Evaluation of ‘1FoCUS MODEL’ of Clinical Facilitation for Nursing Students at Sir Charles Gairdner Hospital

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Disclosure

‘1 FoCUS’ Research Team:
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• Assoc. Prof Sue Davis (Sir Charles Gairdner Hospital)
• Prof Di Twigg (Edith Cowan University)
• Ms Janelle Boston (ECU Practitioner Scholar / Sir Charles Gairdner Hospital)
• Ms Lucinda Foster (Sir Charles Gairdner Hospital)
• Ms Chrianna Bharat (Sir Charles Gairdner Hospital)

No known or potentially known conflicts of interest

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• Master Research Project (Sir Charles Gairdner Hospital)
• WA Nurses Memorial Trust
Undergraduate Nursing Placements 2010 - 2015

Placements

Year

2010 2011 2012 2013 2014 2015

2015 = 2000 clinical placements
Background

- Sustaining a quality healthcare system and developing quality healthcare professionals poses ongoing challenges for educational providers and healthcare systems alike.
  (Buchanan, Jenkins, & Scott, 2014).

- Innovative approach

  - Student numbers
  - Student placements
  - Supervision (but not always quality)
Different models of facilitation

**ECU**
- Hospital
- University
- Facilitator
- Student

*Used hospital staff as facilitators*

**Notre Dame**
- Facilitator
- University
- Hospital
- Student

*One facilitator for multiple clinical areas*

**Curtin**
- Hospital
- University
- Facilitator (C.L.A.S.P for stage 7 students)
- Facilitator for all other stages
- Student

*Different facilitators dependant on student stage*

**Enrolled Nurse providers**
- Hospital
- Facilitator
- Educational Institution
- Multiple facilitators for multiple students
In 2015 the ‘1FoCUS Model’ was implemented at SCGH.
By using clinical supervisor time effectively, as well as increasing health care facility capacity, and minimising tension between educational and health care services quality supervision can be achieved.

(Franklin, Leathwick & Phillips, 2014)
• Exposing students to expert health care staff can be beneficial, as the students become comfortable and develop a sense of belongingness to the hospital facility.
  (Levitt-Jones & Lathlean, 2007)

• Providing quality supervision and providing a clinical learning environment that is safe, motivating, and stimulating for nursing students can empower them to work to the best of their ability.
  (Health Workforce Australia, 2011)
Aim of the study

• To evaluate the impact of the ‘1FoCUS’ Model of Clinical Facilitation at Sir Charles Gairdner Hospital.

Ethics:

• Ethics obtained SCGH & ECU HREC.
• Return of the completed questionnaire was taken as an indication of consent to participate in the study.
Design

• Mixed method, prospective, cohort design with a pre and post-intervention,

• Two population based cohorts:
  1. student nurses (all universities/institutes);
  2. nurses (all wards/units).

• Post implementation focus groups were held with CNSs, SDNs, NMs and CFs.
• The Quality of Prac Experience (QPE) Survey
  (Nash et.al., 2007).

• **Student version of the QPE**: 
  - 23 items.

• **Nurse version of the QPE**: 
  - 15 items.

• Scored on a 4 point Likert scale.
• Focus groups were held with the stakeholder groups until saturation of data was obtained.

• Open-ended questions exploring the perceptions of the participant's to the implementation of the model.

• Audio-recorded.
Data Analysis

• Data was analysed SPSS (v23).

• Comparison of pre & post-intervention QPE scores was conducted using Student $t$ tests.
Demographics of Nurse Sample n=147

- n=147 matched pairs (pre & post test);

<table>
<thead>
<tr>
<th>Mean age (years)</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean clinical experience (years)</td>
<td>11</td>
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</tbody>
</table>
Demographics of Student Sample n=978

- n=978 matched pairs (pre & post test)

<table>
<thead>
<tr>
<th>Mean age (years)</th>
<th>26</th>
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<tbody>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>884</td>
</tr>
<tr>
<td>Male</td>
<td>93</td>
</tr>
</tbody>
</table>
Demographics of Student Sample n=978

Type of Training

- 91% (n=893) - Registered nurse
- 9% (n=83) - Enrolled nurse
Student University/Institute (n=978)

- ECU: 444
- Notre Dame: 269
- UWA: 97
- Curtin: 72
- Central Tafe: 43
- W CIT: 40
- Murdoch: 7

Universities/Institutes
Student year of study

Year of Study (n=978)

- 37% (n=359) 1st year
- 47% (n=450) 2nd year
- 16% (n=158) 3rd year
## Pre & Post QPE Scores of Nurses $n=147$

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Min</th>
<th>Median</th>
<th>Max</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Pre QPE Score</td>
<td>147</td>
<td>30.38</td>
<td>6.30</td>
<td>16.0</td>
<td>31.0</td>
<td>50.0</td>
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<tr>
<td>Post QPE Score</td>
<td>147</td>
<td>29.25</td>
<td>5.87</td>
<td>15.0</td>
<td>30.0</td>
<td>45.0</td>
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<td>Difference in QPE Scores (Post – Pre)</td>
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<td>5.42</td>
<td>-20.0</td>
<td>-1.00</td>
<td>13.00</td>
<td>0.0126</td>
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### Pre & Post QPE Scores of Nurses n=978

<table>
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<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Min</th>
<th>Median</th>
<th>Max</th>
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<tbody>
<tr>
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<td>41.96</td>
<td>9.02</td>
<td>24.0</td>
<td>43.0</td>
<td>90.0</td>
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<tr>
<td>Post QPE Score</td>
<td>978</td>
<td>37.76</td>
<td>9.67</td>
<td>24.0</td>
<td>37.0</td>
<td>90.0</td>
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<td>Difference in QPE Scores (Post – Pre)</td>
<td>978</td>
<td>-4.21</td>
<td>8.52</td>
<td>-49.</td>
<td>-4.00</td>
<td>45.0</td>
<td>&lt;0.0001</td>
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Data analysis – Focus Groups

• Audio-recordings and field notes were transcribed verbatim.

• The transcripts were subjected to thematic analysis to determine themes and patterns in the data.

  (Braun & Clarke, 2006).

• Four key themes emerged from the analysis regarding perceptions of the 1FoCUS Model.
Four Themes

- Clinical Facilitation
- Support
- Communication
- Culture change

FoCUS Model
1. Support: Staff & Students

“Yeah I think it’s quite effective, it allows,..... the staff to have trust in what you’re doing because you’re a member of the team and the students,..... feel more comfortable and feel more supported because you can see the relationship between, myself and the staff there.”

(CF focus group).
“The kind of support that the students get I think is really fantastic. If they’re struggling they’re just supported and they’re guided and they’ve just got someone they can ask questions.”

(SDN/CNS Focus Group).
2. Clinical facilitation

• “The go-to person.” “Student focused.” “Student centric.” (CF focus group).

• “Having somebody on the ward for eight hours of the shift instead of a student saying oh I’ve got a dressing to do that I’ve never done before I need to make a phone call and see if my supervisor is one available and two in hospital working. (SDN/CNS Focus Group).
3. Communication

“And it’s timely and it means I can give appropriate feedback to the student.”

(CF focus group).

“The continuity has been excellent. “

(SDN/CNS Focus Group).
4. Culture change

“Change of culture as well in that it’s about the staff getting used to what their role is and going you’re not an extra pair of hands on the ward, you’re there for a purpose.”

(SDN/CNS Focus Group).

“As opposed to the older model, you know, they’re looking at patients more holistically whereas with the older facilitators where they just had to evaluate say can you come and do a dressing”

(SDN/CNS Focus Group).
In conclusion

- Significant improvement in the practical environment with the implementation of the ‘1FoCUS’ model.

“The continuity has been excellent.”

(SDN/CNS Focus Group).


