



# Evaluation of '1FoCUS MODEL' of Clinical Facilitation for Nursing Students at Sir Charles Gairdner Hospital

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- Ms Janelle Boston (ECU Practitioner Scholar / Sir Charles Gairdner Hospital)
- Ms Lucinda Foster (Sir Charles Gairdner Hospital)
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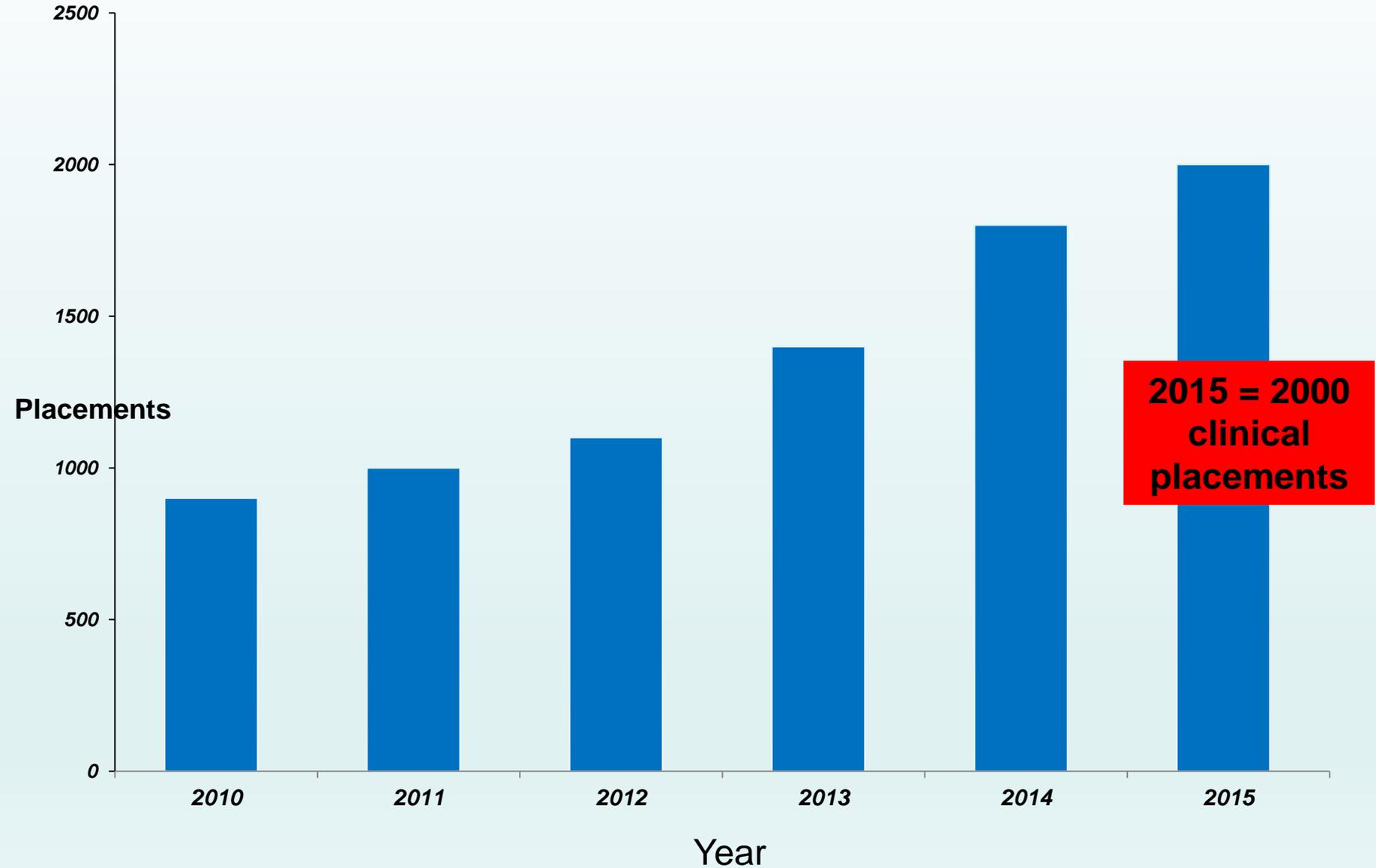
No known or potentially known conflicts of interest

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- Master Research Project (Sir Charles Gairdner Hospital)
- WA Nurses Memorial Trust

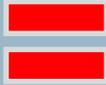


# Undergraduate Nursing Placements 2010 - 2015



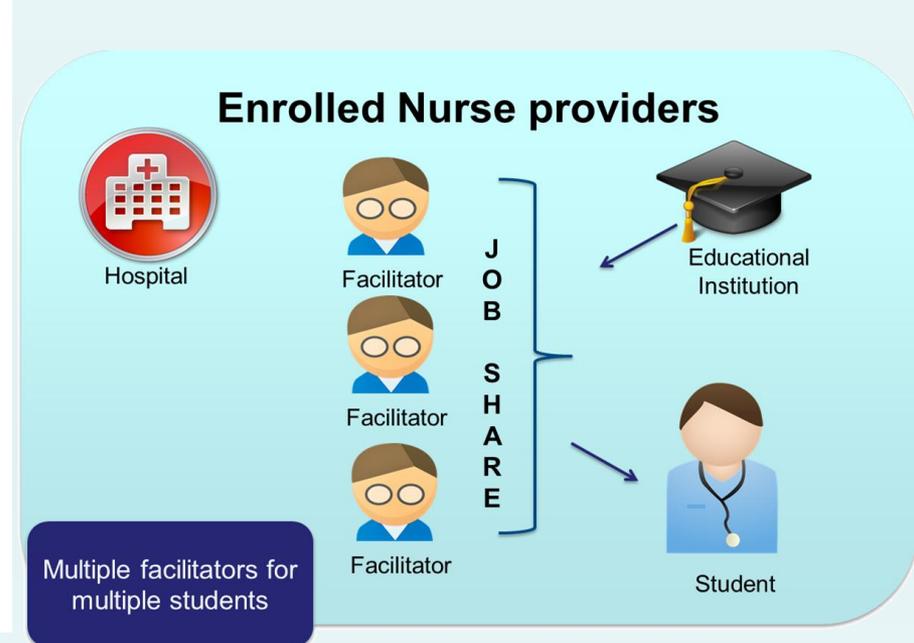
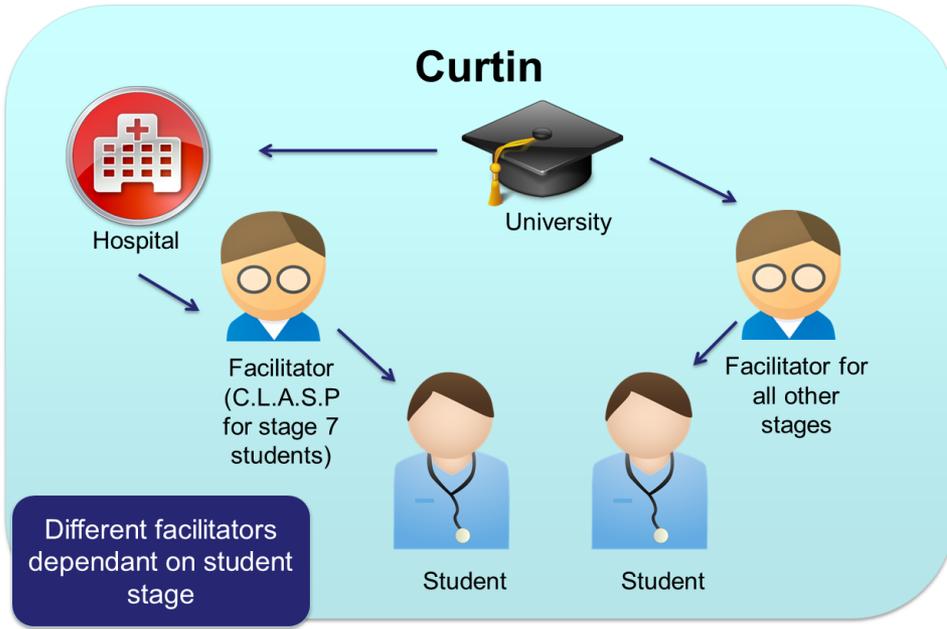
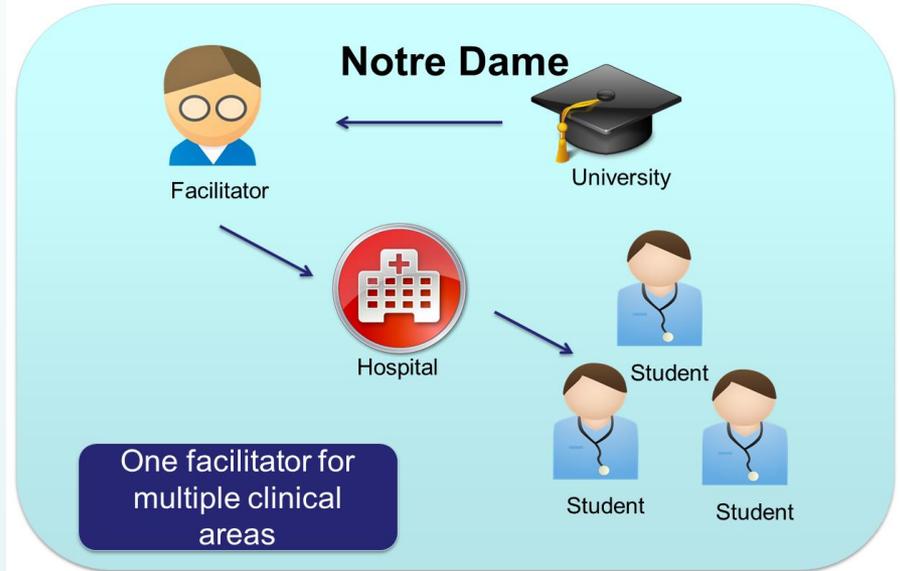
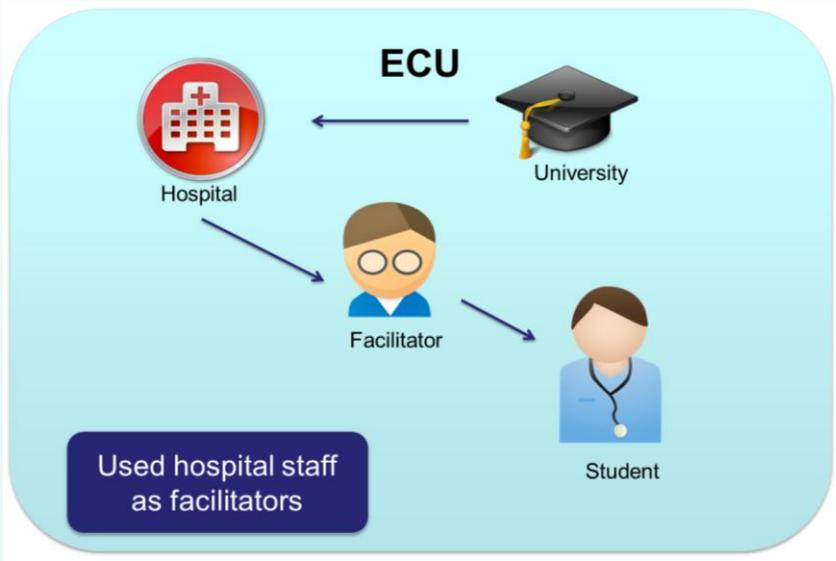
- Sustaining a quality healthcare system and developing quality healthcare professionals poses ongoing challenges for educational providers and healthcare systems alike.

(Buchanan, Jenkins, & Scott, 2014).

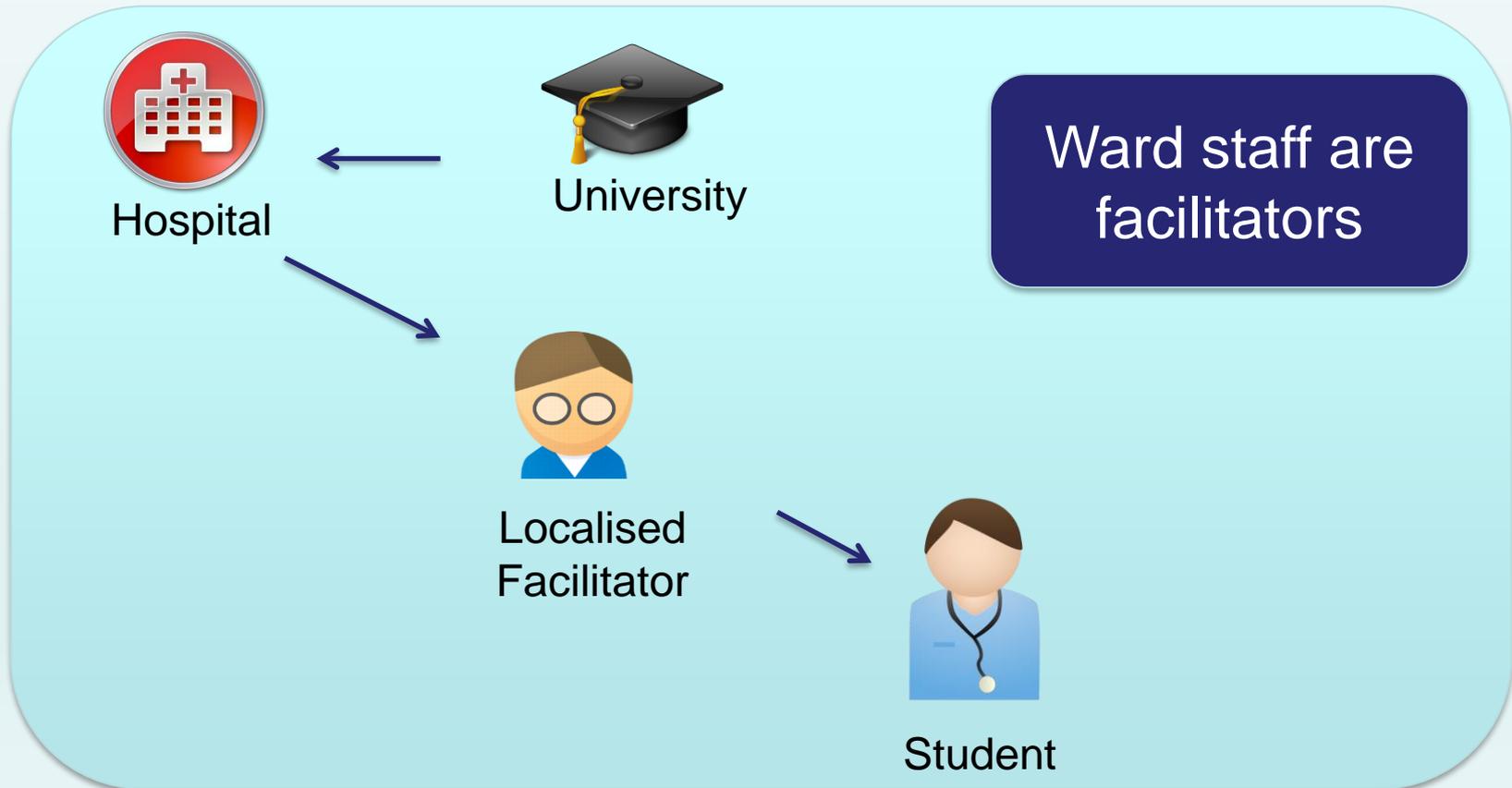
 Student numbers   Student placements  Supervision (but not always quality)

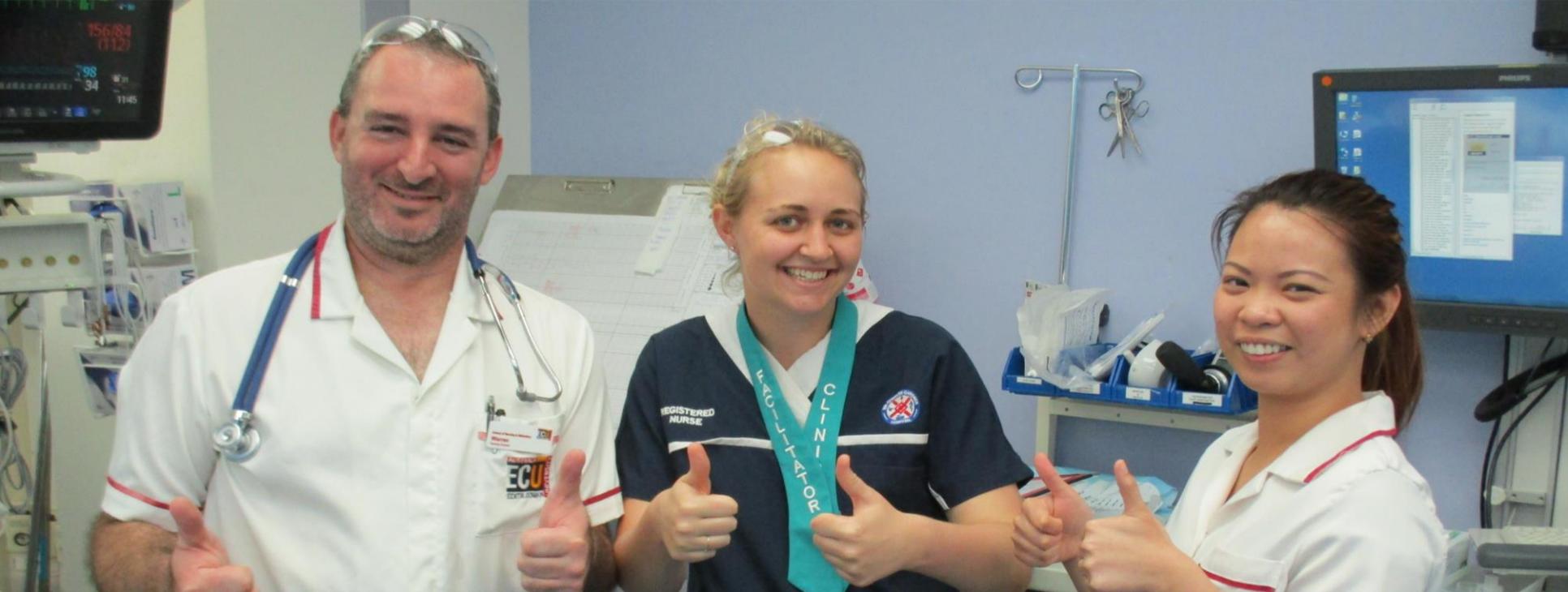
- Innovative approach

# Different models of facilitation



- 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)

- 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.

- 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 was analysed SPSS (v23).
- Comparison of pre & post-intervention QPE scores was conducted using Student *t* tests.

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

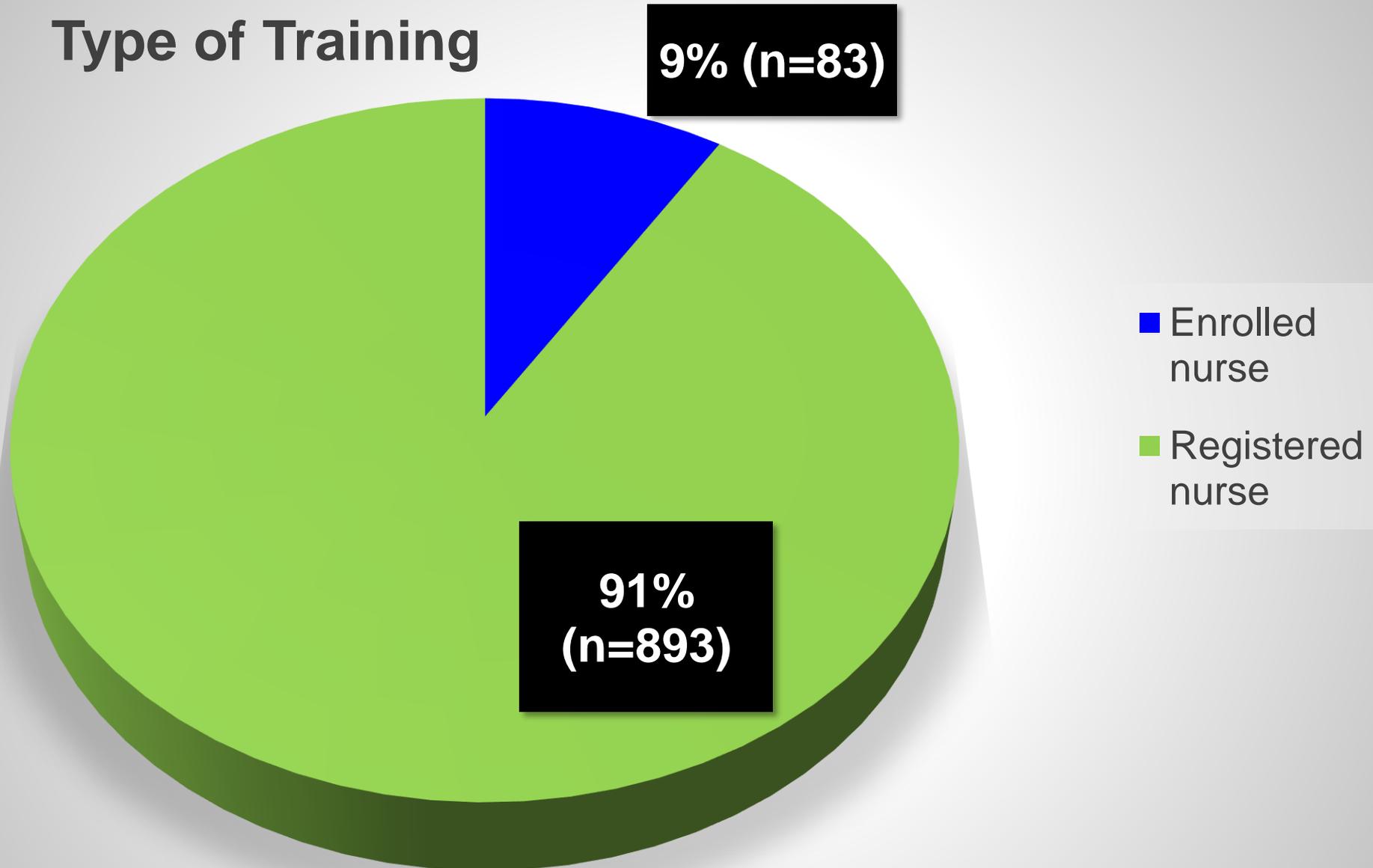
Mean age (years)	<b>35</b>
Mean clinical experience (years)	<b>11</b>



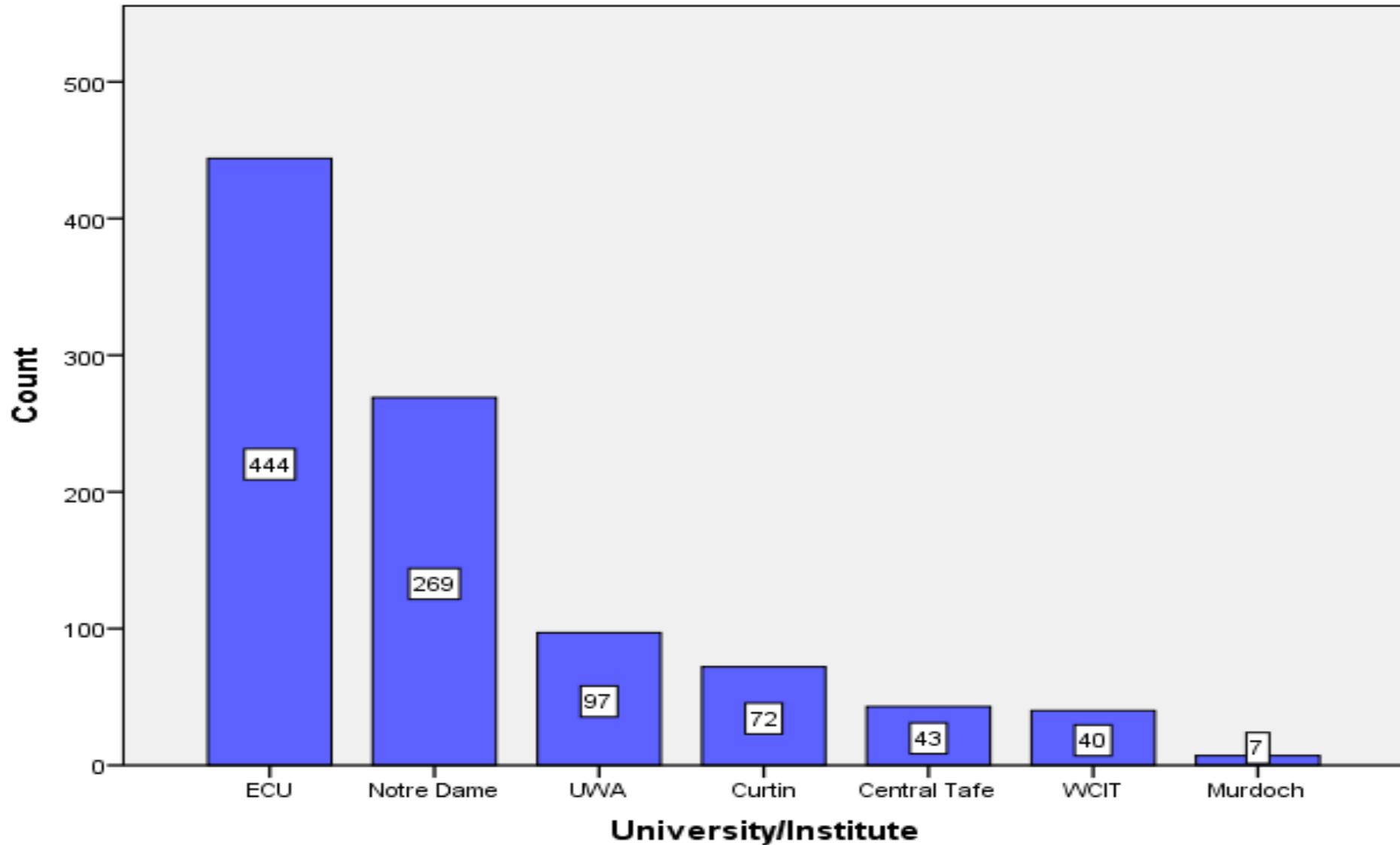
- n=978 matched pairs (pre & post test)

Mean age (years)	26
<b>Gender:</b>	
Female	884
Male	93

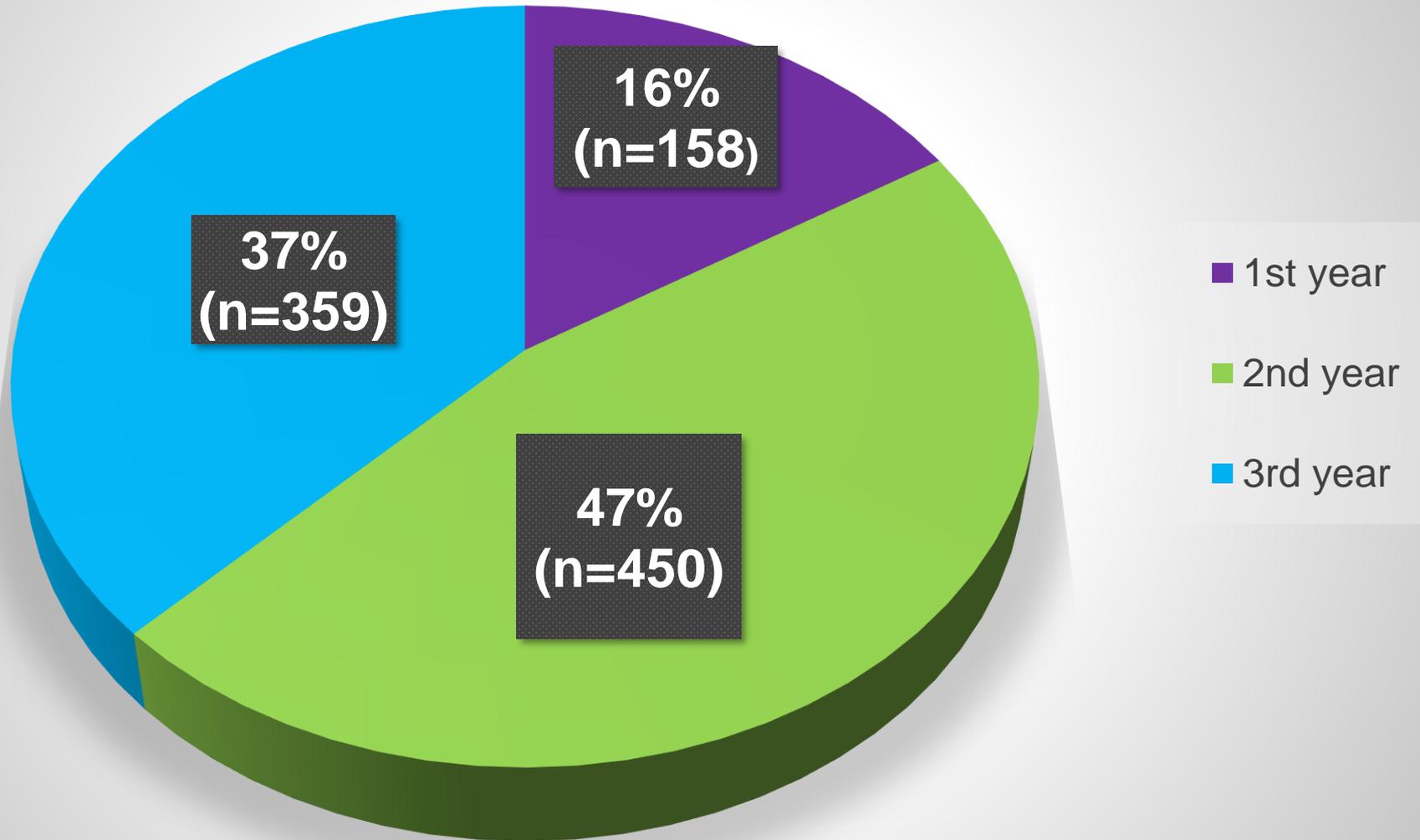
## Type of Training



Student University/Institute (n=978)



## Year of Study (n=978)



# Pre & Post QPE Scores of Nurses n=147



Variable	N	Mean	Std Dev	Min	Median	Max	P-value
Pre QPE Score	147	30.38	6.30	16.0	31.0	50.0	
Post QPE Score	147	29.25	5.87	15.0	30.0	45.0	
Difference in QPE Scores (Post – Pre)	147	-1.13	5.42	-20.0	-1.00	13.00	0.0126

# Pre & Post QPE Scores of Nurses n=978



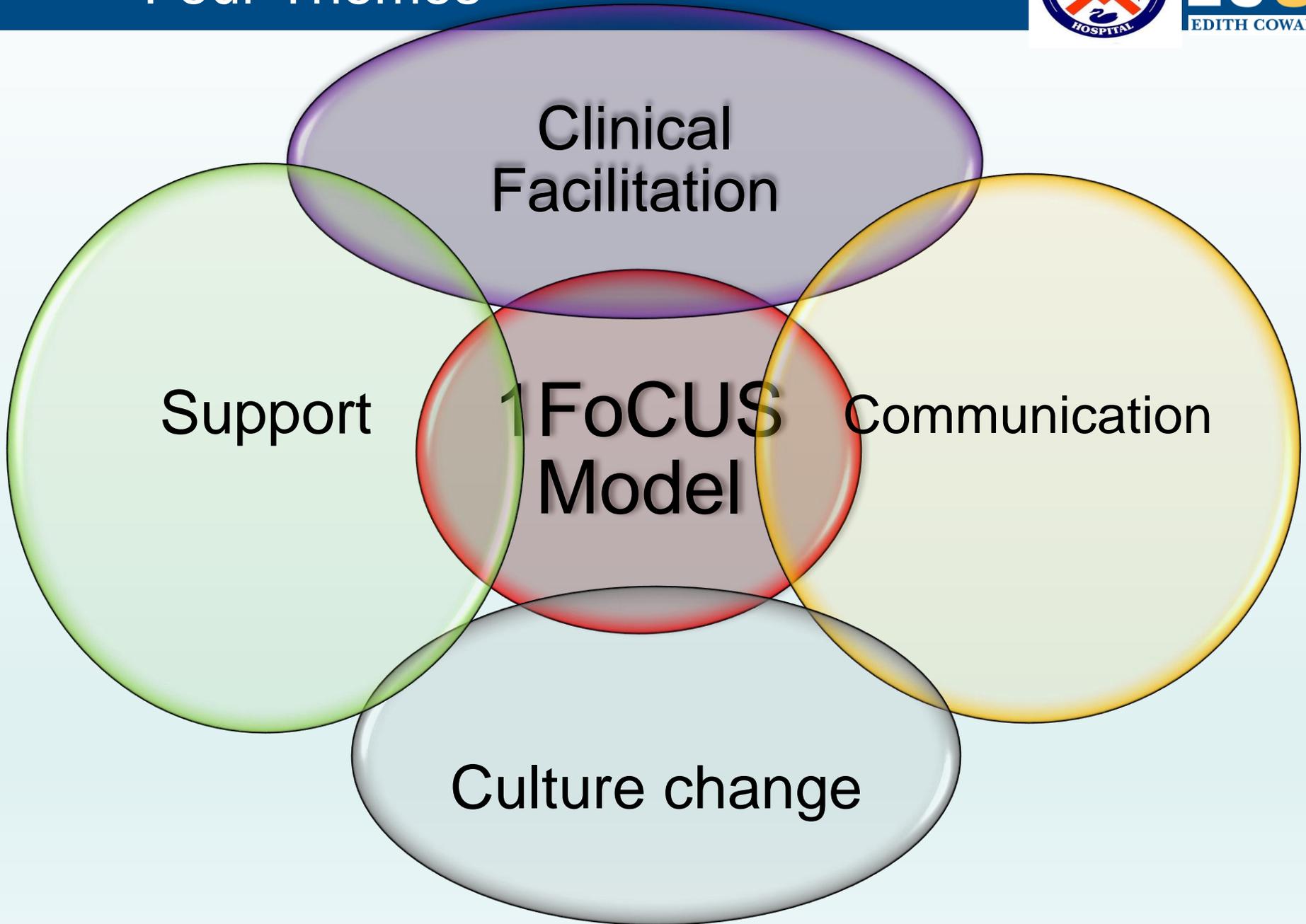
Variable	N	Mean	Std Dev	Min	Median	Max	P-value
Pre QPE Score	978	41.96	9.02	24.0	43.0	90.0	
Post QPE Score	978	37.76	9.67	24.0	37.0	90.0	
Difference in QPE Scores (Post – Pre)	978	-4.21	8.52	-49.	-4.00	45.0	<0.0001

- 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

1 FoCUS  
Model

Communication

Culture change

## 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).*

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

***“The continuity has been excellent.”***  
*(SDN/CNS Focus Group).*



# Thank you & Questions





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