Unit Manager (MUM) will be informed of Priya's progress during the coaching process, but that confidentiality will be maintained, and issues discussed in her sessions will not be shared with other members of the team, unless it is felt that her actions compromise.

Louise asks about Priya's past experiences communicating with medical staff. "In your previous workplace, how would you go about communicating a change in a patient's status? How do you feel about handing over information about patient's condition to medical staff?"

Priya states that she is unfamiliar with interdisciplinary handovers and lacks confidence in speaking with doctors. As a junior midwife in her previous workplace, she would rarely speak directly with doctors about concerns regarding a patient. The usual practice was to inform the midwife in-charge of any problem, so that he/she could relay the information to the medical staff. Priya says that she has found some of the junior doctors at the hospital abrupt and impatient in their manner, and that she has often felt intimidated by them.

Priya and Louise discuss some external pressures that may be impacting on Priya's worklife. They discuss the challenges of moving to a new country and adjusting to a new workplace, with new routines and expectations. Louise recommends a meeting with the MUM, to increase the support provided to Priya during this period of adjustment. She suggests discussing the possibility of additional supernumerary days, formal coaching programs and ongoing clinical supervision.

Louise also asks Priya to consider how she likes to learn. Priya states that she prefers one-on-one teaching and watching demonstrations, and also finds it useful to have reading material she can look over in her own time.

Louise works with Priya in developing a short term goal for the purposes of their coaching. It is established that Priya wishes to demonstrate the ability to prioritise information when communicating a change in a patient's status using the ISBAR (Introduction, Situation, Background, Assessment, Recommendation) tool.

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Some strategies to achieve Priya's goal are discussed, taking into consideration her learning style and preferences. Priya identifies a Clinical Midwifery Educator who can assist her to practice examples of clinical scenarios, giving her the opportunity to practice her communication skills away from the bedside and receive immediate constructive feedback on her performance. Priya also plans to ask the educator for written educational resources to understand DETECT (Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams). Priya sets another action to read over the material and complete the online learning package on effective use of ISBAR in clinical handover. Lastly she plans to ask her MUM for support to attend the DETECT workshop run by the hospital.

Louise arranges to be available at work to assess and evaluate her progress on a daily basis. She plans to assess Priya's ability to prioritise information and communicate effectively by observing her communication at midwifery handovers, and by being available to observe and assist her in communicating with medical staff. They also arrange to meet at the end of the two week period for a formal evaluation of Priya's performance. During this evaluation, Louise will ask Priya to explain ISBAR, and assess her ability to use it effectively during practice clinical scenarios.

Louise provides ongoing feedback over the two week period, and holds a private feedback session at the completion of the coaching period. Louise praises Priya for her participation and enthusiasm, and encourages her to acknowledge the improvement in her performance during handovers. Priya recognises that the coaching process has assisted her to set and action goals. It is agreed that some additional coaching sessions would be helpful to further develop her confidence and competence regarding communication. An extended period of coaching is discussed, to be implemented in combination with other supportive strategies developed by the MUM and educator.





COACHING - Scenario 2

(Safe Medication Administration)

scenario 2

Alice is the Nursing Unit Manager (NUM) of a surgical ward. She has been made aware, through a number of recent audits, of an increasing incidence of medication errors on the ward. She holds a meeting with the Clinical Nurse Educator (CNE) and Clinical Nurse Specialists (CNS) to address the issue of safe medication administration. She asks that they consider coaching some of the junior nurses who are underperforming in this area due to lack of knowledge or skills.

Ellen is a CNS. She is asked by Sarah, an Enrolled Nurse, to witness her administering an intravenous (IV) medication. Ellen observes that Sarah fails to complete the necessary safety checks. She reprimands her loudly, saying that she is “unsafe” and that “this is the reason medication errors occur and patients die”. She begins quizzing Sarah on the action of the drug, side effects, mode of administration and interactions. Sarah is embarrassed and flustered. The room is full of patients, relatives and staff, and she is conscious that everyone is now staring at her. She stutters a response. Ellen shows visible signs of irritation and impatience and interrupts her, taking over the procedure, telling her “this is how it is done”. She instructs Sarah to come and find her the next time she has an IV medication to administer, and that she will supervise all her IV medication administration “from now on”. She then leaves the room to answer her pager, leaving Sarah confused and embarrassed. Sarah’s confidence is damaged by this encounter, and she subsequently feels nervous and afraid to perform any task without direct supervision by Ellen or another nurse.

Christian is a CNS on the same ward. He witnesses the event. He observes that Sarah is lacking some skills and knowledge in the area of medication administration and offers to provide some coaching. Christian informs Sarah that he is trained as a coach, and explains that coaching can empower people by enabling them to develop their capabilities to meet new challenges. Sarah accepts his offer of coaching, and they arrange to meet the following day.

During their meeting, it is agreed that Alice, the NUM, will be made aware of their coaching arrangement, and provided with updates on Sarah’s progress. It is also agreed that any issues discussed in their coaching sessions will remain confidential, unless it is felt there is a risk to patient or staff safety.

Christian begins by making some motivational assessments – asking questions to determine what issues they need to focus on in order to set goals that are realistic, desirable and motivating.

“Can you tell me a bit about your situation, what you find particularly challenging, what you would like to learn? How do you like to learn?” He asks about Sarah’s experience as an Endorsed Enrolled Nurse, and her previous experience with administering IV medication. Sarah states that she became an Endorsed Enrolled Nurse some years ago, but worked for an extended period in mental health, where IV medications were not frequently given.

scenario 2

She states that she missed her annual clinical competence assessment last year as the CNE was on maternity leave. Sarah acknowledges that she needs a 'refresher'. She says she prefers to learn by reading and watching demonstrations, before attempting to perform a task herself. Christian asks if she would like to talk about any barriers or pressures in her work or personal life that may affect her learning or clinical practice. Sarah states that she finds time management a challenge, and doesn't like to bother other nurses with questions and appear incompetent. She admits to feeling rushed when giving medications, and feels she does not have time to look up policies or protocols. Christian reinforces the importance of adherence to medication safety policy directives in order to ensure patient safety. He encourages Sarah to ask questions when unsure, regardless of time pressures, as providing education and support to ensure patient safety is the responsibility of all nurses on the ward.

Christian and Sarah begin goal setting. They work collaboratively to set a number of realistic short term knowledge and performance-based goals.

Sarah's learning goals:

- Sarah will be able to list the five rights of safe medication administration.
- She will be able to demonstrate safe administration of IV medication, in accordance with the ward's protocols.
- She will be able to identify when to ask for help and where to access resources (online learning resources and unit policies).
- She will be able to list the actions, contraindications and side effects of IV medications commonly given on the ward.

Christian and Sarah work together to develop a systematic plan of action for achieving these goals, taking into consideration her learning style and previous experience. It is agreed that reading material will be provided and that Sarah will discuss any questions about the reading material with Christian. She will view online hospital training videos and attend an in-service demonstration with the CNE on the correct procedure for IV medication delivery. Sarah will then perform the task under supervision, providing a rationale for her actions. It is decided that Sarah's goals will be assessed and reevaluated at the end of the week. Christian agrees to be available to assist and assess Sarah on a daily basis, provided they are rostered on the same shift, and will ask the nurse in charge of Sarah's other shifts to be aware of her needs and to be available for coaching.

Christian supervises Sarah's clinical practice throughout the week, providing feedback in close proximity to performance where appropriate. At the end of the week the goals are reviewed. Christian begins by giving Sarah the opportunity to self critique. He asks Sarah how she feels she has performed and what she feels are her strengths and weaknesses. Christian reinforces Sarah's positive steps and achievements. He identifies some ongoing gaps in her knowledge and skills and gives examples: 'I have observed you consulting



the ward protocols and MIMs and seeking help from staff when appropriate this week, however you have still occasionally required prompting when doing your checks prior to administration – how can we work towards achieving that goal this week? It is agreed that Sarah requires further coaching. New goals are established and a date and time is set for reevaluation.

scenario 2

MENTORING - Scenario 1

(Nursing Unit Manager)

Pippa has been employed in the coronary care unit as a Clinical Nurse Specialist (CNS) for the last five years. During this time, she has mostly been in charge of shifts after hours and occasionally acted as Nursing Unit Manager (NUM). Recently, the Nursing Unit Manager position became vacant and was advertised when the previous manager moved to another position. Pippa has applied and been told that she is the preferred applicant. The Program Manager meets with Pippa and suggests that a mentorship program would help her to further develop the leadership abilities she will need for the position. The Manager suggests a number of senior nurses within the hospital who would be suitable and willing to provide mentorship support.

Jan has been a senior Nurse Manager in the organisation for the last 10 years. Pippa approaches Jan and asks Jan to be her mentor. Jan agrees to provide some informal mentoring and they arrange to meet at a coffee shop to discuss the mentoring relationship.

Jan greets Pippa warmly, smiling and shaking her hand. "I was very pleased when you approached me and asked me to be your mentor. I can see you are motivated and have strong initiative. I am impressed with your commitment to achieving your best by seeking help and advice. I am more than happy to provide that where I can, and refer you on to the experts if we run into territory I am not familiar with". Pippa is encouraged by Jan's openness and her positive and motivational attitude.

They sit down and Jan asks if Pippa has ever experienced any formal or informal mentoring in the past. Pippa states that she has, but that she had felt she and her previous mentor did not seem to share the same values and views, and that they had not been able to develop a comfortable rapport. Jan acknowledges that mismatching of personalities and attitudes can be a barrier to successful mentoring, but that she hopes they will not experience this problem.

Jan begins by offering to tell Pippa a bit about her current role and her career to date. She describes some of her career highlights, as well as challenges, identifies role models, and describes her areas of interest and expertise.

Jan suggests they start by establishing an agreement about the terms of their mentoring relationship. It is mutually agreed that the meetings will be confidential, and based on respect, honesty and a shared commitment to learning. Jan encourages Pippa to view their mentor/mentee relationship as a forum to share feelings and well as facts, but that boundaries also need to be established. They agree that healthy ventilation of feelings is acceptable, but that gossip or negative topics would be 'off limits'. Personal issues impacting on work may be discussed, but 'extremely personal' information should be withheld. Jan encourages Pippa to be open and honest about her feelings and concerns, and hopes she can provide support and empathy. They agree to meet on

scenario 1

a monthly basis, or according to need. It is decided that their place of meeting should ideally be outside of work, unless they require the use of hospital facilities for coaching purposes. It is agreed that they both be accessible between sessions by mobile phone and email. Jan also states that she is happy for Pippa to approach her in the workplace if she wishes.

In order to develop an understanding of Pippa's needs, Jan asks Pippa what she would like to learn from the mentoring experience. She asks Pippa to describe her current role and leadership experience, her skills and areas of interests. She asks about Pippa's expectations and aspirations regarding her career and the mentoring process. "What would you like to gain from this relationship? Do you have any concerns about your new role? What skills would you like to have? What challenges do you see in becoming a successful leader?"

Jan uses active listening to help set mutual goals to achieve Pippa's needs and guide their relationship. Pippa recognises some deficits in her current leadership knowledge and skills. Her learning goals surround aspects of administration, such as budgeting and rostering, as well as human factors, such as motivating staff and dealing with conflict. Her goals include being able complete the required managerial administrative tasks under the supervision (initially) of the Program Manager. She also wishes to learn and apply techniques to provide feedback, motivate staff and manage conflict within the ward. Her professional goal is to achieve recognition as a competent and efficient manager, allowing her to move her career into the area of health education and policy development (her area of interest). Her personal goal is to maintain adequate work/life balance, allowing her to continue to spend time with her boyfriend and maintain her current sporting interests.

Jan asks Pippa how she might go about achieving these goals and together they build an action plan, outlining this on a timeline. As an expert in her field, Jan is able to act as a resource person for Pippa, providing expert information and advice, and coaching her on completing administrative tasks. Jan is also able to guide her in managing the human resource aspect of her role. In addition to her advice on these matters, Jan recommends a number of courses and conferences run by outside organisations that may expose Pippa to new concepts and research regarding human factors (eg. performance management/ conflict management). Jan offers to assist Pippa in refining her notions of future career direction by exposing her to other aspects of the organisation, such as committees and journal clubs, and providing networking opportunities with contacts outside her current organisation (eg. attendance at conferences relevant to her areas of interest).

Jan considers some of the challenges she experienced in maintaining healthy personal relationships and work/life balance when at Pippa's age and stage of career. She acknowledges that this is a difficult but important consideration, and one that is often overlooked. She reflects on her own experience and shares this with Pippa, offering advice on strategies that she found helpful or unhelpful in the past.

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Pippa and Jan end their meeting by reflecting on the mutually agreed terms of the mentorship. They arrange to meet at Jan's office in one month's time, to evaluate and review the goals. Jan encourages Pippa to contact her in between meetings if new issues arise that she wishes to discuss. Pippa thanks Jan for her enthusiasm and commitment and says that her support and encouragement has given her confidence to tackle her new role.





MENTORING - Scenario 2

(Nurse Practitioner)

Jackie is a Nurse Practitioner working in the specialty field of women's health in a rural community. During her Masters degree, she was required to engage a mentor from her chosen clinical field to provide ongoing professional support and clinical supervision throughout the program. Kay is an experienced Nurse Practitioner in the field of women's health. Kay provided formal mentoring supervision for Jackie during her university studies, a relationship that has continued beyond the completion of Jackie's degree. Kay continues to provide regular opportunities to talk with Jackie, in order to provide mentorship support. Both she and Jackie view the relationship as a long term commitment, with the aim of improving clinical practice and assisting personal growth and career development.

Jackie has been working in a women's health clinic attached to a small rural hospital for approximately one year. She is the only Nurse Practitioner in the local health district. Kay lives 150 kilometres away, and works in the emergency department of a large tertiary hospital. Due to Jackie's remote location, she and Kay maintain contact mostly via email, phone and Skype, allocating time each month for regular scheduled discussions. They have agreed to allow flexible contact between the arranged sessions, according to Jackie's needs.

Their discussions are confidential, within the boundaries of ensuring patient safety.

Kay phones Jackie for their regular monthly mentoring session. Kay plans to use the discussion as an opportunity to evaluate the goals and strategies established during their last mentoring session, and provide feedback.

"Hi Jackie. Good to talk to you. How are things going out there? Last time we spoke, we talked about some goals you had regarding the support you were providing to women undergoing IVF treatment in your area. You noticed that many were travelling long distances to IVF clinics in order to have their blood taken at specific times in their cycle. You found that many women would travel to the clinics, only to find that they had missed the blood collection courier."

"Yes that's right Kay. Last time we spoke, we discussed some strategies for establishing a reliable blood collection service for these women. I arranged a 'blood collection day', a set day each week when blood samples would be collected. The central location of the clinic, and it's proximity to other health services and shopping centres, made it a more convenient location for these women to attend. I was able to order the blood tests and take the blood myself, and was able to ensure regular courier collection times, so that patients weren't missing out or having their treatment delayed."

Kay asks Jackie some questions to evaluate the progress and efficacy of her plan. Jackie informs Kay that the blood collection program proved very successful for the first few weeks, with no reports of missed collections or difficulties with accessibility. Jackie states that the plan 'came unstuck' after the third week, when the courier failed to arrive to collect

scenario 2



scenario 2

the blood samples. As a result, samples were lost, the women's time was wasted and their treatment was delayed. On investigation, Jackie had found that one of the senior nurses at the hospital had cancelled the courier service. When Jackie asked her why she had done this, she was met with hostility and told "that's not how we do things here". The nurse was dismissive, and stated that she had not heard of the scheme, and "in any case" believed that Nurse Practitioner services were a separate entity and did not have a place in the hospital.

Jackie describes feeling frustrated and discouraged by the nurse's response. Kaye empathises with Jackie, acknowledging that the setback must have been disappointing for her. She asks if Jackie has faced similar situations in the past. Jackie states that resistance from other health professionals to the Nurse Practitioner role was an issue she had frequently encountered since starting work at the clinic. She describes feeling professionally isolated at times, often as a result of subtle behaviour, such as health professionals failing to make referrals to her services, or nurses within the hospital and community excluding her from senior nursing forums (eg. nursing committees and meetings). She also describes occasions where she was met with overtly obstructive behaviour from colleagues, and outward expressions of disapproval about her role and the validity of her experience and qualifications.

She states that she encountered this when she began performing pap smears and colposcopies for Aboriginal women at the clinic. Jackie viewed the initiative as an opportunity to address some of the 'gaps' in the existing services, and reach out to and engage with a group of people who were often reluctant to access hospitals and medical centres. Due to the remote location, many of the doctors in the area were employed on a temporary 'fly in, fly out' basis, making it difficult for them to develop trust and rapport with their Aboriginal clients. The Nurse Practitioner role allowed Jackie the opportunity to build long term relationships with these women, and improve rates of attendance at health services. Unfortunately, the colposcopy clinic met with strong resistance, with many local doctors refusing to make referrals and publicly disparaging the program, accusing Jackie of trying to "take over" their role.

Kaye acknowledges that 'tall poppy syndrome', role confusion and resistance from other health professionals are challenges commonly faced by Nurse Practitioners. She shares some of her own experiences with Jackie, and describes strategies she found helpful in overcoming these challenges. She also provides some constructive feedback on Jackie's approach to setting up the service, explaining that communication and preparation are important aspects to consider before launching a new role or scheme. She suggests they explore strategies to improve her approach in future.

Kaye guides Jackie in establishing new goals, to overcome her sense of professional isolation and ensure the delivery of high quality care to her patients. ▶



Jackie's goal is to establish new pathways to increase interdisciplinary communication and collegiality within the women's health field. She plans to measure this goal by her ability to demonstrate a collaborative, inclusive and coordinated approach to the delivery of the blood collection service for patients on IVF treatment.

Kay and Jackie discuss strategies for forming new avenues of communication between herself and other health professionals in the area. Jackie is initially unsure of what specific actions she can take to achieve this goal. Kay makes some recommendations. She suggests that Jackie invite local health professionals to attend a meeting or in-service, allowing her the opportunity to introduce herself formally, explain her role and answer any questions they may have regarding her scope of practice. She advises Jackie to highlight the point that it is not her role to 'take over' or replace the work they do, but rather, to look at how she can contribute to existing services and work with them as a team. Jackie decides to use the meeting as an opportunity to discuss her revised scheme for a blood collection service for patients on IVF treatment. She plans to provide information on the proposal, including the rationale behind it and practical aspects of how it might operate best to meet the needs of these women. She plans to include any interested staff in the planning and implementation of the scheme. She hopes these strategies will increase awareness and ensure adequate preparation has been put in place to allow for the smooth and uninterrupted delivery of the service.

Kay also recommends enlisting "role champions" to help improve interdisciplinary communication – health professionals from various disciplines with whom Jackie has a good rapport. She suggests that Jackie educate them on her role and the services she provides, so that they may pass on the information to others in their profession, creating greater awareness and acceptance of the Nurse Practitioner role. Kay also suggests that Jackie approach the Director of Nursing and Midwifery and the Nurse Practitioner Coordinator for her local health district, and communicate her desire to be included in future nursing forums.

Before concluding their session, Kay asks Jackie to consider some professional development and networking opportunities. She informs Jackie of an upcoming "Community of Interest" conference to be held at the nearest tertiary hospital. She explains that these conferences allow health professionals from all disciplines to present and share ideas and research related to a particular specialty field. Jackie expresses her interest and Kay agrees to provide further information.

Kay and Jackie conclude their conversation by reflecting on their new goals and strategies. Jackie thanks Kay for her time and advice and confirms the time and date for their next mentoring session.

scenario 2

REFLECTIVE CLINICAL SUPERVISION - Scenario 1

(Individual reflective clinical supervision)

Kim is a new graduate registered nurse undertaking a New Graduate Program at a tertiary hospital. She is halfway through her program when she is involved in a cardiac arrest on the ward. Fortunately, the patient is successfully resuscitated. However, an incident occurs during the arrest, where the attending registrar shouts at Kim. This causes her great distress and embarrassment, and damages her confidence.

The following day, Kim's Nursing Unit Manager (NUM) approaches her on the floor during the busy morning shift (surrounded by colleagues and patients). She says "I hear you were really upset and might need some counseling after what happened during the arrest the other day. I am free now, come into my office." Kim follows her NUM into the office, feeling embarrassed that the issue was raised in front of her colleagues and other patients. Kim also feels uneasy about burdening her colleagues with her workload while she is in the office. The NUM sits behind her desk. She says she heard what happened, that Kim should take no notice of what was said by the doctor, and that she just needs to stand up for herself next time and be more assertive. Kim leaves the office still feeling uneasy about the incident and unsure about how to move forward or deal with her feelings.

Kim has previously commenced regular reflective clinical supervision with Mark, a Clinical Nurse Consultant affiliated with the new graduate rotation program. Kim feels comfortable speaking with Mark, as she is aware reflective clinical supervision should be provided by a person trained as a clinical supervisor, and outside the line-management of the supervisee. The sessions are held monthly for an hour in Mark's office, at a dedicated time when Mark can provide his full attention.

Mark welcomes Kim to their planned clinical supervision session, two days after the cardiac arrest incident. The roles and expectations of supervisor and supervisee were established between Mark and Kim at their first session. After an initial 'warm up' conversation, Mark reminds Kim that the session is confidential, except if there is a danger of harm to herself or others, or there is a boundary issue requiring action. In this event, the appropriate steps would be taken to address the issue, whilst providing support to Kim. Mark turns his phone off, reminds Kim that she has his complete attention for one hour, and then asks "What would you like to bring to clinical supervision today?"

Kim explains that during a shift she entered a patient's room to find the patient unconscious and not breathing. She called for help and pressed the emergency buzzer. A number of doctors and nurses came running in and CPR was commenced. Kim becomes tearful and upset whilst describing the event. She describes feeling completely overwhelmed. Mark empathises with Kim, acknowledging that an arrest situation can be very intense and overwhelming. Mark then confirms that the purpose of the session is to explore and better understand Kim's experience of the events related to the emergency. Kim agrees.

scenario 1

Mark asks Kim to continue to describe exactly what happened. Kim explains that she stood back while more experienced staff took over, but remained in the room and helped by handing out equipment from the arrest trolley. A decision was made to intubate the patient. The doctor performing the intubation turned to Kim and asked her to prepare the equipment for intubation. Kim states that she was unsure of what equipment was required and began fumbling through the drawers of the trolley and handing various pieces of equipment to the doctor. At this point, the doctor became irritated and shouted at her, saying it was the wrong equipment and that she should leave if she did not know what she was doing. Another nurse stepped in to help and Kim left the room, close to tears.

Mark asks Kim to focus on how this made her feel at the time. Kim reflects on her response and says she felt 'hopeless' and 'useless' and incompetent as a nurse. She also felt embarrassed and humiliated in front of her colleagues. She says that at the time she began to question whether the whole incident was her fault and whether she had caused it by being 'so incompetent'. She says it has continued to upset her and is causing her to doubt herself and her clinical judgment.

Mark asks Kim to reflect on the response of the doctor and consider why he may have reacted the way he did. Kim states that he probably felt very stressed and under a lot of pressure because time was critical and he was the one responsible for the intubation. Mark goes on to question the response of the doctor, asking Kim to consider whether he had communicated his wishes clearly and appropriately.

Mark also queries what the noise level was like in the room, and how other people were responding. Kim says it was frantic and that many other people were also shouting orders. Mark asks Kim to reflect on the scenario from the perspective of her colleagues in the room. "Did other people hear what the doctor said to you? How did they respond?" Kim replies that it was unlikely that others in the room heard or paid much attention to what was said, as everyone was very busy and focused on their own tasks and their own stress levels.

Some further questions are then asked by Mark to better understand the impact of the situation on Kim. He asks Kim to consider whether she felt she acted within her scope of practice. "On reflection, do you feel you were negligent in any aspect of your care?" Mark also asks Kim to consider whether she felt she had the trust and respect of her colleagues, and if she believed the interaction would have changed their view of her. He then asks if she has ever witnessed a similar outburst in the past, and if so, how she and others responded to that incident.

Kim responds, stating that she does not feel she was negligent or responsible in any way for the arrest. She says she feels she is generally respected by her colleagues, and that the words of one person in the middle of a critical incident would not alter their view of her. She acknowledges that she acted within her scope of practice, and that it



is the responsibility of all members of the team to support less experienced staff in an arrest situation. Kim adds that whilst she hasn't witnessed many emergency events, she has witnessed several incidents in the hospital where someone was abused or criticised publicly, and feels such behaviour shouldn't be tolerated.

Towards the end of the session, Mark reviews the session purpose and summarises the discussion, confirming that Kim was feeling distressed and doubted her competence in a crisis situation. Through examining the responses and perspectives of others involved in the incident, and reflecting on Kim's past experiences in similar scenarios, Mark is able to guide Kim's reflective thinking. He assists Kim to understand the scenario in a way that allows her to consider how she might be able to respond more appropriately if a similar situation were to occur again.

Mark then asks Kim to consider what steps/actions she will take to feel more composed and in control in an emergency situation. The first thing Kim identifies is that she requires more education to familiarise herself with the equipment on the resuscitation trolley. She plans to discuss this with the NUM and Clinical Nurse Educator, and organise further education. In addition, Mark asks Kim if she would like to talk to the doctor about what happened during the cardiac arrest. Mark and Kim briefly discuss how this might occur and Kim suggests this could be the topic of a future reflective clinical supervision session. Kim adds that she may also wish to have a conversation with the NUM regarding their interaction. Mark informs Kim that the Employee Assistance Program (EAP) is also available to her, should she require further support. Kim says she is fine and that raising this issue today was most helpful to her.

During the session, Mark has made brief notes, including the next steps/actions Kim plans to take. Mark thanks Kim for coming to the reflective clinical supervision session, and hands her the notes representative of the session's work. The session concludes as Mark and Kim confirm the date, time and venue for the next session.

scenario 1





Scenario Questions – Individual Reflective Clinical Supervision

1. What helped Kim discuss her distressing experience with Mark?
2. How did Mark determine how to best provide useful support to Kim during the reflective clinical supervision session?
3. What factors in the cardiac arrest incident were of most concern to Kim?
4. What steps did Kim plan to take to increase her clinical skills and confidence?
5. Where do you receive support if an incident or interaction in the workplace causes you distress?
6. What is your experience of reflective clinical supervision?

scenario 1



REFLECTIVE CLINICAL SUPERVISION - Scenario 2

(Group reflective clinical supervision)

scenario 2

Sam is the Clinical Nurse Consultant (CNC) for Critical Care. As part of her role, she conducts regular reflective clinical supervision sessions for groups of nurses and midwives from the Intensive Care, Maternity and Emergency Units. The regular sessions have been running for six months, with the group meeting on a monthly basis.

Sam arrives in the ICU for a planned session, and meets with six of the nurses and midwives in a conference room adjacent to the unit. Tom and Michelle have come from ICU, Lynda and Libby from Maternity, and Helena and Sue from Emergency. The room is separate to the busy unit, and the chairs are positioned in a circle.

Sam commences the session by welcoming everybody to the group and noting that the session will run for approximately one hour and fifteen minutes. The roles and expectations of the supervisor and supervisee were established during the first group session. Sam mentions these again, and outlines the groups 'ways of working' – an agreement which details expectations regarding how the group relate to each other. Sam reminds the group that the session is confidential unless there is an identified risk to patient or staff safety, requiring action/intervention. The group nods their agreement. Sam asks that all mobile phones be turned off for the duration of the session.

Sam opens the discussion up to the group by asking each member - "What would you like to bring to clinical supervision today?" Tom says he has an issue currently causing conflict in the ICU that he would like to raise.

Sam asks Tom to describe the issue. Tom states that they have been experiencing conflict with Mrs. M, the wife of a critically ill patient currently being cared for in the ICU. He describes a number of incidents where Mrs. M. had been politely asked to temporarily leave the bedside during either examinations, procedures or doctor's rounds, and that this had resulted in outbursts of aggression, verbal abuse, and a refusal to leave.

Sam acknowledges the issue Tom has described. The group agree that this is a good subject for the session. Michelle adds that she is keen for the issue to be explored, as it has become a real concern for staff in the ICU.

Sam then confirms with Tom that the purpose of the session is to explore the events and reactions associated with the aggressive behaviour of Mrs. M. Tom agrees. Sam asks for a volunteer to write down some of the points raised in the session. Helena agrees to take notes.

Sam then asks a number of open-ended questions in order to determine the exact location and context of the events Tom described, the number of people involved, and the language and body language used.



scenario 2

Sam asks Tom to reflect on his feelings and reactions during and after the episodes of conflict with Mrs. M. Tom states that he felt threatened and afraid. He also describes feeling helpless, and unsure of how to approach the situation without escalating the conflict. Michelle describes being close to tears, and feeling shocked and humiliated when suddenly and unexpectedly confronted with aggressive behaviour from a relative. Both Tom and Michelle also express concern about the disruption and confusion caused to other patients, relatives and staff within the ICU.

During this discussion about feelings and reactions, Sam is aware that it is important that all members of the group have an opportunity to participate, and encourages the other nurses and midwives to ask questions.

In turn, they each ask Tom a series of questions to help guide his critical thinking and allow him to examine his responses, attitudes and expectations in relation to the issue.

What does this mean to you?

Why did her response shock/upset you?

What are your assumptions/expectations about how relatives and staff should behave in an ICU?

What are your previous experiences when faced with similar scenarios?

How did other staff respond to this situation and what did this mean to you?

Tom reveals that he felt his authority and respect as a nurse had been undermined as a result of non-compliance to the unspoken rules of behaviour regarding nurses and relatives in ICU. There was an expectation, based on experience, that relatives would comply with all requests by staff, as they were being made for the good of the patient. The lack of support and consistency from the medical staff in dealing with these outbursts also made the nurses feel undervalued and undermined.

Through further questioning, Sam guides Tom to interpret the situation from other people's perspectives, allowing him to consider how different values, attitudes and expectations may have influenced reactions. Helena asks Tom if the staff were aware of the personal circumstances of Mrs M (eg. family, support systems, employment, and health). She suggests that he consider the impact these factors may have had on her reaction.

Tom acknowledges that Mrs. M. was the primary carer for the patient and that she saw this as her 'role'. He recognises that having this role taken over by others might have led to a sense of loss of control and helplessness. Michelle adds that she is aware that Mrs. M. had held a position of authority in her previous profession, and was probably not used to being told what to do. Tom acknowledges that communication between the doctors and nurses, and the doctors and the patient's wife had been poor, and that this may have contributed to inconsistencies and misunderstandings.

scenario 2

Sam then asks the Tom to reflect on what he has learned from the situation. Tom recognises that his expectations and assumptions about how nurses and relatives interact had been challenged. He acknowledges that this has created a feeling of loss of control amongst staff, and that Mrs. M. may be experiencing similar feelings herself, for different reasons. Tom and Michelle both agree that assimilating this new insight into future interactions with Mrs. M. might lead to a more positive outcome for all.

A number of strategies to improve future interactions are discussed. In order to give Mrs. M. a greater sense of control and involvement, Tom decides to ask the Mrs. M. if she would like to participate in aspects of her husband's nursing care (eg. bathing, brushing teeth). He suggests developing a contract with Mrs. M. that acknowledges her wishes and preferences but allows for safe patient care and respectful treatment of staff. The contract would outline suggested hours of visitation, her involvement in nursing care and the expectations and boundaries regarding her behaviour. The agreement would also include planned regular updates with the medical and nursing teams to improve communication to ensure she feels included in the decision making process.

Sue suggests that it would be a good idea to have some contingency plans, in the event that an agreement with Mrs. M. cannot be reached, or there is non-compliance to the agreed contract. Tom agrees to consider this. Michelle suggests that medical staff be included in future discussions of issues such as these, to ensure consistency amongst all staff and allow the nurses in the unit to feel supported.

To conclude the session, Sam thanks the group for attending and asks if anyone has anything further to add. The group agrees that the purpose of the session has been addressed. Sam draws the session to a close by asking group members to share something they have gained from the day's session. Helena, Lynda and Sue state that they found the session very relevant, as they often encounter difficult relatives in their areas of work. Michelle and Tom state that the session has helped them to consider the situation from the relative's point of view, and allowed them to develop some strategies for dealing with future challenges. Sam adds that the session has been a good reminder to her that a plan is needed to manage such situations rather than ignoring the issue or hoping it will just go away.

Helena hands Tom some brief notes, including strategies and steps for Tom to consider. Sam thanks Helena for the notes and thanks the group for their contribution to the session.

Sam reminds group members of the agreed boundaries of confidentiality and mentions that the Employee Assistance Program (EAP) and other support services are available, if people wish to discuss any unresolved issues.

The session concludes with the group deciding on the date, time and venue for the next session.



Scenario Questions - Group reflective clinical supervision

1. What helped Tom to discuss his difficult situation with the group?
2. How did Sam and other group members provide useful support to Tom during the Clinical Supervision session?
3. What factors in the incident were of most concern to Tom?
4. What steps did Tom plan to better manage this situation?
5. Where can you receive support if an incident or interaction in the workplace causes you distress?